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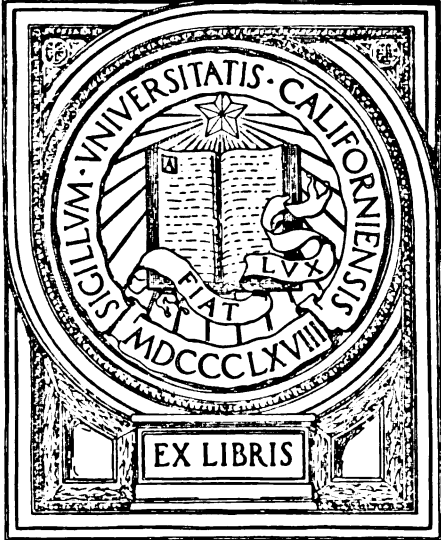
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Vol. 17

THE WESTERN OSTEOPATH

Published by the California Osteopathic Association

Vol. 17

JUNE, 1922

No. 1

WOMEN'S NUMBER



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*Top of Mount Tamalpais, showing Tavern and Observatory,
A high peak for clear vision.*

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*

Third Annual Convention Osteopathic Women's National Association

*American Osteopathic Society of Ophthalmology and Oto-Laryngology
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WOMEN'S NUMBER

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ADVERTISEMENTS

The Western Osteopath

Vol. 17

JUNE, 1922

No. 1

MESSAGE FROM THE PRESIDENT OF THE AMERICAN OSTEOPATHIC ASSOCIATION



The entire Osteopathic profession is so familiar with the initiative and ability of the physicians of the Pacific Coast, that it is like carrying

coal to Newcastle for me to elaborate upon this. Suffice it to say the Western Osteopaths with their customary vigor and enterprise are supporting the Los Angeles convention and this is equivalent to saying that it will be one of the biggest and best conventions that the profession has ever experienced.

I urge the profession generally to avail themselves of the splendid hospitality and good cheer of our Western confreres, but I must urge that all those attending the convention should buy round trip tickets and give a good and sufficient bond for their return to their several states, because the lure of Los Angeles and California is such that unless these precautions are taken about ninety per cent of the profession will be found in California after July, 1922.

S. L. SCOTHORN,

President A. O. A.

FROM OUR O. W. N. A. PRESIDENT

The eyes of the O. W. N. A. are turned toward Los Angeles, where our women are anticipating a most profitable and inspiring meeting on the Second Annual Convention of the Osteopathic Women's National Association.

The executive board, consisting of officers and chairmen of committees will meet Friday evening, June 30th. The convention proper will open Saturday morning. Dr. Roberta-Wimer

Ford, program chairman, has arranged a splendid program for the day, consisting of one-half day for reports and business and one-half day for a program of discussion.

Under the Round Table discussions will be included the following topics: "What is the Goal of the O. W. N. A.?" "How Does the O. W. N. A. Benefit the Community?" "How Can the Local Branch of the O. W. N. A. Best Serve the National Or-



ganization?" "What Are the Greatest Needs of the O. W. N. A. Today?" "Our Needs of Organization Associations Outside of the Profession." "Advantages of Sending Delegates to State and National Conventions (other than our own)." "What Women Students in Osteopathic Colleges Expect or Desire from O. W. N. A. Members in the Field," Miss Winnie A. Fleming, Los Angeles, Cal.

The day's program will be entirely of, by and for the Osteopathic women, one in which the aims and objects and the scope of work and progress of the Association will be freely discussed, as well as definite measures and future policies constructively outlined.

Dr. Lora B. Emery, local chairman of the convention, and Dr. Evelyn Bush, of Louisville, Ky., will present "Our O. W. N. Follies" Monday evening, from 7 to 9. This informal social affair will provide opportunities for getting acquainted and an occasion for relaxation.

The annual luncheon will be held Wednesday, July 5th, with the Los Angeles women as hostesses. These luncheons have yearly increased in attendance and interest.

From the list of membership forwarded from California during the past year and the advance reports on plans we have reasons to feel assured of the greatest get-together our women have ever experienced.

Our western women have caught the spirit of organization and what it is going to mean in placing the Women's Osteopathic Association among the organized womanhood of the country. Our profession and our women have much to contribute to the cause, but we can never secure representation locally or nationally until we, too, become thoroughly organized. The progress has been gratifying, much good has been accomplished in the brief period of our organization.

We want every woman, whether a member or not, to be with us all day Saturday to hear the reports and join in the discussions as well as to attend our "Follies" and the annual luncheon.

In the meantime let us carry on our slogan, "Every Member Secure Two New Members" before July 1st.

JOSEPHINE L. PIERCE,

President O. W. N. A.

Lima Ohio.

P. S.—Word has just been received that the executive committee of the National Council of Women recently voted unanimously in favor of receiving the O. W. N. A. into membership of the Council. There are 36 national organizations affiliated in the Council.—J. L. P.

"Give us to awake with smiles, give us to labor smiling. As the sun lightens the world, so let our loving kindness make bright this house of our habitation."

HARK YE! CALIFORNIA OSTEOPATHIC WOMEN



This is the greatest opportunity you have ever had, and the greatest many of you will ever have to be present at the Osteopathic Women's National Association convention held in California. It will, of course, come here again, but some of us may then be in the Happy Hunting Ground. Let me urge all women Osteopaths and wives of Osteopaths in California to be at the opening meeting at 9 o'clock on Saturday

morning, July 1st, at the Ambassador Hotel, Los Angeles.

Besides the interesting and instructive program, we have some rare treats in store for you. There are to be three or four get-acquainted parties, the first one to be Saturday night, July 1st. By the end of the convention we will feel that we are just one big powerful, harmonious family who have known each other all our lives.

Before the convention closes we do not anticipate having to tell women why they should join this association. It is fortunate there is no limit to the membership, for I am sure you will all want to be a part of this wonderful organization.

California State Branch already has 75 members and many more who are planning to become members at the time of the July meeting.

Everyone is anxious to see and meet these broad-visioned women in whose fertile brains this national organization idea originated, so please come, as all the nationally prominent women from the East, North and South will be here.

All trains will be met and the people will be taken to their respective hotels.

LORA B. EMERY,

President California Branch, Osteopathic Women's National Association.

A RETROSPECT

HARRIET M. DOOLITTLE, D. O.

Between twenty-five and thirty years ago I heard of a marvelous cure for cancer through the means of Osteopathy. This lady had a summer house in our little village in Minnesota. She had been to a place called Kirksville, where she had obtained the Osteopathy that cured

her, and how we did talk and wonder what it could be.

Little did I think then that I would so soon be enrolled as a student of Osteopathy in Los Angeles.

In February, 1902, I received my diploma from the Pacific College of Osteopathy. I was in Los Angeles

for six months. During that time a few of us met in Dr. W. J. Hayden's office, and formed an association that, I think, was the beginning of the present State Association.

In May of the same year I came to Pomona and hung out my shingle. Somewhere about that time I joined the A. O. A. In June of the same year we had our own board, and everything promised well for the success and progress of our profession.

When I came to Pomona there was no one of the profession nearer than Los Angeles on one side, and Redlands on the other. I can appreciate what it means to be cast on a desert isle. In this case, however, I was surrounded by M. D.'s.

I called upon them all and left my card. I will say right now that not one of them returned the call, and no patients entered my office from Pomona for months. I had some from the neighboring towns. One day a kind-hearted lady, member of the same church, invited me out to meet some of the ladies at a little party at her house. I overheard one lady say, "And what do you suppose has come to Pomona now? A Christian Scientist was bad enough, but now we have an Osteopath." I took pains to be near said lady during refreshments. She smiled at me and said, "You are a new-comer in Pomona; I think we have not been introduced." I said "No, I am the new Osteopathic physician." Let us draw the veil over the scene that followed.

One day a lady ventured into the office. She had moved a piano, and could not straighten up, was in severe pain. How proud I was when the bone went into place. She said the pain was gone. My joy lasted about fifteen minutes. She began to have a nervous chill and finished with hysterics. She went home to bed, called an M. D., and wanted him to testify that she had received relief from an Osteopath. He

refused to do so, as he could find no bruises, so she contented herself with abusing me to all who came within reach of her tongue.

So aroused was the people curiosity that they immediately began to come in to see the Osteopath and remained to be treated. From that time on I had no more idle days, and was soon glad to welcome another to the field.

We did not seem to have received much instruction in diet in those days, and I had never heard the word vitamins. Just avoid rich foods, such as pie and cake and drink plenty of water. Yet it is amazing how many recovered under treatment.

I recall one case of this first year. The woman, about sixty years old, could keep nothing on her stomach. She suffered acute pain. I pumped out her stomach and sent the contents to the laboratory for examination. It was pronounced carcinoma. I told her people, and also said that I might be able to relieve her, but that was all. In six months she was apparently as well as ever. Five years later I attended a church supper. This same woman sat beside me and consumed pork and beans, pickles and pie, and said she never had any trouble since I cured her dyspepsia.

I have found that to be the case so many times. We work hard and faithfully, do the best we can, and feel that if we could only touch the right button Osteopathy could do the work. But, as Dr. Riggs said in one of his books, "It is very fascinating to press the button and get results; but to always find the right button has been the problem not yet solved."

I am more enthusiastic now after twenty-four years in one place of practice in Osteopathy than I was the first year, for, thanks to our patient research workers, we are able to tell people more and more the reasons for the faith that is in us.

WHAT IS OUR GOAL?

CAROLYN PAINE-JACKMAN, D. O.

Has it been to obtain a house, an automobile and a vacation? Or has it been the removal of appendices, tonsils, curvatures and other lesions? Either strife is commendable but have we gone any further?

Our mission has not been fulfilled if the diseased thoughts that accompanied the diseased conditions have not been replaced by healthy thoughts.

Have our patients, one by one, eliminated the doctor habit? As mankind have passed over our thresholds, have they left worry and fear behind, and carried away in their stead, brotherly kindness, unselfishness, love, hope and joy? Great is the physician who can leave in his laboratory pathology and its trail of misery and carry to the bedside of humanity inspiration, hope and health.

Is there less sickness and misery since the doctor came? If not we have lost our mission. Our missions are those of teachers. Teachers of infection and disease? No, emphatically no. We are teachers of health. The true physician sees beyond the germ, contracted muscles and shattered nerves as the cause of diseases to the real cause—untruthfulness, selfishness, malice, revenge, hate and fear.

"Ye shall know the truth, and the truth shall make you free." How learn the truth? Alone with our text books? Dear Doctors—no. Why not find our true inspiration in the Book of Books—the Bible? The truly great men and women have ever done so. Let us have a circulating library for our patients, with such books as "Polly Anna," "And I Was Told of a Certain Potter," "In Tune With the Infinite,"

"The Greatest Thing in the World," and others.

Can our patients solve their problems more readily, overcome pain and disease without calling their doctor, always? If so, then we become the true physician.

This is a glorious year, full of possibilities. Doctors, are we ready? Let us pull from our gardens weeds of selfishness, gossip, jealousy, hate and destructiveness. Our Alma Mater needs our constructive thoughts and our substance. Our phalanx should be solid for our professional rights. May we see in our striving brothers only visions of liberty, power and growth.

Let us strive harder to fill our own niche, pull from our eyes the motes and hold up the hands of our chosen leaders. "In all thy ways acknowledge Him, and He shall direct thy paths."

We should have growing plants of construction, brotherly love and fearlessness. We should cultivate afresh our flowers that they be in full bloom when the Osteopathic world meets with us in July.

"The little ills of life are the hardest to bear, as we all very well know. What would the possession of a hundred thousand a year, or fame, or any glory and happiness, or good fortune avail a gentleman, for instance, who was allowed to enjoy them only with the condition of wearing a shoe with a couple of nails or sharp pebbles inside it? All life would rankle round those little nails."

"Politeness is like an air cushion—there's nothing in it, but it eases the joints wonderfully."—W. C. GANNETT.

REVIEW OF THE VITAMINS, BY SHERMAN AND SMITH

COUNCIL FALDIS YERKES, D. O.

The following extracts are taken from the book, "The chemical nature of vitamins is still unknown."

"Observations upon disease led to the conception of three or more substances of the vitamin type, two soluble in water and needed for the prevention of beriberi and scurvy respectively, and one soluble in fats and so essential to a normal condition of healthy resistance that its absence from the diet results in susceptibility to the characteristic eye disease variously referred to as ophthalmia, xerophthalmia, conjunctivitis, or keratomalacia."

"As the vitamin theory of the present day had its origin in the study of the antineuritic substance and the fundamental conception of the vitamins has so largely grown up around the properties of the substance to which the name was first given, we shall in what follows discuss first the antineuritic vitamin and the supposedly identical water-soluble B."

VITAMIN B.

"The term vitamin B at present includes (1) the antineuritic vitamin found by Eijkman in rice, Grijns in beans, Funk and others in yeast, and later found in a wide variety of animal and vegetable substances the absence of which causes polyneuritis in fowls, beriberi in man, and a similar pathological condition in other mammals; (2) a water soluble growth promoting substance found by Hopkins, Osborne and Mendel, and McCollum in milk, and later found in wheat embryo, yeast, and the various materials furnishing the antineuritic vitamin. Absence of this vitamin causes loss of appetite, cessation of growth, and finally pathological symptoms resembling those of beriberi. Similarity in occurrence and many properties speak for the identity of the antineuritic and

growth promoting water soluble vitamins. In the absence of positive proof it seems probable that the water soluble growth promoting substance is among the substances having anti-neuritic action.

"In mammals a deficiency of vitamin B in the diet causes loss of appetite commonly followed by a more complex and less clear cut set of symptoms than in the case of birds.

"While often referred to as growth promoting, it should be emphasized that vitamin B is essential to normal nutrition at all ages.

"The mechanism of the action of vitamin B has been variously thought to be that of a physiological stimulant to glandular secretion, particularly for carbohydrate metabolism, and of a specific cell nutrient."

VITAMIN C:

"The antineuritic vitamin is apparently not appreciably sensitive to ordinary light. To ultraviolet light also it appears to be relatively stable, resembling vitamin B in this respect, while vitamin A is relatively sensitive."

"Among vegetables raw greens and some of the tubers enjoy high reputation as antiscorbutics.

"The juice of the Swedish turnip, rutabaga or 'swede' when freshly grated and filtered through a muslin bag approximated orange juice in antiscorbutic potency.

"Carrots have been studied by Hess and Unger (1919), who find a distinct difference in the antiscorbutic properties of old as compared with fresh young carrots, particularly after cooking. It was found that while 35 grams of old carrots were sufficient to protect a guinea pig from scurvy when fed raw, after cooking for three-quarters of an hour their addition to the dietary proved insufficient for protection. Hess also points out that the loss of

antiscorbutic value in the boiling of carrots is due to destruction and not merely to extraction of the antiscorbutic vitamin since the water in which the carrots had been cooked was found by feeding experiments to have little antiscorbutic value.

"Onions are reported good antiscorbutics by the British Committee.

"Among the foods showing antiscorbutic properties in varying degrees were raw cabbage, dandelion, lettuce, endive, sorrel, potatoes, carrots, cloud berries (a raspberry of North Temperate regions), bananas, and apples.

"The tomato, while ordinarily referred to as a vegetable, is more properly a fruit. There is a similarity of tomato juice to orange juice as an antiscorbutic. The juice of raw or canned tomatoes is very efficient, readily available, and an inexpensive antiscorbutic which may be used in the same manner and with practically the same results as orange juice, even in the feeding of infants. Orange juice, or strained canned tomato juice, has been given to babies one month of age or even younger without producing untoward symptoms."

VITAMIN A.

"Vitamin A is essential to growth and has sometimes been called the growth promoting enzyme. When the intake of vitamin A is inadequate not only is growth inhibited after a time, but there also develops increased susceptibility to infection. This shows itself conspicuously and characteristically (but not invariably) in the development of the eye disease. The weakening of the body by lack of vitamin A is not confined to the tissues of the eye, and it is more or less generally believed that a lack of this vitamin is a factor in such diverse diseases as renal calculus, rickets, pellagra and tuberculosis.

"The amount of vitamin A in the food has also been found to have a marked influence upon the capacity for reproduction and successful suckling of the young.

"In plants the green leaves, and among foods of animal origin milk and its products and eggs are the most important source of vitamin A. The glandular organs contain more than the muscles, and the germs of seeds contain more than the endosperm.

"So far as is known the body does not synthesize vitamin A. The body has, however, evidently a much greater capacity for storage of vitamin A than of vitamin B or C.

"Since vitamin A is so essential both in health and disease, and since any surplus received in the food can be stored in the body for future use, it appears wise that foods known to be rich in vitamin A, notably milk in its various forms and the green vegetables, should be used in the diet as liberally as is practicable."

This book and several others upon related subjects are in the Osteopathic Library, in the Consolidated Realty Building.

"Ask of God to give thee skill
 In comfort's art,
 That thou mayest consecrated be
 And set apart
 Unto a life of sympathy:
 For heavy is the weight of ill
 in every heart:
 And comforters are needed much
 Of Christ-like touch."

—A. E. HAMILTON.

Granted that a doctor has found a way of adding fifteen years to our span of life, could we really afford it?

RADIOTHERAPY OF TONSILS

By F. LEIX, D. O.

The roentgen ray has contributed more to the recognition of gross pathology in the living subject than any other discovery in the past twenty-five years, not only in diagnosis, but as an aid in treatment. This has been brought about through efforts of men who have given specialized attention to the subject. In unskilled hands it ceases to be an asset and becomes a menace. No one can be expected to have a full and comprehensive knowledge of X-Ray diagnosis and treatment who does not give it full and undivided attention.

Until it was announced that the X-Ray would cause atrophy of excessive adenoid tissue and a number of cases successfully treated, were reported, surgery held first ground. Now, radiotherapy is a means of accomplishing the same results. The most skilled operator may leave small tabs which may again enlarge, but by X-Ray treatment the adenoid tissue of the whole throat, tonsils, post nasal adenoids and tissue in the pharynx is reached.

The X-Ray method of treating focal infection of tonsils and adenoids is not only safe and permanent,

but will more thoroughly and completely remove this focal infection than any other method. The technic is simple; six to ten treatments are required to produce shrinkage of tonsil and lymph tissue. Streptococci and staphylococci disappear. The same technic may be used for the treatment of tuberculous adenitis and goiter. Burns are impossible if the technic is properly carried out. Tuberculous granulation tissue is especially susceptible to the action of Roentgen rays, but less sensitive than lymphoid tissue and requires more time. The treatment does not always arrest suppuration if it has already begun and the symptoms accompanying treatment depend on acuteness of the tuberculous process.

The cases responding more rapidly to treatment are those of acute type with the local signs of pain, large glands and periadenitis with slight fever, etc. The swelling disappears in about forty-eight hours, and the glands gradually recede to normal size. Lymphatic and embryonic tissue of which the tonsil is composed are destroyed by means of the X-Ray more easily than any other cells.

THE OSTEOPATHIC LIBRARY

By DAISY D. HAYDEN, D. O.

Fortunate, indeed, are the members of the Osteopathic profession who are privileged to live neighbors to the Pacific branch of the A. T. Still Institute.

We have, for several years, been able to receive the benefits of the research and laboratory work of this splendid institution almost for the asking. Its dean and her corps of workers are ever ready to cheerfully assist the enquirer at a moment's notice.

Within the past six months, through their initiative and energy, there has been added to this "plant" a useful library of some 1000 volumes, which is now commonly known as "The Osteopathic Library." It is a most interesting place to browse in case one has a few moments of recreation, and a most helpful place when in search of information upon any and all lines of medical thought. The books are all carefully catalogued and classified according to the

"Dewey Decimal Classification and Relative Index," making it extremely easy to find a looked-for volume. In this library we find all of the Osteopathic magazines and books, bulletins of the different colleges and publications of fraternities and sororities; medical journals of many kinds; Journal of the American Medical Association, British Medical Journal, Journal of Laboratory and Clinical Medicine, Journal of Cancer Research, Journal of Biological Chemistry, Bulletin of the Academy of Sciences, and many others.

The different subjects are represented by many publications upon those particular lines.

Upon these shelves we have access to 20 volumes on Pathology, 30 on Nervous and Mental Diseases; Laboratory Diagnosis, 60 volumes; of the Year Books of Practical Medicine, 12 volumes each year, covering the publications of the last two years.

A recent addition of great value to the library is the group of volumes constituting the "International Medical and Surgical Survey." These magazines (12 coming each month, 144 each year, upon 20 different subjects) are, as the name implies, a survey or digest of about 500 representative medical magazines of the world, making a condensed abstract of comprehensive and brief reading. We should feel fortunate, indeed, to possess this one, as it is said that only one other entire set is to be

found in California—that at the State University at Berkeley.

These surveys and many of the books have been donated by different members of the profession. Some of the subjects are not represented by as great a number of different texts as others, but these represent the very latest thought upon that subject.

The curious in booklore is always fascinating, and here we may find one book entitled, "Congenital Dislocation of the Femur," published in 1850. The cuts of appliances for the reduction of this trouble are queer and most interesting. A text on Physiology, published in 1855 is full of interest, and a recent volume in French on the Blood has wonderful cuts and illustrations which, whether we can or cannot read that language, are most instructive.

The library walls are hung with attractive pictures and on the upper shelves we find some interesting bones and specimens.

Tables, easy chairs, good light and an obliging attendant make this library one of the many delightful and helpful nooks of which Los Angeles can justly be proud.

The library is located at 914 Consolidated Realty Building, 607 South Hill Street; is open daily from 9:00 a. m. to 5:00 p. m.; evenings by appointment. The use of this free library is the gift of the local profession and if used freely its creation will be more than justified and its upkeep a satisfactory service.

OSTEOPATHIC HANDS

HARRIET E. HINDS, D. O.

"The world unto thy hands I leave; and to thy hands my life."

Might it not be well to include in the entrance examination of students for the Osteopathic Colleges that of the hands to determine whether they could be trained to be what we

might term Osteopathic hands? Less attention is paid to hands—though one of the most important requisites—than to any other feature in the training for Osteopathic work. Hands should be strong, yet with delicate touch, sympathetic, gentle but firm,

soothing, definite and above all else *kind*. When such hands are placed upon the sick and poorly nourished body, the patient, who is often nervous and high-strung, should at once be inspired with confidence and hope. Should the hands be used in a rough manner, with hurried or indifferent motions, or causing pain by the use of the ends of fingers, the hypersensitive patient becomes more rigid in her efforts to resist or draw away from the unpleasant and uncomfor-

table hands. This contraction on the part of the patient accounts, no doubt, for the sore and painful muscles that are complained of for several days. The patient instead of being anxious for another treatment, dreads it, sometimes to such an extent that it gives rise to the remark so often heard, "I've tried Osteopathic treatment but cannot stand it." So let us bear in mind that to help the patient in every possible way our hands must be intelligently trained and above all things *kind*.

PSYCHOANALYSIS FOR NERVOUS DISORDERS

H. C. CUNNINGHAM, D. O.

"Not in his goals, but in his trans-itions man is great, and a true state of mind rested in, becomes false."—Chinese Proverb.

It has been said that every new development of science passes through three periods before it is accepted as truth in the minds of mankind. First, the period of ridicule; second, the period of investigation, and, third, that of acceptance.

Psychoanalysis has been no exception to this rule, for it, too, has passed through the periods of ridicule and investigation and is now accepted as a scientific method for the treatment of those nervous disorders which are purely functional in character and have their origin in the psyche of the individual.

The psychic status of an individual may be defined as his mental attitude toward his environment and his ability to adapt himself to that environment.

That functional nervous manifestations of one kind or another are the result of lack of adaptation is proven by the fact that there are so very few people who can truthfully claim to be without "nerves." When it comes to a showdown most of us have to admit that we have "the habit" to a greater or lesser degree

and are forced to agree with the Psychologist Du Bois, who says that "all of us are more or less neurasthenic" (1). Then, under favorable conditions everybody is a possible victim of some form of neurosis. If this be true, it is certainly important that we learn "the why" in order to avoid, if possible, such undesirable consequences. Psychoanalysis tells us "the why" and also convincingly proves that it is possible not only to avoid, but also to overcome the neurotic state.

It is not the intention of this article to discuss either "the why" or "the how" of Psychoanalysis, for Psychoanalysis is entirely too big a subject to be dealt with in a summary fashion. It is the purpose of this article to give some intimation of what Psychoanalysis as a method of treatment is and what it has already accomplished.

As a scientific method, Psychoanalysis "seeks to establish a knowledge of individual human motives. Just as a chemical analysis serves to determine the ultimate composition of this or that substance present in nature, so Psychoanalysis has for its task the unravelling of the ultimate causes of this or that manifestation of human conduct. Psychoan-

alysis then, is merely a tool, just as chemical analysis is a tool—both are methodological disciplines working with different facts of nature, each seeking to determine ultimates in their respective spheres; the former dealing with data of that portion of the nervous system functioning to adapt the individual and the race to reality, the latter working with the inorganic and organic substances making up a larger portion of that reality" (2).

As a method, Psychoanalysis has rendered important service in the realms of psychopathology. Through its application a better understanding of some of the psychoses, such as paranoia, dementia praecox and the manic-depressive group, has been obtained, and no doubt more light will be thrown upon these mental conditions as the Psychoanalytic method develops. The chief value of the method, though, has shown itself in the treatment of the neuroses and psychoneuroses. These conditions have been handled so successfully and the data obtained have been so convincing that those chapters in medical text books devoted to the study of the neuroses and psychoneuroses have been decidedly modified.

If Psychoanalysis had done nothing more than it has done for the thousands of unfortunate patients generally termed as neurotics, its existence would be more than justified. For through its influence a change of heart has taken place in many quarters of the medical profession and the neurotic and all others suffering from so-called functional manifestations of the nervous system are no longer jeered and made fun of.

That multitude of patients who really "have nothing the matter with them but nerves" has commenced to be seen in its true colors. These patients are now recognized as being just as real sufferers as those who have some organic disturbance at

the basis of their symptoms. The psychology of the individual can no longer be ignored in the face of the mass of evidence that has been accumulated, particularly in recent years, which testifies clearly as to the important role the psyche plays in the life of every human being. Pathologists have determined that the nerves of a patient suffering from any of the infinite forms of nervous disorders are just as healthy and unimpaired as those of a well person. It is simply the function which is misbehaving. Psychoanalysis has determined that these nerve misbehaviours are of psychogenic rather than of physical origin. It must not be overlooked, however, that physical disturbances may exist side by side with psychical ones, and must, of course, be treated as physical.

The subject of alcoholism, the terrible demon that has wrecked human lives beyond number, has at last received a logical explanation through the light that has been thrown upon it by students of Psychoanalysis.

"A new science and application of pedagogy are being reared upon the data obtained by the Psychoanalyst. The students of history, anthropology, ethics, religion, philosophy and art are beginning to feel the value of the material obtained by the methods of Psychoanalysis" (3).

But the main interest in the Psychoanalytic method comes from the fact that it has proven itself the most effective method of psychotherapy in the treatment of the so-called "border line" cases, for Psychoanalysis is the only system of psychotherapy that deals with the neuroses as diseases or entities instead of treating symptoms, as is the case in using hypnotism, suggestion or persuasion. Psychoanalysis concerns itself with the individual as a personality and enters into the deepest recesses of the mind.

According to Dr. A. A. Brill, for years chief of the Clinic of Psychiatry and Clinical Assistant of Neurology Columbia University Medical School, 25 per cent of over 21,000 patients examined in the neurological department of the Vanderbilt Clinic, New York, were diagnosed as neurasthenia, psychasthenia, hysteria and mild forms of functional psychoses. What happened in that clinic is probably indicative of others throughout the world. Up to a comparatively few years ago no real effort was made to understand these patients, but nowadays most physicians recognize some form of psychotherapy as an important therapeutic agent in their treatment. Dr. Brill, after many years' experience with all the existing methods of psychotherapy, states most emphatically that the psychoanalytic gives the best results, and is so enthusiastic over the results so far obtained by the use of this method that he is devoting his entire time to its study, application and scientific development. At least 50 per cent of all who apply to physicians for aid have some form of nervous disorder. Since these folks are not mentally incompetent, but are, in a good many instances, among the highly organized conscientious folks who have much to contribute to the work of the world, it is obviously of vital importance that they be restored to a normal condition in order to carry their share of the world's work. Many of these patients do not need a complex analysis, because they have not developed a complex neurosis. Such cases can be successfully handled by any physician familiar with the rudiments of Psychoanalysis. This is particularly true in dealing with children, for it is during the early developmental years that the foundations of the future neurosis are formed.

The complicated cases need, however, a thorough understanding of the Psychoanalytic method, just as a delicate operation on the eye or brain requires more than a general knowledge of the principles of minor surgery. As Psychoanalysis deals with mental factors, it is to be expected that those who use it should have a thorough training in psychiatry and neurology, for the normal and abnormal reactions of each patient must be known before an analysis is undertaken. Much of the criticism against Psychoanalysis has been gained by the bad results obtained by would-be analysts who were not properly trained. Dr. Brill considers it as dangerous to practice Psychoanalysis without the proper training as to practice surgery without a knowledge of anatomy. One must know when "not to" as well as "when to" undertake an analysis.

The therapeutic value of the confession of the church has long been recognized. Psychoanalysis is really based upon a scientific therapeutic confession bringing the patient to a self-knowledge by going far into the depths of his consciousness, investigating and studying significant experiences which he has passed through since early childhood. Psychoanalysis seeks to make the individual capable of life and activity by bringing into consciousness the causes which are keeping the individual from using his energies in the right direction. As a result most patients, when they realize their true difficulties, determine to overcome them and the process of re-education is begun, the patient finds himself and becomes a responsible, useful member of society.

"One ship drives east, another drives west,
While the self-same breezes blow.
'Tis the set of the sail, and not the gale

That bids them where to go.
 Like the winds of the sea are the
 ways of fate,
 As we journey along through life;
 'Tis the set of the soul that decides
 the goal,
 And not the calm and the strife."
 Rebecca R. Williams.

- (1) Du Bois—Psychic Treatment of Nervous Disorders. Page 172.
- (2) Smith Ely Jelliffe, M. D.—The Technique of Psychoanalysis. Nervous and Mental Disease Monograph Series No. 26. Page IX.
- (3) The Significance of Psychoanalysis for the Mental Sciences. Nervous and Mental Disease Monograph Series No. 23.

OSTEOPATHY IN ACUTE INFECTIOUS DISEASES

MARY L. LECLERE, D. O.

I think no other question was asked so frequently by the students at the Osteopathic College, nor usually answered so unsatisfactorily as that of the relationship between Osteopathy and the acute infectious diseases. To attempt to answer it fully would take one so deeply into the mazes of physiology that he would lose himself completely.

So this discussion is going to be superficial, but I hope plausible.

Germs cause certain diseases, but every author recognizes the necessity of explaining why only a small proportion of the people who come into contact with a certain germ become infected by it. Thus we read in Hughes "Practice of Medicine" in regard to typhoid, "The predisposing causes are * * * fatigue and individual susceptibility. The exciting cause is the typhoid bacillus."

Osteopaths add another predisposing cause—the bony lesion. Our research workers tell us there is always a change in the histologic structure of tissues supplied by a nerve from a lesioned area; there is always a circulatory disturbance in such tissues due to disturbance of the vasomotor nerves carried by the nerve trunk from the lesioned area. This necessarily lowers the resistance of the tissue to infection.

Of course whatever lowers the resistance to infection in the first place will interfere with the fight the tissue has to make against the germs once they have gained a foot-

hold. Therefore at the beginning of an infectious disease all lesions should be corrected.

But we have to keep correcting them because new lesions are constantly being made. Diseased tissues within the body send irritating stimuli along their nerves to the spine which produce new lesions there. These new lesions increase the trouble in the diseased tissues, then back and forth it goes in a vicious circle. There is also a general spinal rigidity due probably to toxins circulating in the blood. This calls for a general treatment.

There is no drug which will kill germs that will not harm people. We are very careful not to swallow the disinfectants such as lysol, carbolic acid, etc. If germs within the body are to be killed the body cells must do the killing. Always the fight is between body cells and invading cells. All treatment must be for the purpose of maintaining the body in the very best possible condition so that its cells may successfully fight the germs.

The Osteopath does this by maintaining a normal circulation of nervous energy and of body fluids. The nerves must be free to preside over and direct the body's fight; to see that circulation is maintained and not allowed to stagnate. The Osteopath who gives an opiate which lessens conduction by the nerves defeats his own manipulation, to some extent.

The blood and lymph carry from the battle front to all other body cells substances which tell them of the fight and stimulate them to the production of phagocytes, anti-bodies, antitoxins, etc. (sort of auto-vaccination), which are then carried by the freed circulation to the battle front. The blood and lymph carry away to the organs of elimination waste products and debris resulting from the fight, and carry to the fighting cells food and oxygen. The blood and lymph act both as the commissary department and the sewer system. It is easily seen that they must not be allowed to stagnate. If it is necessary in order to maintain health that the blood be sent racing through all the tissues all the time, how much more important is it in order to regain health. A sick man is not able to take the exercise necessary to stimulate such an increased circulation. Fortunately Osteopathic treatments will do just that without in the least exhausting the patient. By relieving congestions such a treatment also relieves pain so that opiates are not necessary.

The body has its own methods for maintaining free nerve and blood circulation, increased temperature, increased heart rate, increased respiratory rate. Increased temperature lowers the viscosity of the blood which has been increased by the infection so that it flows more readily. makes nerve centers and various tissue cells more susceptible to stimuli, aids chemical reactions, etc. What a crime against the body is the old-time procedure of forcing down the fever without having reduced the need for fever. Osteopathic treatments by relieving all congestions and by maintaining a normal circulation of nerve currents and body fluids reduce the need for fever which then automatically falls.

We have all been asked by our medical friends, "What can you do

in pneumonia? When the heart begins to fail you have to give a stimulant to keep it going." Dr. Bowling's answer to that cannot be improved upon: "If I had a horse pulling a heavy load up a hill and he began to give out, I might stimulate him with a whip; with the aid of that stimulant I might be able to force him to the top of the hill, but he might not then be able to continue to pull on the level. How much better to take off part of the load! Why does the heart play out in pneumonia? Because it has to pump against static congestion, and because it is weakened by the poisons circulating in the blood. How much better to relieve this static congestion by gently raising and lowering the ribs and by manipulating the spine, thus removing the cause of the heart failure. The improved circulation strengthens the heart muscle by bringing to it greater stores of oxygen and food. If a stimulant is still necessary, why not mechanically stimulate the heart by manipulation in the proper spinal area?"

It seemed to be the unanimous opinion of the Allies that the less alcoholic stimulant used the more sure were they of winning the fight. Even medical authorities acknowledge that in the first influenza epidemic aspirin and alcohol killed and maimed more patients than did the flu germ. We cannot use poison gas on germs because there is no intervening "No Man's Land" between germs and body cells. It is a hand-to-hand conflict, and the best man wins.

"No nobler feeling than this of admiration for one higher than himself dwells in the breast of man. It is to this hour, and at all hours, the vivifying influence in man's life."

BURSITIS

E. E. DONNELLY, D. O.

To begin with, what is bursitis? Bursitis is an inflammation of the bursa.

Pathology.—In cases of bursitis a portion of the bursa changes from simple hyper-secretion of the bursal sac, through inflammatory thickening of its wall with villus-like growth and actual calcareous deposit, or laceration and inflammatory changes of the ligaments at the point of insertion.

Diagnosis, observation, collection of facts, conclusion therefrom:

Facts observed as follows:

1. Limitation of motion, slight or extreme.
2. Pain greater at night.
3. Crepitation on movement.
4. Atrophy of some muscles.
5. Calcareous deposits in the tendon sheaths and bursae.
6. Adhesions along the course of the tendon sheaths.

Treatment of shoulder:

1. Patient on side affected, shoulder up; operator faces patient; place one hand on top of shoulder, holding it fixed, the other grasping the forearm above the wrist, giving the elbow a rocking motion.

2. Elevate the elbow with the hands of the operator in the same position, carrying the elbow in as wide a circle as possible.

3. With the hands still in the same position, extend the forearm with traction, carrying it as high in front of the patient as possible.

4. The hands in the same position as above noted, with the arm extended as nearly as possible at right angle to the body; carry the hand in as wide a circle as the pain will permit.

5. With the arm flexed at the elbow, one hand of the operator on the point of the shoulder and the forearm of the patient across the

forearm of the operator, the other hand of the operator resting on the point of the elbow of the patient, push down the middle line of the body and carry elbow toward head.

6. Then flex the arm and place the back of the hand behind the patient, fixing the shoulder in front with one hand grasping the point of the elbow and pull forward.

Direct manipulation of all muscles is desirable from the first.

Exercises

No. 1. Stand two feet from the wall, place hand on wall opposite shoulder, circle the body half way round, keep the fingers against the wall in the same position. Turn back, swing the body under the arm as far as possible one way, then reverse.

No. 2. Keep same position, lower the arm and let two fingers crawl up the wall to position opposite shoulder, stand erect, then turn in opposite direction as far as possible, let head pass under arm, wind up and bow, then reverse.

Case report for shoulder:

Mrs. B.; age, 65 years; occupation, housewife.

Symptoms—Constant pain, limited motion, soreness, stiffness in right shoulder, crepitation on motion.

Diagnosis—Bursitis.

Results—Patient began to improve after five of the above treatments, and was discharged after three months with no pain and perfect motion.

Note—This patient came to me after ten years' suffering from the above symptoms.

Case report for knee:

Mrs. F.; age, 45 years; occupation, scrubwoman.

Symptoms—Stiffness, limited motion, constant pain in right knee especially at night, atrophy of some muscles.

Diagnosis—Bursitis, or commonly called housemaids' knee.

Treatment—Gently relax all muscles around the joint, stretch and extend the leg, firmly hold the knee joint with the hand, holding the foot

under the arm and gently move the knee laterally, firmly grasping the tendons. About six minute treatments every other day for ten days, then once a week for three weeks.

HOW TO KEEP A NORMAL BABY WELL

MARIE B. GRUNEWALD-FITCH, D. O.

When a baby comes into a home well and normal in every way, it is not fair to it to disregard all rules—tried and proven. In the first place the mother must do all she can to give her baby the natural food. Some mothers read literature that tells them that mothers' milk is poisonous to the infant if the child suffers from colic; and then they begin to worry and fret about the condition and thus do poison their milk. Others attempt to do too much or allow themselves to become angry; and they decrease their food supply or poison the baby. A mother must lead an equable, quiet life in order to do justice to her child.

Secondly, regular hours for feeding, bathing and sleeping must be observed.

Thirdly, the baby should not be handled a great deal, especially not after feeding. Proud parents in

their eagerness to show off their treasure too often forget this rule.

Again, others try to attract the attention of an infant before it can actually see—a very unwise procedure. Its little brain cells are not strong enough to function. A normal child will show its intelligence quickly enough if left alone.

One more offense on the part of the doting family is to allow visitors to see the child while it is sleeping. Their presence does disturb the child—even if it does not awaken it.

In this land of good roads and sunshine the call of the open often outweighs a mother's better judgment and an infant is subjected to long, wearisome rides that disturb its nervous equilibrium.

There is no business or profession that requires more earnest attention and study than that of being a mother.

DIFFICULT FEEDING IN INFANCY

MARY AKEY-GILLESPIE, D. O.

The doctor in general practice with a difficult feeding case to care for is apt to err in changing the food too often. Rather than make a radical change it is best to remedy the first or basic formula applicable to the infant at hand.

If the case is taken when the baby is first placed upon an artificial food you will know what has been done and can change accordingly; for by the correction of certain symptoms in each case the proper modification will be reached. In a case cared for

by other practitioners before you, heed the following:

First, remove all food for several feedings or a whole day if possible, substituting water at regular intervals. One or more enemata should be given over this period. Then start on a formula with one-fourth or half the percentage of food element and less in quantity per feeding than for a healthy child of this age.

The symptom, vomiting, is usually caused by too much food, too often

and too rich in fat or sugar. Flatulence, fermentation and vomiting with sour stools is an indication of too much sugar. Excess in fat will show the following symptoms: a curdled vomitus, even long after feeding, in combination with loose or small but curdy stools.

Constipation in very young infants must be corrected by changing the type of sugar from maltose, cane or lactose, by the addition of a thin oatmeal gruel and by abdominal treatment, not by cathartics.

THE MOTHER'S HEALTH

JANE BASHOR, D. O.

The relation of the mother's health to the correct training of her children is very important. A healthy, happy mother has a much better chance of doing instinctively what is best for her child than one who is continually tired, nervous, or actually sick. A mother who has given special thought or education to child study can use her best judgment even while sick, but splendid health makes the training of children much easier and a great deal more enjoyable.

It is hard for a mother who is tired not to use the negative manner of speaking to children. The noise and confusion of their play is often irritating to them and they fall easily into the habit of saying, "Don't make so much noise." "No, you must not do that." They are not in a condition to realize that children are rarely quiet. Their growth depends upon their activity, and to insist that they be still without substituting some play in its place is to repress their nervous energy. Ernest Thompson Seaton says, "It is a terrible thing to suppress energy; divert it, but never suppress it." A child thus treated forms the habit of answering back, "I don't want;" and, "No, I won't," until the child's disposition

The use of the newer food combinations such as the Czerny-Kleinschmidt butter flour diet or certain elements added to milk will be tolerated by some infants, but not over a long period of time. Use only as a crutch or temporary help to a sound well-balanced formula.

To give small amounts in quantity and percentage, changing as symptoms arise and very gradually increasing, first in quantity and then in percentage of food elements will enable the delicate stomach to function as nature intended.

changes from a sunny, natural one to a so-called stubborn nature which is often attributed to one or the other side of the family.

A tired mother frequently forgets to be extremely courteous to her children. They respond very much to tone of voice and way a thing is suggested to them. A mother is apt to expect absolute obedience from a child, whereas if she felt well and rested she could reason with the child, or to an especially willful one, could suggest a choice of two things to do, and thus prevent clashing of wills.

All the work and responsibility seems very great to a tired mother. She thinks of its importance and getting it done above the children's interest and training. She interrupts their play continually for the child to run some errand, or to do this and that for her. This is bad for the child, for they do not have that satisfaction of playing the game through to the end. If this is continued in it certainly has its effect upon the child's future ability to concentrate and carry out plans to a completion. A regular time for work and play would avoid this and

children understand the justice of that demand.

A mother can prevent a great deal of discord and secure better health for herself if, when she feels irritable and the children are cross, she drops all unnecessary sewing and housework and gets out of doors. Mothers have a wonderful opportunity in their own yards, or city parks if they have none, of helping children to understand the flowers, birds and trees. It is a fact that the more material things a child can know and be able to describe and compare, the more readily they can apply that knowledge to abstract things later in life.

Many mothers would have better health and enjoy life more if they would keep up their interest in some subject they were fond of. It need not be a distinct profession and usually cannot be, as there are too many home duties. The public library is in reach of all and either general reading or along some subject keeps one interested. Those mothers who live in the city can take advantage of the instruction which

department stores offer in china painting, lamp shade making and fancy work of all descriptions. There are now reliable correspondence courses in dressmaking, millinery and cooking, and the university extension courses for those who want to take work at home. Music, art, clubs or garden work should not be neglected if the mother desires to keep up with them. The radio phone promises to bring sermons, lectures, and entertainments to the home of which every mother can take advantage.

It may seem like a big effort or expense to arrange for some help with the work or children to allow the mother some time to herself, but in its far-reaching effect, it is worth all the effort on the part of the family. Children are very proud of their mothers if they can do something beside housework. Children dislike to see their parents work so hard. It is a memory that lingers all through their life and they think if only mother could have had more time from work to teach us or be with us, how much better it would have been for her and ourselves.

THUMBSUCKING AND KIDDICUFFS

HENRY ELROD

Of recent years much comment has been made concerning the deleterious effects of the habit, rather prevalent among infants, of thumb-sucking. Dr. Holt, in his widely read book, "The Care and Feeding of Children," deprecates the habit in no uncertain terms and suggests methods for its prevention. Certain others of the medical profession who specialize in the diseases of children, with whom the writer has discussed the subject, claim that many and direful are the effects of the habit of thumb-sucking, among which are: Distortion of the roof of the mouth, effecting the natural voice; distortion of the shape

of the exterior mouth; protruding, or irregular teeth; adenoids; abnormal or diseased tonsils; indigestion; nervousness, and so on. Just how much weight should be attached to these claims the writer cannot say, but the habit is, without doubt, an insidious one and should be prevented. The question naturally arises, then, as to the means to be employed for the prevention of the habit.

In his experience with his two children, both of whom persisted in sucking their thumbs, the writer tried various suggested methods for breaking the habit, but with no success.

Then it occurred to the boys' mother that an inflexible sleeve, or cuff, which would prevent a sufficient bending of the elbows to permit the thumbs to reach the mouth, might prove efficacious; so she prepared such sleeves from sections, about six inches in length, of ordinary cardboard mailing tubes of sufficient diameter to allow a reasonable "play" of the arms. These sleeves were then slipped over the arms and secured to the dress sleeves near the shoulders with safety pins. The plan worked like a "charm." The boys did not object to the flexible sleeves, as the sleeves did not interfere with their play, nor hamper them in crawling, climbing about, or otherwise handling themselves normally.

Aside from effectively preventing thumb-sucking, the inflexible sleeves or kiddikuffs prevented the children from eating anything other than

that which was intended for them to eat. (The kiddikuffs were easily removed at meal times) and the assurance that they could not put foreign substances into their mouths, noses, eyes or ears, as children frequently do, to their hurt, was the source of much comfort to their mother and lessened her care of them.

This article is prepared for the benefit of any who may wish to take advantage of the writer's experience for the welfare of the "kiddies." Kiddikuffs may be easily made from ordinary stiff cardboard, or corrugated packboard such as electric light globes are packed in for shipment; or they may be made by a local tinner, of thin sheets of aluminum, with a "bead" rolled on each end to prevent the abrasion of baby's skin or damage to its clothes.

SOME CONCLUSIONS DRAWN FROM BASAL METABOLISM STUDIES

By ANN E. PERRY, D. O.

The importance of basal metabolism must be recognized. It is of the greatest importance to the doctor with a general practice, because he sees the patient first. If he is enabled to recognize an hyper or an hypothyroid condition early, he has an opportunity that may prevent the patient ever having to go to the specialist.

Basal metabolism as a guide to treatment: Whether the treatment is to be surgical, X-Ray, Osteopathic or the administration of thyroxin, the best results are being obtained by using the basal metabolic rate as a guide.

Clinical symptoms, of course, are used as a guide in treatment, but clinical symptoms are not the absolute guide that is obtained when the two, basal metabolism and clinical symptoms are taken together. There

are, as every clinician knows, many cases of neurasthenia, carrying all or many symptoms of hyperthyroid toxicity. Basal metabolism will aid in the diagnosis of all such obscure cases and quickly eliminate them from the ranks of the hyperthyroids. Thus saving them from the possibility of hypothyroidism being subjected to the hyperthyroid treatment on symptoms alone as is being done frequently.

If the treatment is to be X-Ray a first basal metabolic rate is made, and after that frequent checks are made to guide the technician in his dosage to bring the percentage down to a normal or to an operable limit. In the treatment of hypothyroidism the basal metabolic rate will be a correct guide in the dosage of thyroxin or endocrine glands, keeping the patient within normal percentage

limits. This is an absolute essential to the progress and normal existence of the hypothyroid individual.

The basal metabolism test is simple in the hands of a trained technician, and inexpensive. All the patient has to do is to fast for 12 hours—that is, over night and through the regular breakfast hour, rest for one-half hour immediately before the test, and breathe oxygen during the test. It all takes a little time and some special training, therefore, the busy physician sends his patients to the trained technician, and the basal metabolism machine has become a part of laboratory equipment.

Interesting Points in Clinical Diagnosis

ANN E. PERRY, D. O.

A problem recently announced by the research laboratories as solved is one that brings the benefits of the clinical laboratory to the physician far removed from the laboratory centers.

It has been found that a certain definite percentage of picric acid solution added to a small amount of blood will destroy the blood ferments, while perfectly preserving the blood sugar content. This fact allows blood to be sent through the mails, arriving at the laboratory in perfect condition.

The principle of the Keidel vacuum tube is used. A definite amount of picric acid solution is placed in the tube, a protected sterile needle attached, and the package is sent to the physician who desires it. All the physician has to do is to sterilize the point of contact on the patient's skin, add about 1cc of blood to the contents of the tube, seal the end of the tube and return to the laboratory. The burden of estimation of the exact amount of blood added to the tube is placed upon the

laboratory. As the technician knows the exact amount of the picric solution he originally placed in the tube, the exact amount of blood is easily estimated.

On the arrival of the blood at the laboratory it is estimated the blood sugar content obtained and calculated per 100 cc of blood.

These modified Kiedel tubes are now on the market and are carried by this laboratory. Any physician may obtain one at any time on request.

Another clinical laboratory problem announced recently as solved and upon which this laboratory is engaged in working out a series of check examinations is the following:

Blood is taken in the ordinary way for a routine blood count, actual and differential. Blood is also taken from the same person and oxalated. Both specimens are examined by the same person. The variations in the two bloods has been found to be no greater than is allowed in the examination of two specimens of whole blood from one person, made by one person or different persons; that is, the variations were within normal limits.

The solving of this problem will enable the physician in remote parts to send oxalated blood to the clinical laboratory and receive authentic reports of his patient's blood counts.

When a large enough series of examinations have been run upon this subject, checking it thoroughly, the report will appear in these pages.

“To be doing good for some one else is the life of most good women. They are exuberant of kindness, as it were, and must impart it to some one.”

“He is the best physician who is the most ingenious inspirer of hope.”
Coleridge.

SMEARS FROM THE CERVIX

By CLARA LEILA TREAT, D. O.

In nearly all cases coming for pelvic examination, urethral and cervical smears were made at the first visit.

All smears were stained by Gram's Method, counterstaining with dilute carbol fuchsin, and examined with the oil immersion lens.

The cells present were mainly pus cells, the number varying with the character of the discharge. In a few cases no pus cells were found. Epithelial cells varied greatly in numbers, usually only a moderate number being present. In a few cases, particularly in cases of a soft, friable cervix, red blood cells were present.

The bacteria exhibited many characteristics. No positive identification could be made of some types without culturing.

Gonococci were demonstrated in three cases: one, in an acute case where the urethral smear showed

numerous groups; the others, in young married women with husbands having a history of infection. In a few cases there was a diplococcus having the typical morphology and grouping of gonococci but Gram positive.

Staphylococci were present in most of the cases, often taking the form of diplococci as shown by Roddy in a case of non-specific urethritis.

Streptococci were seldom found.

Pseudodiphtheria organisms were found in a few cases.

Bacilli coli were not often demonstrated even when found in large numbers in the urethral smear.

The organism most constantly present was a short, plump, Gram positive bacilli with rounded ends, which probably belongs to the non-pathogenic groups. They were seldom found in any particular relation to the pus cells but scattered throughout the smear.

CURDS IN INFANTS' STOOLS

KATHERINE CHERRILL, D. O.

The curd of milk is formed from the chief proteid caseinogen, which is precipitated by rennin in the presence of lime salts. The coagulation of milk depends upon the change of the soluble caseinogen to insoluble casein. The rennin splits the caseinogen into two parts-soluble casein, which then combines with the calcium salts to form caseinate of calcium, while the other passes into solution as whey proteid. The casein immeshes the fat granules and forms milk curds.

The casein of human milk is smaller in amount, and forms a more flocculent curd than cows' milk.

The curdy stool exhibits numerous large or small curds, and is of acid reaction. The curds are of two

kinds. The variety most frequently met with is soft, white, composed of fat, can be readily mashed between the fingers, is soluble in a mixture of equal parts of alcohol and ether, and is to be distinguished from true curds, which are tough, yellowish protein masses not readily mashed, and are white on the inside when broken open.

The presence of fat curds in the stool is not of clinical importance, but when protein curds are present, together with symptoms of indigestion, the modification of the milk should be changed, and the percentage of protein cut down or some method employed such as the addition of lime water to make a more flocculent curd.

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Los Angeles W. O. A. Meeting

The regular monthly meeting of the Woman's Osteopathic Club was held at the Mary Louise Tea Room, Tuesday, June 6, 1922. After dinner a short business meeting was held, presided over by our newly-elected president, Dr. Mabel Thurston.

Dr. Ernest Bashor was the speaker of the evening, giving a fine talk on "Co-operation" as applied to our Osteopathic Association work.

Dr. Evalyn Bush, of Louisville, Ky., who has come on to attend the National A. O. A., was a guest for the evening. She gave a most interesting talk on some of her work and demonstrated a specially designed dress suitable for the busy woman Osteopathic physician.

Meeting adjourned until the first Tuesday of September.—D. D. H.

Owing to an oversight in the proof reading of the 1922 Cortex (Annual of C. O. P. & S.), Dr. G. F. Burton's card went to press reading Dr. G. H. Burton, the latter being incorrect.

Board of Medical Examiners

Nina D. Cole and Franklin P. Hurlburt, graduates of California Osteopathic school.

Edward W. Davidson, D. C., graduate of the Kinetic Drugless College, Chiropractors Incorporated, Los Angeles, made the highest percentage in the written examination for a drugless certificate, making a general average of 91-2/7%.

This high rating is significant of the fact that there are graduates of chiropractic colleges ready to comply with the law governing the practice of the healing art in the state of California, and is a further indication that those educationally fitted are able to pass the state examination.

The next examination will be held in Native Sons' Hall, San Francisco, commencing at 8:00 a. m., Tuesday, June 27th, 1922, and also in Los Angeles, July 11th.

Applications should be sent directly to the Board of Medical Examiners at Sacramento.

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EDITORIALS

The Osteopaths of Southern California are bending every effort to make the National Convention, to be held in Los Angeles July 3-7, the best that has ever been held thus far. All committees are racking their most fertile brains for new ways of making our guests feel abundantly repaid for the trip to the Coast. Nothing will be left undone which can possibly be done to add to the comfort and the pleasure of our guests. Especially, perhaps, the women of the state give warmth of welcome to every guest, since hospitality seems one of the particularly feminine qualities.

Resting

Now that the summer is upon us and the great out-of-doors is calling us, calling us to worship Nature in her visible form, we find in her varied expression of marvelous beauty an exaltation of mind that perceives the finer meaning of life and compels meditation. And we are overawed by sublimity.

It is well that we pause awhile in our mad rush to accomplish twice as much in half the time and rest a bit in the environs of primitive nature and let the yester months so fraught with vital responsibility and

care sink into oblivion and take with them every sordid and unworthy thought and leave us alone with God.

The inspiration to be found in such solitude is obviously the greatest that we can invite. It is ours for the seeking, and so near at hand, limited in supply only by our capacity to appreciate and enjoy. And it is only as we receive that we can give, and furthermore, since we owe to those whom we serve not only the word of cheer and encouragement, but also the radiation of our inspiration, therefore should we drink deep and long and often at the Source.

Some of "The Other Undone" Things

In our care to attend to some things we often neglect others, as in times long past.

We have been anxious to prove that sacro-iliac lesions are possible, and in so doing have sometimes neglected the lumbo-sacral lesions, and other lower lumbar lesions.

We have studied the articular surfaces of vertebrae, and the manner in which these determine the nature of spinal lesions; and so have neglected the importance of the intervertebral disks in determining vertebral structural changes.

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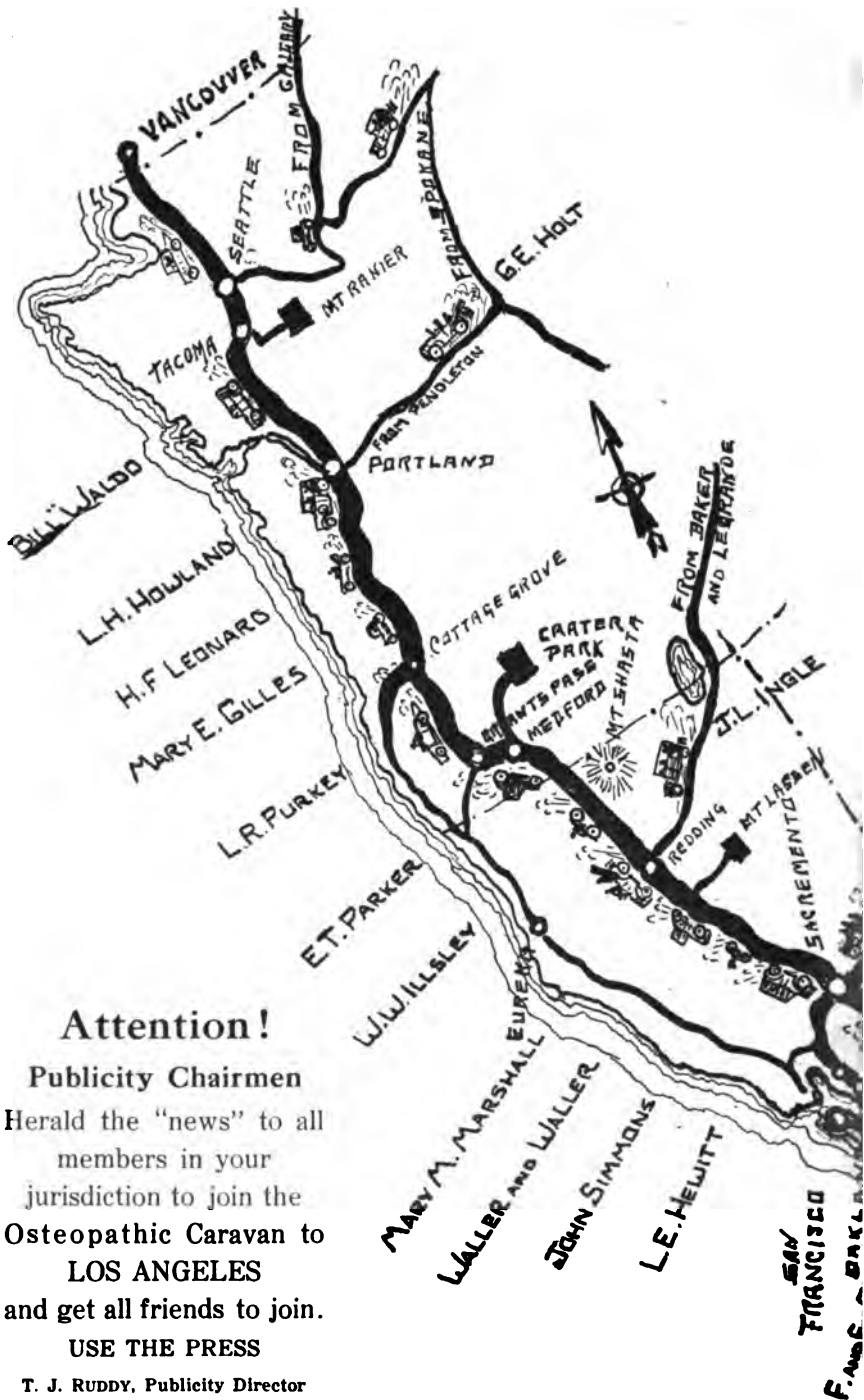
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land, has Jim Barnes beaten
on "form," but is afraid of
the neighbors' "fenestra."



DR. CHAS. M. LA RUE of
Lancaster, Ohio, drives 'em in
86. Says he will win the "Los
Angeles Trophy" with "one
arm" ? ! ! ? *



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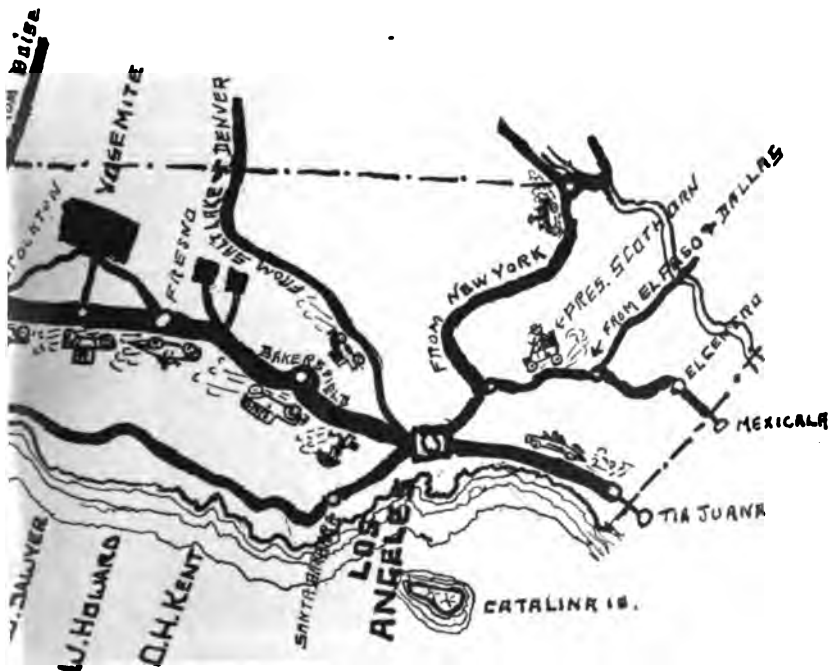
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DR. "JIMMY" RULE had this "late one" taken with the aid of conspirators, but is happy over a 250-yd. drive to the pin.



DR. RICHARDSON of Pasadena, challenges the "runner up" on anything. Says he can "make it"—some days in "106" on a handicap of 30.



DR. F. P. MILLARD of Toronto says it's as easy to make a "7" as it is to treat 76 per day.



DR. NORMAN GEISY catches Sea "Gollufs" in the Pacific "Fairways."

We have been devoted to a technique based upon certain relations. We have faced the patient's face as he lies upon a table, and have neglected the many excellent methods secured by facing the patient's back as he lies upon the table. We have placed him on a rigid chair, neglecting the method used by Dr. Downing and others, who place the patient upon a rocking chair, and thus secure other efficient technical factors.

We have studied symptoms and physical manifestations of disease in the search for diagnosis, forgetting the information to be secured from laboratory methods.

We have studied the pathological changes of the progress of disease to death, forgetting the greater importance of the pathological changes of the road to recovery.

We have studied Osteopathic affairs from the vista of our own offices, neglecting the fact that other offices look from other windows. Only in a "multitude of counsel" is there wisdom.

We have looked backward to early Osteopathy, and perhaps to medical researches, neglecting the development that must come by research work along Osteopathic lines.

We have done many things which seem to us to be good, and which undoubtedly are very good, and in so doing have neglected many things which "ought not to be left undone."

Where Will You Be During the Convention?

During the coming annual convention will you be in your office trying to make a few extra dollars while sacrificing the opportunity for both pleasure and profit offered by a trip to Los Angeles? Or will you be at the convention, absorbing inspiration and enthusiasm, exchanging ideas with your fellow Osteopaths, and get-

ting a new grip on life and a renewed interest in your practice?

This will be no ordinary convention, for it will bring together not only the Osteopaths of California and the other states affiliated in the Western Association, but also those of every other state in the Union. And, since Southern California has become known as "America's Playground," plans are being made for more diversion, recreation and entertainment than is usually provided at national Osteopathic conventions.

The headline feature of the entertainment program will be the automobile trip and barbecue on Tuesday, July 4th. This trip will take in many well known points of interest in Los Angeles and vicinity, but will not include any mountain driving or other arduous features. It will be an easy trip, but one guaranteed to develop an appetite that will enable every one to do justice to the barbecue. It is expected that Osteopaths and members of their families to the number of at least 1500 will make this trip, and it is desired to have enough automobiles so that every one who wants to go can be accommodated. As many eastern Osteopaths will leave their motor cars at home, it will be up to the doctors of the Southwest to act as hosts and provide for our eastern guests. The committee in charge of the outing urges every automobile-owning Osteopath in California and neighboring states to drive his car to Los Angeles and take part in the trip on Tuesday of convention week.

Reservations for rooms at the Ambassador Hotel are coming in from all over the country, and if the reservations continue at the rate they are being made at the time this is written (May 18) late comers will have to find quarters in other hotels. Ergo, if you want a room at the Ambassador during the convention,

Send your reservation at once to Dr. Frank Chambers, Hollingsworth Building, Los Angeles.

Every member of the California Osteopathic Association should make a special effort to be present at the business meeting, which will begin Friday, June 30, at 10:00 a. m. Plans for the initiative campaign will be discussed and other important issues will come up for action. The election of officers this year will be of unusual importance, for our next president will be in office during the finals of the initiative campaign, and on his shoulders will rest a large part of the responsibility for its success. Come and help to elect the right man. —C. B. R.

Our College—Inside and Out

It is with great satisfaction we see the finishing touches being put on our college building. There have been so many unavoidable delays and finances have been at such a low ebb that it has seemed as if the building was doomed to remain an unfinished, unsightly thing for a long time to come.

While we know that an education does not depend upon the appearance of the building in which it is obtained, and that some of the greatest people of our country received their education in houses much worse in appearance than ours, yet that does not mean that *we* should be satisfied with anything less than the *best*.

All of California is noted for its beautiful educational buildings, and it has been a matter of great regret to the members of the profession—of Southern California especially—that it has been impossible to show anything better than the poor looking building we have had to put up with for the past year. But, when we consider the problems which confronted us at the beginning of the

year, and realize that those problems were of the staying kind; that all the year long the efforts to solve those problems, on the part of "those who knew" have been handicapped, in a marked degree, by the attitude of "those who knew not," it is not to be wondered at that the full year has been needed to bring "order out of chaos."

One of our great writers has said, "It is easier to tell twenty what is best to do than to be one of the twenty to do it." And so with our college questions. It has been easy to criticise—with good intentions, no doubt—for there has been much that needed criticism, but the criticism that pulls down without advancing a thought to help build up is criticism without a purpose, and those with college matters in hand have found themselves in embarrassing positions more than once.

They have felt that no matter where else the lack of funds manifested itself, it must not be in the educational department, more than was absolutely necessary, and so they have striven to make that part of the college as strong and complete as possible. That they have failed in any respect, has been through no fault of theirs. There has been more to rearrange and readjust than any one not acquainted with every detail can realize. There have been members of the profession, at home and abroad, who have had to be *shown*—because many of us are from Missouri—that though the college was going through its trials there was not, nor had there been any thought of letting it be discontinued, for no effort has seemed too great to maintain the institution that is so necessary to the life and standing of Osteopathy in the West. There have been some students—fortunately few—who, feeling privileged to become disgruntled over evidences

of the difficulties that could not quickly be surmounted, had to be appeased and made comfortable in their minds. There have been unpaid employees and members of the faculty who, but for the persuasive ability of our able business manager, and their splendid loyalty to the cause, would have withdrawn and left the college without support of that kind which it so greatly needs.

These are but a few of the difficulties that have been overcome, but they will suffice to show in a small measure what efforts have been required to bring about the order which is coming at last, out of all the chaos. Members of the profession have changed their opinions, as is evidenced by the fact that pledges sufficient for the running expenses of the college for two years have been received from them. Gifts from friends have made it possible to finish the building on the plan as originally intended, and work to that end, which has been started, will be completed by the time the National Convention is opened on July 3, at which time we will be able to point to our college with pride, not only because of the educational advantages which it offers, but because of the fine appearance of its building.

Let us not stop here, however. There are many other things needed—campus, clinic building, college hospital. But more than these—far more—is a spirit of unity where so vital a thing is concerned.

"Where there is no vision," etc. Let us get *our* vision from the viewpoint of our college. Let us realize fully that it needs our loyal support in every way. Let us feel that it is ours, and let us not be satisfied in having that which is ours one single degree less than the very best. Then, and not until then will we have the right to feel that we have lived up to our obligations as regards our Alma

Mater, our Founder, our System, our Profession, our Community.

I plead that we put aside all pettiness and make ourselves *great* in the true sense of the word, in the effort to make the College of Osteopathic Physicians and Surgeons one of the finest educational institutions in the country.

(Signed)

ONE OF THE TRUSTEES OF THE C. O.
P. AND S.

From the Women of the College

With the establishment of the college in the nucleus of its new group of buildings in October, 1921, came the opportunity and desire to use the building as a home and to have there as guests the members of the profession in a way that had not been possible in the old location. The women of the college realized that in order to act as hostesses to the Los Angeles Osteopathic Society and to the local Woman's Osteopathic Club they would need a general organization to carry on that work, and accordingly formed themselves into the Associated Women Students of the College.

The idea of this organization was initiated last year when meetings of the women were held several times during the year to listen to speakers of interest, but nothing definite was done as to forming an organization. However, this year in our new home we felt that various problems might arise which could not be met and cared for by any one group then existing—the first of these being the dinners to the local Osteopathic societies. The net proceeds from the dinners which have since been given are going, in part, to furnish the girls' room—when the new front of the building is a reality instead of a blue-print. Others uses for our treasury will be found

pari passu with its increase. The new organization is also considered as a student chapter of the Osteopathic Women's National Association which is able to give us contact with the women of the profession, whose ranks we hope to join. It has given us a feeling of unity and a sense of co-operation to know that this new association has stood, and is standing, ready to take care of anything that may come up which concerns the women students and their associations in college or with the profession. Individual differences of opinion in any group are apt to be many and frequent and often the unity of purpose may be lost sight of; but an inclusive association formed to help and serve where needed can accomplish what the individual or the single group can not.

Those now in college who helped in the formation of this woman's organization feel that it is a wonderfully worthwhile thing; that it is something for which we can each work; and that college will mean all the more because of it. Since it is a branch of the National Women's Association, on graduation we shall not transfer our allegiance (only our dues) but can continue in a sense a part of the college organization. We therefore hope that when our term of training our minds and hands is over that we shall not think that all responsibility for being of service is ended, but shall feel that, through the Women's Association, especially, our chance to work for the college is just beginning, and that there will be larger opportunities to help it in the several ways necessary. In the meantime the women of the college are enjoying the association together, and particularly the feeling of unity that it has brought.

LILLIAS ARMOUR, 1924.

The A. T. Still Research Institute

In 1906, at Put-in-Bay, the A. T. Still Research Institute was initiated. By the enthusiasm of Dr. C. C. Teall enough money was raised to justify its incorporation. Since that time, by the use of the income from endowment funds, from subscription and the sale of books, research work has been done and the results published. The laboratories of Osteopathic colleges have co-operated and a permanent home was planned on Ashland Boulevard in Chicago. This was found impracticable and the property sold; the proceeds were added to the endowment fund.

At the present time research work is being done wherever the conditions seem favorable to the work. College laboratories are co-operating and animal work is being carried on in the Sunny Slope laboratory near San Gabriel, California. Dr. and Mrs. William J. Vollbrecht live upon the place, and Dr. Vollbrecht has the animals in charge. Here animals are lesioned, watched and occasionally killed and examined. Others have lesions corrected and their recovery watched. The results of this work are studied, the findings coordinated with results of the study of human subjects and published in the Journal of the American Osteopathic Association and in the bulletins of the institute. Various further discussions are published in the Western Osteopath and in other Osteopathic publications.

The human findings are secured by the co-operation of certain clinical laboratories. Dr. Ann E. Perry, 1645 Ingraham Street, has a laboratory for diagnosis, and gives the results of her work for this purpose. Another laboratory in the rooms, 910-912 Consolidated Realty Building, with Dr. L. D. Whiting and Dr. Katherine Cherrill in charge, also co-operate in this way.

The books necessary for the work of the institute have been brought together in one room, 914 Consolidated Realty Building, and these are for the use of Osteopathic physicians as well as for the use of those doing research work. The rent of this room has been paid, in part, by members of the local Osteopathic associations. Through the co-operation of others several excellent books and periodicals have been added to this library.

The publications of the institute include five bulletins which give the results of research work done under the auspices of the institute since its organization, and two books, "Public Sanitation and Other Papers," by Dr. Clement A. Whiting, and "Clinical Osteopathy," prepared by the work of about 100 Osteopathic physicians and edited by Dr. C. P. McConnell. A new edition of Hullett's "Principles of Osteopathy," and a book on "The Osteopathic Treatment of Children's Diseases,"

under the editorship of Dr. Ira P. Drew, are also in preparation at this time. The galley proofs of these books are to be on exhibit at the A. O. A. meeting in July. The books will be on sale as soon as the printing and binding can be completed.

These things have been done, and are being done. What other better work may be done in the future depends upon the people who work with us, and upon the facilities placed at their disposal.

The Monday afternoon after the convention is adjourned, all who can do so are most cordially invited to visit the Sunny Slope laboratory and to examine the animals subject to experiment. Dr. W. J. Vollbrecht will explain the conditions and relate the histories of interesting cases; a short program showing the practical results of the research work will be given; Mrs. Vollbrecht will serve some nice "eats," and absolutely nobody will ask for any money for the work on that day.

REPORT OF CALIFORNIA OSTEOPATHIC CLINICS

DR. HUGH PENLAND, *State Chairman*

Oakland and Pasadena are the only two cities maintaining an established clinic, though quite recently the Women's Osteopathic Club of Los Angeles, under Dr. Louise Crow, has been conducting a children's clinic under the city health department.

The reports of the clinics are as follows:

The Oakland clinic is still maintaining the standard set at its establishment. The rooms have been renovated and rearranged, so that now there are seven treating rooms, four dressing rooms, reception room, office and laboratory. The laboratory is well equipped and a great deal of work for outside doctors is done. One of the rooms is used as a meeting place by the East Bay Osteo-

pathic Association for its weekly meetings. The three internes are under agreement to stay one year, which is of great advantage to the clinic for satisfactory maintenance.

Two of the internes, Dr. George M. Peckham and Dr. Wilbur H. Bohm are from Kirksville, the other being Dr. Kate L. Whitten, from the Los Angeles College. The clinic is open every day except Sunday from nine to five. Drs. Penland, Gaddis and Wakefield are the consulting physicians, although any one of the doctors around the Bay is always willing to give his services if needed in consultation.

Dr. F. A. Lacey does the X-Ray work for the clinic, while Dr. C. W. Lineker does its eye work. The

clinic's work with children has been very satisfactory, especially during the last few months.

The severity of the past winter has necessitated many house calls on the acutely ill by the internes.

INCOME

June 1, 1921—April 1, 1922

| | |
|---|------------|
| Treatments | \$1,664.20 |
| Laboratory Work | 477.75 |
| Subscriptions | 515.00 |
| Operations | 225.00 |
| Donations | 1,529.00 |
| Patients Treated—Approximate-ly | 500 |
| Treatments Given | 4,121 |
| House Calls | 252 |
| New Patients | 260 |
| Laboratory Work, January 1, 1921-April 1, 1922. | |
| Samples Called for Outside of Clinic, 129 (Record kept since August, 1921, only). | |
| Urinalyses—Outside | 385 |
| Clinic | 236 |
| Blood Count—Outside | 30 |
| Clinic | 45 |
| Wassermann—Outside | 7 |
| Clinic | 53 |
| Smears—Outside | 7 |
| Clinic | 23 |
| (Sputum-Vaginal-Urethral). | |
| Kidney Functional Test—Clinic | 7 |
| Gastro Analysis—Outside | 1 |
| Clinic | 6 |
| Spinal Fluid—Clinic | 2 |
| Feces Analysis—Outside | 4 |
| Clinic | 4 |
| Neo Administered—Clinic | 16 |
| Ascitic Fluid—Clinic | 2 |
| Throat Culture—Clinic | 2 |

OPERATIONS

| | |
|-------------------|---|
| Tonsillectomy | 7 |
| Submucous | 4 |
| Circumcision | 1 |
| Exostosis Removed | 1 |
| Obstetrical Cases | 2 |

GYNECOLOGICAL WORK

| | |
|----------------------|----|
| Local Examinations | 44 |
| Local Treatments | 60 |
| GENITO URINARY CASES | 12 |

MINOR SURGERY

| | |
|-----------------|---|
| Infected Finger | 2 |
| Infected Ear | 4 |

| | |
|------------------------------|----|
| Casts on Leg and Foot | 3 |
| Boils and Abscesses | 13 |
| Wounds Dressed | 10 |
| Pus Aspirated | 1 |
| Ascitic Fluid Aspirated | 2 |
| Nasal Treatments | 54 |
| Warts Removed | 2 |
| Rectal Cautey and Dilatation | 2 |
| Gastric Lavage | 2 |

PASADENA CLINIC

June 1, 1921—May 1, 1922.

Open but four days a week.

| | |
|-----------------------------------|-----|
| Patients Treated | 104 |
| Treatments Given | 727 |
| (399 of the above were free). | |
| House Calls | 58 |
| New Patients (1921-'22) | 55 |
| Doctors Giving Service | 24 |
| Ear, Nose and Throat Examinations | 5 |
| Ear Treatments | 10 |
| Violet Ray Treatments | 17 |
| X-Rays | 4 |
| Fluoroscopes | 2 |
| Gynecological Cases | 4 |
| Rectal Dilatation | 1 |
| Foot | 1 |
| Eye Treatments | 9 |
| Urinalyses | 3 |
| Blood Test | 1 |
| Operation—Tonsillectomy | 1 |
| Obstetrical | 1 |

REPORT OF FREE CLINIC WORK DONE IN SAN DIEGO PRIVATE OFFICES

| | |
|---|------|
| Number of Osteopaths Doing Clinic Work in Private Offices | 6 |
| Number of Patients Treated Free From July, 1921, to April, 1922 | 123 |
| Number of Treatments Given Free From July, 1921, to April, 1922 | 1084 |
| Number of Disabled Soldiers and Nurses Treated Free | 10 |

RIVERSIDE

Each Osteopath does his own clinic work at his office as we have no rooms now.

Dr. Helga Peters reports:

| | |
|------------------|----|
| Total Treatments | 10 |
| Total Patients | 2 |

Dr. Thompson reports:

| | |
|--------------------------|----|
| Total Treatments | 30 |
| (10 of these for "flu"). | |

Dr. Howard Atwood reports:
 Total Treatments.....100
 Dr. Errol King reports:
 Total Treatments..... 35
 Dr. T. L. Lorbeer reports:
 Total Treatments.....468
 Total Patients..... 20
 (Asthmatic, 1 case; Confinement, 2 cases; Influenza, 8 cases; Diphtheria, 4 cases).

Dr. Pike, of Long Beach, in response to a request for a report, writes that he has sent out the following letter to the Long Beach Osteo Physicians:

Beginning next Tuesday, May 2nd, at my office, I will conduct the first

of the Long Beach Osteopathic Clinics for the treatment of patients who cannot afford to pay more than \$5.00 per month. Only strictly Osteopathic manipulative treatment will be given. You are cordially invited to be present and to bring your clinic patients and treat them while here and study all cases together.

Let's hold these clinics at 7:00 to 9:00 a. m., Tuesdays, Thursdays and Saturdays at my office until such time as a more suitable place can be agreed upon.

Fraternally,

A. E. PIKE, D. O.

OSTEOPATHIC CLINIC

By LOUISE P. CROW, D. O.

The Osteopathic Department of the Parent Teachers' Clinic was established some years ago by the late Dr. W. J. Hayden for the purpose of aiding school children whose parents are unable to pay the ordinary fees to receive Osteopathic attention.

Two months ago the Women's Osteopathic Club of Los Angeles took over the work and established a complete clinical staff for more definite Osteopathic service. The clinicians of course donated their services. It is the purpose of the Club, through efficient work, to build up an institution worthy of the science we represent, and that will, in its largest possibility bestow upon the

children of our public schools an incalculable and lasting benefit. The future plan of the Club is the introduction of a department for children from birth to school age.

The perpetuity of the project necessarily depends upon careful, conscientious specific work, plus the spirit of joy in service. Conserving the vitality and thereby the efficiency of the child is rendering the greatest service possible to mankind.

Here is the wide-swung door for the Osteopathic physician to enter a field that is calling for the investment of our time, our talent and our love. How many are eager to answer?

OSTEOPATHIC TREATMENT OF PREGNANCY

By LILLIAN M. WHITING, D. O.

In looking over the records of several hundred cases one is impressed with the predominance of certain lesions which have a marked bearing on pregnancy and labor.

The lesions are by no means confined to obstetrical cases, but when they are present in these cases the effects produced are more serious.

Sometime I want to make a tab-

ulated list of these lesions in from five hundred to a thousand cases, but cannot do so for this paper.

Each case should have a careful history taken, which covers previous disease: diseases of childhood, nephritis, operations, menstrual history, previous pregnancies, miscarriages, labors and puerperiums. Also a careful family history should be taken.

The physical examination should be very thorough. This includes examination of the breasts, whether small, medium or large, condition of the nipples, the abdomen, as to form, striae, old or new, the abdominal wall, height of fundus, condition of the navel, the presentation, position of fetus, fetal heart, its location and frequency. The limbs should be examined for edema and varicosities. The vaginal examination includes condition of the cervix, vagina and perineum, position of fetus and presentation. The mensuration should include the spines, crests, lateral and posterior oblique, external conjugate and true conjugate, trochanters and outlet, anterior and posterior.

The physical examination includes a careful examination of the heart, lungs, liver and spleen. Taking the blood pressure should be a routine part of every examination.

The teeth and throat should not be forgotten. In this examination, too, comes the examination of the spine, noting mobility, individual and grouped lesions of the cervical, dorsal, lumbar and sacral vertebrae.

The grouped lesions which predominate are anterior upper dorsal, posterior lower dorsal and lumbar, and anterior sacrum. The individual lesions are lumbar, lumbo-sacral and innominate. Of course, these are not the only lesions one finds in obstetrical cases, but they are the ones I wish to emphasize.

Whenever these lesions exist they should be corrected. The correction of the anterior dorsal can be helped by exercises the patient takes, between treatments. One good exercise is to push the hands and arms straight out in a horizontal direction against resistance; clasp the hands together, turn them over and continue pushing. In all cases in the anterior dorsal lesion I have noticed the increased tendency to nausea and vomiting. Correction of this lesion soon relieves this condition; always, of course, with proper diet.

The lumbar lesions, both grouped and individual, lead to such serious results that they must be corrected if possible. If they cannot be corrected in the time at your disposal, work for mobility. An exercise for getting movement in these cases is as follows:

Have the patient take her position on hands and knees, arch the lower dorsal and lumbar regions. In other words, put the spine in marked kyphosis, then change to marked lordosis. This will be hard to do for one with a rigid spine, but constant application will produce results.

The effects of lumbar lesions in animals have been well demonstrated by the A. T. Still Research Institute, and the results of these lesions are as serious in the human as in lower animals. Among the results may be mentioned miscarriages, ectopic gestation, sterility, tumors, increased tendency to post-partum hemorrhage. We all know the results of the lumbo-sacral innominate lesions in producing sciatica and lumbago, and these lesions can nearly always be corrected.

To sum up the protective in obstetrical cases:

1. Correct the anterior dorsal lesions with treatment and exercise.
2. Reduce the lumbar and lower dorsal lesions with treatment and exercise.
3. Get mobility in all parts of the spine, especially in the lumbar region.
4. Reduce lesions and get movement in lumbo-sacral and innominate articulations.

I want to repeat that we have found other lesions in obstetrical cases which should be corrected just the same as in other patients, but the results of these mentioned will be far worse if left uncorrected, and if corrected the results will be more normal pregnancies, easier and shorter labors, with less complications and a rapid convalescence during the puerperium.

CASE REPORT—BIRTH INJURY

LILLIAN M. WHITING, D. O.

HISTORY—Labor induced approximately three weeks before full term. Different methods for inducing labor were tried for five days without getting results. Finally a colpeurynter, rubber balloon, was used. This was inserted at 9:00 p. m.; at 5:00 a. m. the patient was taken to the delivery room, balloon removed and high forceps treatment begun. After several attempts at delivery the forceps were abandoned and podalic version done. Traction on the after coming head failing, forceps were applied to deliver the head.

Baby weighed six pounds and two ounces.

The injuries were: Fracture of the right parietal, probably several cervical lesions due to traction of the neck.

Five days after birth the baby developed a severe case of jaundice. The injured parietal bone became infected and five pieces of bone sloughed out. For the first four months the baby had convulsions and twitching of groups of muscles, and nystagmus of the eyes since birth.

The mother nursed the baby partly for the first month, but on account of the shock and fever at birth the milk supply was scanty and soon gave out. The baby was put on modified milk formula after the first month.

As with nearly all cases of brain injury and pressure at birth, this child has had considerable stomach and intestinal disturbances. Different formulae and artificial foods have been tried, but the cause remaining, none have given satisfaction.

I examined the baby on March 12th, when at 10 months of age.

At this time the following symptoms were present:

Much intestinal indigestion, occas-

ional convulsions, constant twitching of muscles, nystagmus, inability to hold up the head or sit up, inability to co-ordinate muscular movements of the arms. He has no teeth, sleeps poorly, the mother often has to be up at night several times with him. He shows some of the symptoms of rickets, namely, night restlessness, sweating, square forehead, slight deformity of tibia and fibula.

A physical examination showed a right anterior atlanto-occipital subluxation, marked irregularity of the other cervical vertebrae, a slight kyphosis of the dorsal spine and a marked relaxation of the muscles. The measurements were: Occipital frontal, 47cm. or 19.2 in.; sub-occipital-frontal, 48cm. or 19+ in.; chest, 45cm. or 18 in.; length, 73cm. or 29 in.; weight, 16 lbs.

The normal measurements for this age are: Occipital-frontal, 18 in.; sub-occipital-frontal, 18 in.; chest, 18½ in.; weight, 19 lbs.

The head as a whole was too large, with asymmetry of the frontal and parietal bones. The scalp was in good condition, hair dry and scanty, no eruptions; skin pale and flabby, no eruptions. The mouth and lips were normal, tongue coated, mucous membrane was normal. The glands of the neck were enlarged, chest asymmetrical with some slight beading. The abdomen was slightly distended, and the muscles undeveloped.

The examination of the eyes showed rotatory nystagmus. The hearing was normal. The nose was slightly flattened. Tonsils enlarged, adenoids probably not present, as the baby is not a mouth breather.

Treatment: The diet was changed. It now consists of one quart of milk, one or two green vegetables, prefer-

ably spinach; orange juice and prune juice, baked apple, well cooked cereal and zweibach.

The manipulatory treatment consisted of thorough relaxation of the cervical and dorsal regions, abdominal and liver stimulation, ending with gentle traction of the neck.

During the first two treatments the baby cried and was extremely sensitive. Since then he seems to enjoy the treatments with the exception of the traction. Ten treatments have been given and in the last one two attempts have been made to correct the atlas lesion.

Results of the treatment to date show steady improvement in weight, no convulsions, sleeps much more, so the mother is not up at night more

than once. He is able to co-ordinate the arm movements, holding things in his hands, transfer them from one hand to the other, and holds on to the sides of the crib.

Only occasionally does he drop his head, and the nystagmus is much improved. The treatments are given once each week.

Prior to trying Osteopathy the child was under the care of a child's specialist and a brain specialist.

There is one other child in the family, age 10 years, and normal in every respect. The labor with this child was 15 hours in duration; instruments were used, and the child weighed eight and one-quarter pounds.

CONGENITAL EPULIS

By LILLIAN M. WHITING, D. O.

These tumors were on the gums and palate of an otherwise normal baby. The baby weighed eight pounds, nine ounces. The diameters and circumferences of the head were as follows:

Bi-parietal B. P. 9. cm (normal, 9-9.25 cm.)

Bi-temporal 8 c. m. (normal 8 c. m.)

Mento-occipital M. O. 13 c. m. (normal, 13 c. m.)

Frontal-occipital 11. c. m. (normal, 11-11.5 c. m.)

Suboccipital-bregmatic, S. B. 9. c. m. (normal, 9.5 c. m.)

Suboccipital-frontal 10. c. m. (normal, 10 c. m.)

Occipital-frontal circumference, 35. c. m. (normal, 34.5 c. m.)

Suboccipital-frontal circumference, 33. c. m. (normal, 32 c. m.)

Bisacromial diameter, 11 c. m. (normal, 11 c. m.) Same as O. F.

Bisacromial circumference 35. c. m.

One of the most valuable signs of maturity in a child is the relation between the circumference of the shoulder and of the fronto-occiput.

When these are the same the child is full term. In this case they were the same, 35cm. The length of the baby was 51cm. (normal, 50).

There were four of the tumors, placed as follows: One on the upper maxillary, one on the lower maxillary, and two on the hard palate. The illustration shows the one on





the upper, and those on the hard palate.

The commonest forms of epulis are fibroma, giant cell sarcoma, carcinoma and granuloma. I have found very little on the subject of epulis and nowhere in obstetrics, pathology or dermatology, have I found any mention of the congenital growths on the gums.

Macroscopically the growths were dense, fibrous and sessile.

Microscopically, sections from the tumor on the upper maxilla and sections from the lower, show round cell embryonic tissue.

The cells showed degeneration, as if the tumors were being absorbed. There was considerable hemorrhage into the substance of the tumors, making the sections red in color. When the sections were removed the bleeding was excessive and had to be controlled by pressure, and it continued for some time.

The baby is now six weeks old, and the tumors are about the same as at birth. This baby is the fifth child, all the other children are living and are normal. The mother never had a miscarriage. She has no organic or systemic disease. The only abnormal condition is a moderately contracted pelvis, the external

conjugate being 17 $\frac{3}{4}$ cm, the true conjugate being 8 $\frac{3}{4}$ cm.

Her first labor was 20 hours in length and high forceps were used. The second labor was induced one week early and medium forceps were used. The third labor was induced about three weeks early, was twelve hours in length and the delivery was normal. The fourth labor was the same as the third. This last labor was induced when it was thought that the head could, with difficulty, be pushed into the true pelvis. A Voorhe's bag No. 5 was inserted at 11:30 a. m.; labor pains started a few minutes after, and the child was born 7 $\frac{1}{2}$ hours later, it being a normal delivery.

One very interesting fact in regard to these five births is the later development of the children. The first two, which were forceps cases, had more or less intestinal disturbance, and it was difficult to find a food to agree with them. The forceps had been applied directly to the head, cephalic application, instead of pelvic application. The children showed no injury at birth, and have developed normally, with the exception of the intestinal disturbance.

If I had known as much then as I do now, I would have treated the children instead of trying to find a food for them.

The last two children wherein the births were normal, although labor was induced early, have developed perfectly normally in all respects.

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CASE REPORT

By E. K. BUCK, D. O.

A boy, twelve years of age, was struck by an automobile and after he was taken home a medical doctor was summoned.

The boy regained consciousness an hour later. Vision was dimmed and hearing impaired. Patient was dizzy and could not walk alone.

After a consultation with other doctors the next day the mother was told nothing could be done and that the boy would probably be blind and deaf.

On the fourth day after the accident the mother, accompanied by manager for the insurance company liable for the damages, brought boy to office to see what Osteopathy had to offer. Upon examination it was found that third and fourth cervical vertebrae were markedly anterior. After corrections were made patient walked across the room unaided; vision was normal and hearing improved. After ten days patient was dismissed as cured.

Annual Business Meeting of the C. O. A.

The next annual business meeting of the California Osteopathic Association will be held Friday morning, June 30, at 10 o'clock in Los Angeles. The name of the hall or auditorium where the meeting will be held will be announced later.

Every member of the Association should be present at this meeting. Important Association policies will be discussed and voted on. Plans for the initiative campaign will be presented, and new officers for the coming year will be elected. Any member who fails to attend this meeting or who fails to take an active part in it cannot afterward consistently object to whatever actions shall receive a majority vote.

Do YOUR part and COME.

The Woman's Osteopathic Club of Los Angeles will entertain the members of the Osteopathic Women's National Association on the evening of July 1st from 8 to 10 at the home of Dr. Lora B. Emery, 927 So. Gramercy Place. This is an informal get-acquainted party and a good time is promised to all.

MABLE THURSTON,

President of the Woman's Osteopathic Club.

The California Branch of the O. W. N. A. will hold its annual meeting on Saturday, July 1st, right after the O. W. N. A. meeting. This will be a short session of a few minutes to transact business, election of officers, etc. It is hoped every member will be present.

LORA B. EMERY,

President California Branch.

The Convention Committee on hotels reports that reservations are coming in fast and every one wants to stop at the Ambassador, so the prospect is that all rooms will be taken before convention opens. Those who want to be sure to have accommodations in the convention hotel should make reservations at once through Dr. F. S. Chambers, Hollingsworth Building, Los Angeles, Calif.

The headquarters for the Iota Tau Sigma fraternity will be the Ambassador Hotel for A. O. A. convention week, starting July 1, 1922. All loyal Gamma men will be there to entertain the brothers from everywhere. The biggest reunion in our history!

Wednesday night, July 5th is fraternity night. Who will say in the years to come, "I was not there." No one can without regret.

GAMMA COMMITTEE.

A beautiful brand new prism binocular was sent to Dr. Ann Perry by her friends. She says that she will take a look at everything far and near, and that vacation time already looms up with more pleasures than ever before.

Dr. Louisa Burns seems fairly well pleased with California, even after seeing several other states. But she talks more about the good things in the other states.

Nobody should forget the Get-Acquainted Party Saturday evening. Men are expected to feel forlorn, and women are expected to do the getting acquainted with one another. For Saturday is especially devoted to femininity.

Dr. Carrie Parenteau-Anderson has recently entered her new and attractive office, 925 Consolidated Realty Building, 607 South Hill St., Los Angeles.

Please notice the advertising pages; they are the good friends who pay the bills.

Dr. Ann Perry and Miss Irene Rule wish to announce the opening of the Westlake Clinical Laboratory, at 1645 Ingraham Street, Los Angeles, California.

Dr. Ann Perry is well known among the profession, having conducted a clinical laboratory at that address for the past several years. Miss Rule is here, recently from Colorado, where she was assistant in Clinical Pathology under Dr. James C. Todd, author of Todd's Clinical Diagnosis, in the University of Colorado Laboratories.

The laboratory will be conducted for clinical and research work. The problems in research will be carried on as heretofore, in full co-operation with the A. T. Still Research Institute, of which Dr. Perry is an active member.

The clinical department includes every branch of work the physician

may require: Routine blood examinations, blood chemistry, Van Slyke, fibrinolysis; urinalysis, stomach analysis, milk, feces, sputum, Basal metabolism, tissue examinations and bacteriology with its various departments.

We invite the patronage of the profession and the inspection of the laboratories.

Student Activities

The student activities of the College of Osteopathic Physicians and Surgeons, like those of almost any other college, quite naturally fall into two or three general lines of endeavor—those purely social, those in the nature of athletics and those which look more or less to the extension or improvement of the cortical area of the student body, collectively and individually. During the present year activities in all of these lines have been limited, due rather to the difficulties attending the change of location and the tasks incident to getting settled.

Aside from the very informal social affairs sponsored by the various organizations connected with the college, our student body gayeties have been limited to two or three parties, all of which included the student body, the faculty and those of the profession who had the time and inclination to spend the evening or the day with us. A farewell party at the San Fernando Building just before we left it for our new location; a Hallowe'en frolic at Rutherford's Dancing Academy, and lately the final event of the year—the Senior reception, for which occasion Dr Whiting gave us the use of her home and lent the charm of her personality as hostess. These events reflect the scope of the social activity of a student body which finds itself temporarily without the space sufficient to admit of entertainment at the College building.

Our annual Field Day was celebrated this year at Fish Canyon, near Monrovia. While no intercollegiate athletic records were broken, everyone found the day highly enjoyable. We are hoping for renewed activity along athletic lines for next year. Already symptoms are manifest in the clearing of space for a tennis court on the college property, this work having been performed by a strong-arm squad under the leadership of our "athletic manager."

One hour each week is given over to assembly, at which time the president of the student association usually arranges for some form of entertainment for the eye or ear, or both. Several excellent musical programs have been arranged for, and frequently we have been favored by a talk on some topic of interest, either popular or professional. Our own profession has been most generous with us on these occasions, and if we have any regret it is that an hour per week does not seem enough to give to entertainment of this kind. We close the year with pleasant retrospect, and anticipation of a bet-

ter and broader season of student activity next year.

LILY G. HARRIS, 1923.

"President Scothorn says, 'Osteopathic fundamentals, thorough preparation in our colleges and specific technique are the absolute essentials that we cannot possibly side-step if we expect to make good.'"—A. O. A. *Journal*, March.

Photograph of Professor Whiting

Friends of the late beloved Clement A. Whiting may secure excellent photographs of him in a characteristic pose. These are from a photograph taken a few days before the accident. They are large, and are suitable for framing. The price is \$1.00 for black and white, or \$2.50 for colored photographs. The proceeds from the sale of these photographs are to be used for the Research Institute, to carry on work in which Dr. Whiting was greatly interested. Apply to Dr. C. J. Stillman, 104 North Los Robles, Pasadena.

A. O. A. CONVENTION—LOS ANGELES, JULY 3-7, 1922

By E. M. GORE

The twenty-second annual convention of the American Osteopathic Association will be held at Los Angeles, affording a chance to every member of the profession in the state and country to attend the sessions. This is the second time in history that the national body has come to California for its sessions and it is hoped that no member will forego the chance to be present at the meetings.

It is felt by the members of the California State Association who are in direct charge of the arrangements for the convention that it behooves the Californians to be present in force to show the eastern delegates how things are done out here. Cal-

ifornia Osteopaths have long been given credit for being "live wires." This is the chance to show the National Association members that the credit has not been misplaced.

The Southern California Osteopaths have been busily engaged preparing the plans for the convention. The general headquarters and the convention sessions will be held at the Hotel Ambassador, one of the newer and most beautiful hotels in the southern part of the state.

The sessions of the National Association, as well as those of the American Osteopathic Hospital Association and the Osteopathic Women's National Association will be held in

the hotel as well. A number of the meetings will be held together so that none of the delegates will have to miss hearing some of the important speakers.

The committee in charge of the program for the sessions has arranged for the biggest men in the Osteopathic world to address the delegates.

A full program of entertainment has also been arranged by the Los Angeles Osteopaths. The delegates will be given an ample opportunity to visit the show places of the Southland and will be entertained at all times when there is not a meeting of the convention in session.

The first affair which will claim the attention of the delegates will be the reception to be given in the hotel on the evening of July 3. This will be informal and will be a get-together and get-acquainted affair.

On Independence Day, July 4, provision has been made to entertain all of the visitors with an automobile ride through Southern California. The start will be made from Westlake Park, near the heart of Los Angeles, and the caravan of flag-bedecked automobiles will first visit the Los Angeles residential section, then taking in the Hollywood district and the motion picture studios. From Hollywood the itinerary takes the visitors to Pasadena and from there through the orange groves and the oil fields to Long Beach, where the first glimpse of the blue Pacific will be given the visitors. The road then goes along the ocean to Fort McArthur, where a barbecue dinner will be served. An inspection will be made of the large fort defense guns and the munition chambers at the fort which will be followed by a boat ride through the Los Angeles harbor.

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A. O. A. Convention Los Angeles, July 3—7, 1922

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| Clark..... | ----- | | ----- | 5.00 8.00 | 6.00 8.00 | |
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| Gates..... | 2.00 | 3.00 | 3.00 | 4.00 | ----- | |
| Hayward..... | 3.00 | 4.00 | 4.00 | 6.00 | 7.00 | |
| Leighton..... | ----- | | 7.50 9.50 | 10.00 11.50 | ----- | |
| Lankershim..... | 2.00 2.50 | 3.00 4.00 | 3.00 3.50 | 6.00 7.00 | 7.00 | |
| Rosslyn..... | 2.00 3.00 | 3.00 5.00 | 2.50 4.00 | 3.50 7.00 | 5.00 7.00 | |
| Savoy..... | ----- | | ----- | 4.00 | 5.00 | |
| Stowell..... | ----- | | 2.50 4.00 | 3.50 5.00 | 5.00 8.00 | |
| Stillwell..... | ----- | | 3.00 5.00 | 3.00 5.00 | ----- | |
| Trinity..... | 2.00 | 3.00 | 3.00 | 4.00 5.00 | ----- | |

Fill in and Sign the Attached Form. Mail Early

Detach on this line.

Dr. F. S. Chambers,
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Dear Sir:—

Reserve following accommodations for me:

Name Hotel.....No. in Party.....No. Rooms.....

Bath? (yes or no).....Price.....Date Arrival.....

Days Desired.....

(Signed) Dr.....

Note—Any additional information may be secured by writing to the above address. Accommodations may be secured in Long Beach or Pasadena on request.

Submitted by Reception Committee,
DR. A. M. WESTON, Chairman.

EXTREMELY LOW FARES TO LOS ANGELES

Summer Excursion Fares will be in effect to California from May 15 to Oct. 31, and the cost of the round trip based on the excursion fares to Los Angeles from various Central West points will be as follows:

From Chicago, \$86; from Kansas City, \$72; from Memphis, \$85.15; from Minneapolis, \$87.50; from New Orleans, \$85.15; from Omaha, \$72; from St. Louis, \$81.50; from St. Paul, \$87.50.

Round trip fares from any point in the U. S. to the nearest one of the terminals listed in the preceding paragraph will be sold for 80% of the regular fare to and from that terminal. Therefore, persons desiring to attend the convention may figure that the fare will cost 80% of the fare to and from the nearest terminal, plus the cost of a trip from the nearest terminal to Los Angeles.

Of course, the foregoing cost will cover the fare both going and returning over the same railroad.

For further information about fares, consult your local ticket agent.

For information about special cars or special train carrying the Osteopaths to the convention, write Dr. Jas. M. Fraser, 622 Davis St., Evanston, Ill.

A. O. A. CONVENTION—LOS ANGELES, JULY 3—7, 1922

On Thursday evening, July 6, the regular convention banquet will be served at the Ambassador. A real California note will predominate at the dinner. The convention will come to a close at Friday noon.

It is reported a great many of the delegates anticipate remaining in California for a few weeks and taking their summer vacations following the convention. The Southern California Osteopaths have made preparations for a number of side trips of interest in that section of the state for parties of the delegates who are remaining.

Notice of Meeting of Western Association House of Delegates

The annual meeting of the House of Delegates of the Western Osteopathic Association will be held Tuesday evening, July 4, 1922, at 7:30 o'clock, at a place to be announced later. This will be an exceedingly important meeting, and every member is urgently requested to be present.

Just to refresh your memory: The House of Delegates includes (1) the presidents of the state associations of California, Colorado, Idaho, Oregon, and Utah; (2) the secretary-treasurers of the same states; (3) the state chairmen of all standing committees in each of these states. If you fall in any of these three divisions, please reserve Tuesday evening, July 4, for this important meeting.

C. B. ROWLINGSON, D. O.
Secretary-Treasurer.

Drs. Clara J. Stillman, Harriet E. Hinds and Lillian Whiting, Jr., have moved from their old offices, 388½ East Colorado Street, to a much pleasanter place, 104 North Los Robles Avenue, Pasadena.

At Last! It's Here! Do you Know?

1 Only new matter is printed every month now in "Osteopathic Health." No articles, once printed, are ever used again in its pages, no matter how good. (Such classic brochures as are indispensable may be obtained, if at all, only as "Bunting Lalty Brochures"). Every issue of "OH." now is made up entirely of clean, new editorial matter.

2 This layman's journal will contain in course of the year a lot of sprightly news and topical talks about notable Osteopathic affairs such as always interest both patients and public.

(For example, in the June issue will be found (1) the Britannica Encyclopedia's new definition of Osteopathy; the story of Mme. Galli-Curci's two great benefit concerts for Osteopathic charities; and the Viscount Deerhurst's story of Osteopathy in Great Britain.)

3 From time to time it will contain characteristic Bunting editorials on matters of vital Osteopathic concern. Also—

4 A wealth of articles especially written for its pages by the best group of thinkers and writers in the profession—every article written on order, every article paid for, and every article having passed muster as fully up to the critical journalistic standards of HSB.

5 Many discussions of single diseases. Do you hear it?—Many discussions of diseases.

6 Many stories, of course.

7 Shorter articles and more of them—a wider variety of subjects.

8 Nothing within the covers of "OH" but Osteopathy. Osteopathic interests, Osteopathy triumphant! No side issues—no fads—just Osteopathy—which is enough to keep one brilliantly' edited magazine full of interest.

It's a regular journalistic service to educate your patients, to instruct and inform your former patients more particularly about Osteopathy, and to make new converts for Osteopathy among the numberless host as yet not interested.

You can use this new "OH" with pleasure and profit in conducting your practice—

BUT DO YOU?

Let us make a survey of your field and its publicity possibilities. Expert knowledge and advice without obligation or cost to you. We've been bringing home the bacon for Osteopaths for twenty years, and we can bring it home for you! Write us this day.

THE BUNTING PUBLICITY SERVICE for OSTEOPATHS



DR. JUNIOR: "Discovered something new, Doctor?"

DR. SENIOR: "New to most of us—yes. I have been confirming, by actual laboratory experiment, a statement made in Lewkowitsch's Book, *Chemical Technology and Analysis of Fats and Waxes* (page 245), which shows that heat is generated and practically available, in a mixture of 42 parts Water and 58 parts of c. p. Glycerine."

DR. JUNIOR: "Of course we know that all chemical action produces heat——"

DR. SENIOR: "Exactly. But many of us would think a mixture of Glycerine and Water a simple mechanical combination; never realizing that there is chemical combination also."

DR. JUNIOR: "Well, is the degree of heat of such amount as to be of use, therapeutically?"

DR. SENIOR: "Nine degrees in a few hours is something, eh?"

DR. JUNIOR: "Rather—yes."

DR. SENIOR: "Now, I understand how Antiphlogistine, which contains a large amount of c. p. Glycerine, not only retains heat but actually generates heat."

DR. JUNIOR: "But where is the water, Doctor? Antiphlogistine contains no water——"

DR. SENIOR: "That is right, but the osmotic action of the Antiphlogistine, whereby the glycerine of the application interchanges with the water of the tissues, keeps up a steady, blessed heat generation as long as the process continues—until saturation is met. Antiphlogistine, the scientific product of a scientific laboratory, is of practical, remedial application."

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Adhesions are most likely to occur in the lower part of the colon. They are found present in cases of extremely obstinate constipation. A foremost roentgenologist and alimentary specialist states that in these conditions the lubricating action of liquid petrolatum is certainly indicated.



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Mr. A. B. Klar, Food Specialist, Dover, Ohio.

My Dear Sir: I have been prescribing your new food PHOSFO to so many of my patients in the past three months and with such wonderful results, that I am taking this opportunity to personally thank you for your wonderful service rendered and also to endorse PHOSFO as a real food.

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7. Interpretation in Laboratory Diagnosis

Course No. 2, Eye, Ear, Nose and Throat

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2. Diagnosis in Sinuitis by Symptoms, Culture and Radiology
3. Diagnosis of Surgical and Non-Surgical Tonsil by Finger and Laboratory Methods
4. Surgical Clinics in Nose, Throat, Ear and Eye Diseases with Osteopathic After-Care—Daily, 8:00 to 10:00
5. Laboratory and X-Ray Diagnosis in Diseases of Sinuses, Mastoids, Teeth, etc.
6. "Finger Technique" in Eye Diseases
7. "Finger Technique" in Hay Fever, Pyorrhoea, Tonsil Infection and Deafness (No finger surgery)
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MERRIES

These jokes—entirely new—guaranteed to remain fresh indefinitely—and how many times we have enjoyed them.

Dr. Coffey ordered a certain very large pill to be taken at bedtime. "Let me know in the morning if there is any trouble in keeping it on the stomach," she said.

Early next day the disgruntled patient reported, "Stayed on all right while I kept awake, but the — thing kept falling off every time I rolled over."

A certain surgeon who was very young and also rather shy, was invited to dinner by a lady who was at least fifty, but frivolous enough for twenty. At dinner she asked the young surgeon to carve a chicken and, not having done so before, he failed lamentably. Instead of trying to cover his confusion the hostess called attention pointedly by looking down the table and saying loudly:

"Well, you may be a very clever surgeon, but if I wanted a leg off I should not come to you to do it."

"No, madam," he replied politely; "but, then, you see, you are not a chicken."

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Questions

Tell, oh, tell, oh, tell me, please, where does Annie stow Clark? At what hour does Louise crow? What is Olive's price-mark? Why does Harriet do little? Who drinks Eva Kate's coffee? Is any Grace worth just a shilling? Whenever does Estelle buck? One Clara is a noisy girl; how can she be a still man? One Clara is a dainty flower; how can she still be hardy? And yet the question still remains, whom does our Clara treat? If any Whiting is a fish, where do our lilies swim? Does Lora's emery make things sharp? What streets did Myrtle used to hem? Tell, oh, tell, oh, tell me, please, how these strange things can be. These many maids of many minds, they sure do puzzle me.

The Farmer and the Roentgen Ray
(Letter received by Dr. Leix from a rancher of our sunny Southwest):

"Dear Doctor:—I have had a nail in my thorax for 17 years. I am too busy to come to Los Angeles, but want you to come down here to Watts with your rays, as my case will be worth your while. If you do not find time to come, send a dozen rays boxed, by express, with instruction card, and I will try to work same myself."

Fair Offer

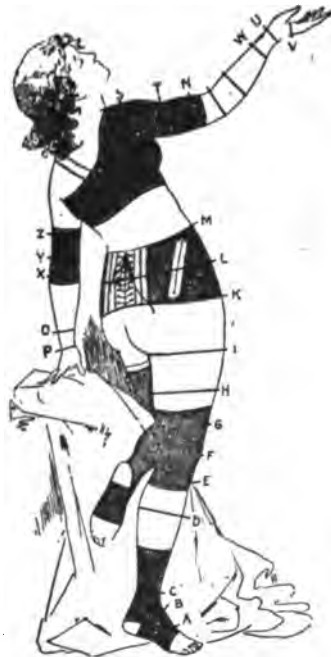
A certain young housewife was thrifty and, in addition, a trifle pert at times in her remarks.

"You ought to take something off for the holes in the doughnuts," she said to the baker.

"Certainly, madam," he replied blandly. "We always allow one cent each for the holes when they are returned."

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Dr. Bondies had been giving instructions to the new assistant.

"I hope everything will be all right," stammered the understudy; "only I've had so little experience."

"You don't need experience with my patients," said the doctor. "Ask them what they're eating—and stop it. Ask them where they're going for a vacation—and send them somewhere else."

Up to Date

Dr. Hinds walked into the beautiful Orange Grove Avenue house and nodded smilingly at her patient:

"Well, here I am, Mrs. Van Astorbilt," she announced.

"What do you think is the matter with you this morning?"

"Doctor, I hardly know," murmured the fashionable patient, languidly. "What is new?"

Barbara's grandmother had died in a distant town, and about the same time her little dog was poisoned and died. Barbara said to her mother one morning, "Mamma, isn't it strange I cried more for my little dog when it died than I did when grandmother died?"

"No, that is not strange," replied her mother; "you were with your little dog every day, and your grandmother living away, you hardly knew her."

Betty replied: "Yes, and I didn't raise grandmother from a pup."

Nervous Patient—"O dear, I found another wrinkle today and I'm afraid I'm growing old; and I so dread it."

Dr. Marie—"Don't worry, dear; beauty is only skin deep; it is the mind that counts, and your mind is still that of a child of ten."

The Oscillatory-Gravity Treatment

Case Report Dropped Stomach

Man of 33 with a dropped stomach, mucous, gastritis, chronic appendicitis, vomiting at meals, was cured in four months by Osteopathy and the Gravitiser.

X-Ray showed gastroptosis and an elongated and misplaced appendix, affixed to the fourth lumbar vertebra.

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Brilliant results in all Chronic Inflammations, Abdominal Pain, Thyroid Disorders, Neurasthenia, High and low Blood Pressures, Cardiac Neuroses and during Gestation and the Menopause.



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"Fluid Pressures of the Brain and Cord" is now in the mails. Free to all members of the A. O. A.

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Acknowledgment

We want to thank our many contributors for their generous support of the W. O. They have made it what it is and the character of these original articles will compare favorably in scientific thought and practical facts with any medical magazine we have seen. We have had a fine sprinkling of outside articles but here in the West we are developing a class of scientific writers that may well call the attention of scientific minds everywhere and scientific men are not very far apart when it comes to the truth.

With every issue of this W. O. some articles have had to be held over for later issues but the W. O. readers will always await with interest the ablest thought from the various members of our profession.

Notable articles mark the merit of any publication, but it is the generous patronage of our advertisers that make the wheels of the press go round and bring the W. O. to your busy office each month. How much is there to your credit this year for either securing or patronizing our advertisers? We haven't worried you much about these things of late for just two reasons, first you are all busy enough with what are more strictly your own affairs, and secondly it might have appeared selfish on the part of the editor to have done so. But we have come along better than we sometimes feared we might and we believe that the year will show that, thanks to our ad folks (any many of them are our own D. O's—look and see) we will come thru, with no thought of next year raising the price to the association members.

C. J. G.

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A New Book by F. P. MILLARD, D. O. and a number of leading osteopathic specialists.

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There are additional chapters by Dr. Geo. M. Laughlin who writes on "Relationship of Lymphatics and Infections and Malignancy."

Dr. J. H. Bailey on "Lymphatics as Related to Eye, Ear, Nose and Throat."

Dr. J. D. Edwards, "Treatment of the Eye, Ear, Nose and Throat Lymphatics by the finger method."

Dr. J. Deason, "Lymphatic Drainage of the Head and Neck."

Dr. C. C. Reid, "Lymphatics of the Eye, Ear, Nose and Throat."

Dr. C. Paul Snyder, "Lymphatics of the Chest."

Dr. Evelyn R. Bush has a chapter on "The Value of Exercise on the Lymphatic Stream." (12 illustrations)

Dr. R. M. Ashley, "Blood Chemistry."

Dr. E. M. Downing, a pioneer in lymphatic research, has a chapter chapter from an orthopedic standpoint.

Other chapters by Drs. Collins, Moore and others.

There are chapters by the author on vaccines and serums, lymphatics of the pelvic region, etc., etc.

In this book he is handling one of the new fields and giving us some research work, much to the credit of osteopathy. "Lymphatics" is a very valuable addition to osteopathic literature.

A minute of keeping your mouth shut is worth an hour of explanations.

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Announcement
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"TO YOUR HEALTH"

THE WESTERN OSTEOPATH

Vol. 17

JULY-AUGUST, 1922

No. 2

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SANE HEALTH PRINCIPLES

SACRO-ILIAC LESIONS

OSTEOPATHY IN BLINDNESS AND DEAFNESS

WOMEN'S DEPARTMENT

*'Tis liberty alone that gives the flower
Of fleeting life its luster and perfume;
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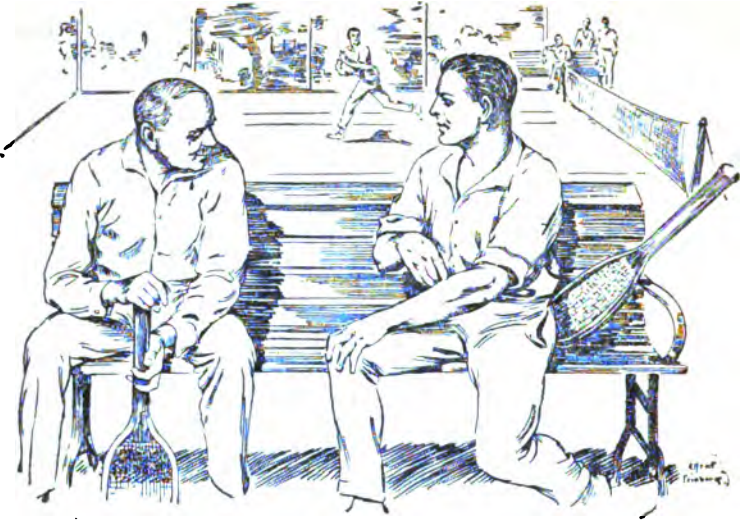
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The WESTERN OSTEOPATH

796 KENSINGTON ROAD

LOS ANGELES

THE WESTERN OSTEOPATH

Vol. 17

July-August, 1922

No. 2

Announcement

Since the last issue of THE WESTERN OSTEOPATH changes have been made in its place of publication, in its policy and in its Editor. The new office of publication is at 796 Kensington Road, Los Angeles, where all communications regarding subscriptions, advertisements, and editorial matters should hereafter be sent.

After a successful career of several years as a purely professional journal, THE WESTERN OSTEOPATH with this issue becomes a combined professional and lay publication. In addition to matter of particular interest to the osteopathic profession, it will now offer the general reader a program of popular health articles which will stand the acid test of common sense. It will espouse no fads; rather will it be committed to the things which the experience of the race has shown are for the greatest good of the greatest number.

In order that the month designation of future issues may be in better accord with the time of publication, this issue is designated the July-August. The next issue, the September, will appear about the first of September;

the October issue will be published about the first of October, and so on. Subscriptions will be extended one month, so that all subscribers will receive twelve issues during the period of their yearly subscriptions.

In taking the editorial chair we realize that difficulties lie ahead. We expect and welcome criticism: if it doesn't come, we shall think that no one reads the publication. If you have suggestions for improving THE WESTERN OSTEOPATH, let us know what they are. If you have some ideas that you think are worthy of perpetuation in printer's ink, send them in. We shall welcome all comers. If you read in newspapers or magazines any items or articles that you think would interest the readers of THE WESTERN OSTEOPATH, mail them to us. If you move your office, get married, add to your family, or know of other osteopaths doing these or other interesting things, let us know.

In short, we want to make THE WESTERN OSTEOPATH interest you. You can help. Will you?

THE EDITOR.

Address All Mail for

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SANE HEALTH PRINCIPLES

BY DR. CHARLES H. SPENCER

Physical fitness is the basis of all efficiency. The living body is made up of millions of individual units called cells. Each cell has a specialized structure which enables it to do a certain kind of work. Cells are joined in groups to form tissues and organs and all are intimately related through the circulatory fluids and the nervous system.

Physical fitness is not to be gaged by the ability of any one portion of the body (such as the stomach, heart or muscles) but rather by the ability of all the parts to function properly. An individual may have great ability as a lawyer, merchant or mechanic, but be unable to fully utilize that ability because he has an alimentary tract that cannot properly digest food.

Exercise is the most fundamental of biologic laws. Nature harbors no drones. Cells that stop work begin to lose their capacity to function, and if not exercised they ultimately die.

In order to attain a greater capacity to do work, the work must be done in gradually increasing volume. Having once attained a certain capacity it can be maintained only by continuing to do that amount of work. This fundamental principle applies to every bodily activity: circulation, digestion and all mental and physical work.

Living cells have a definite reserve capacity for work. When the work demanded of a cell is increased within the limits of this reserve capacity, no harm results. If this increased amount of work continues to be demanded, the cell becomes accustomed to it, and an additional reserve capacity is developed. Increasing the amount of work demanded of a cell beyond its reserve capacity is overwork, and results in damage to the cells which diminishes their capacity

to do work. Practical application of these fundamental principles lead us to the conclusion that both excess and deficiency should be avoided.

It is of no avail to eat food and digest it if the cells are not exercised and thus do not require the food to provide energy and repair the waste.

A strong muscular system does not make an efficient artist, yet the lack of a sufficient one may wreck the career of an artist of unusual ability. Nature is a hard taskmaster and exacts the penalty for both too much and too little exercise of all the cells in the body.

Why have an 80-year-old mind in a 40-year-old body? Why have the mind of a child in the body of an adult? Exercise both mind and body. Use common sense in work and play. Eat the wholesome foods that have been proved fit to eat by hundreds of years of experience on the part of those who have lived before us. Eat enough, but not too much. Avoid fads. If our ancestors had been deceived into believing that fads were necessary for physical fitness they would have died centuries before we were born.

The man who thinks he can do the work of three persons and thereby be able to amass a fortune which will enable him to retire at 40 and thus escape the penalty, is an egotist. He may be 40 by the calendar but 65 in fitness.

Why retire? The man who retires, however fit or unfit he may be, begins the physical decline that is the inevitable result of inactivity.

Use common sense in all things. Short cuts or panaceas for fitness are delusions and snares. Work, play, eat and sleep in moderation and you will keep well and able to fill the place in the world that you were designed to fill.

PRESIDENT'S MESSAGE AND PROCLAMATION

The campaign to pass the Osteopathic Act is well begun. Reports from all over the State are encouraging. Our speakers have addressed a number of audiences. Over 250,000 leaflets have been distributed. The A. O. A. convention gave our initiative unqualified endorsement and promised active support.

Campaign headquarters have been established at 700 Grant Building, Los Angeles, and at 1275 Flood Building, San Francisco. Letters addressed to Mr. Ellis Purlee at either of these offices will receive prompt attention. Every osteopath in California must do his bit during the next three months.

The friends of osteopathy are mobilizing to form a Citizen's Osteopathic League. The first work of this League will be to secure independence for osteopathy. After Number 20 is passed November 7th, the League will assist in developing our College and in establishing osteopathic clinics throughout the State.

The week of August 6 to 12 is hereby set as Speakers Bureau Appointment Week. Every osteopath in California is hereby appointed as a special

committee of one to secure an appointment at which our case can be presented to every organization with which he can make contact.

It is of the utmost importance that these engagements be made now. Two years ago many organizations took action against our bill without giving us a hearing. This would not have happened if we had asked for an opportunity to present our case. The opposition used gum-shoe methods to obtain action against us. We can forestall unfavorable action by at once asking each organization to grant us a hearing before taking any action on the Osteopathic Act.

Report to Mr. Ellis Purlee, 700 Grant Building, Los Angeles, all engagements made, so that we may have an accurate record of what work is being done.

If you need help to present our case, report this fact to your local President or to the campaign headquarters nearest to you.

Yours for osteopathic independence,
HARRY W. FORBES,
 President.
 California Osteopathic Association.

20. OSTEOPATHIC ACT — VOTE "YES"

20. OSTEOPATHIC ACT. Initiative. Creates Board of Osteopathic Examiners appointed by the Governor; prescribes powers and duties thereof; authorizes said Board in respect to graduates of Osteopathic schools, to carry out the provisions of Medical Practice Act of 1913, and acts amendatory thereof and issue to them any form of certificate authorized thereunder; confers upon said Board all functions relating to such graduates heretofore exercised by State Board of Medical Examiners; creates contingent fund from receipts under act, requiring compensation of members of Board and of persons appointed thereby, and all expenses incurred under act, to be paid only therefrom.

| | |
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| YES | X |
| NO | |

THIS BOARD WILL NOT COST THE TAXPAYERS A CENT

SACRO-ILIAC LESIONS

By DAIN L. TASKER, D. O.

The one particular bony lesion which osteopathy has stressed to the point that physicians of all schools of medicine have become interested is the sacro-iliac lesion. Modern medical literature is well punctuated with short articles and paragraphs which note the developing recognition of the possibility of the existence of this lesion.

Our own literature is in considerable degree characterized by allusions to, analyses of, and attempts to classify lesions of the sacro-iliac synchondrosis. The technique of reduction is as varied as the conceptions of the character of the structures of the articulation. Some of our professional brethren are making a specialty of the application of manipulative technique for the reduction of sacro-iliac lesions. The thing we are interested in is the standardization of diagnostic and therapeutic procedure so that we can do efficient work. Watching our most proficient operators demonstrate technique at our conventions, I have been impressed with the speed with which a diagnosis has been made in most cases. I have tried the various measurements, positions and techniques recommended and demonstrated, but have always wished for some positive, or near-positive, form of check on my diagnosis and treatment. "Seeing is believing," hence the X-ray plate was suggested. It may be remembered that I sought the aid of such plates nearly twenty years ago, the first edition of my "Principles of Osteopathy" containing a reproduction of an X-ray plate made in 1902 which showed a severe case of sacro-iliac lesion.

During the past two years, with the assistance of Dr. Walter P. Dresser, I have been making stereoscopic plate studies of lumbar and pelvic lesions. During this period a great advance has

been made in the mechanical equipment for raying these heavy portions of the body. It is not my purpose to here describe the late inventions which have made possible the present developments in X-ray picture making. It is enough to merely state that X-ray photography has been fairly revolutionized so far as securing bone detail in the lumbo-sacral and sacro-iliac regions is concerned. It is possible under present conditions to show excellent bone detail as well as the character of alignment. When this new method is used to make stereoscopic pictures there is such a wealth of detail and certainty of alignment presented to the eyes, all shown in three dimensions, that diagnosis is made exact.

It is well recognized in human affairs that half-truths are dangerous. A single X-ray plate is a half-truth, except where the preponderance of clinical evidence substantiates what appears to be the truth in the plate. A pair of stereoscopic plates, properly mounted and illuminated, is capable of being properly interpreted, whereas a single plate will frequently confuse the problem. The time is rapidly approaching when discriminating patients will demand stereoscopic radiography in the diagnosis of their bony lesions. The only reason the demand at present is not great is because few physicians are thoroughly cognizant of what can be shown by stereoroentgenography.

Lack of bilateral symmetry is a very common developmental fault in the human body. The frequency of this fault is never appreciated by the physician until thoroughly studied in X-ray plates. During the past year we have collected several rather weird variations in lumbar development. Recently we rayed an injury case in which

the right traverse process of the fifth lumbar vertebra was an integral part of the sacro-iliac joint. The abnormal joint thus formed has been interpreted as a fracture into the sacro-iliac. The actual injury was a fracture of the posterior arch of the fourth lumbar.

After making a careful clinical examination of a supposed sacro-iliac lesion case we have frequently subjected the patient to an X-ray diagnosis. Differential diagnosis between a lumbo-sacral and a sacro-iliac lesion seems to me to be uncertain by palpation or mensuration. I have rayed several so-called sacro-iliac cases which proved to be in reality mild degrees of coxa vara. By putting a lift under the heel the normal static condition was restored and symptoms relieved. It is surprising how often mild degrees of variation of the angle of the neck of the femur are found. The clinical sign of this change is lack of symmetry in the two gluteal folds.

Unilateral flat-foot might produce the symptoms of sacro-iliac lesion. The X-ray would help in the diagnosis by exclusion: i. e., a stereoroentgenogram of the pelvis would show normal alignment, thus forcing attention on supporting points nearer the earth.

The particular quality of a stereoroentgenogram which makes it of superlative diagnostic value is lost in transference to a print or halftone, hence for those physicians who are judging X-ray work by reproductions it is bound to be difficult for us to impress the value of the work.

When making a single plate the exact position of the tube with reference to the part rayed is very important because the slightest off-center prolongs the shadow on one side and gives the object an asymmetrical appearance. This defect in single plate work is corrected by stereography.

Palpation, as a diagnostic method,

is limited to the determination of symmetry and mobility. Mobility is more important than symmetry. Symmetry has, however, been the factor upon which most emphasis has been placed when osseous lesions have been described. A stereoroentgenogram is the definite method of determining symmetry.

Those parts of the lumbar vertebra which are palpable through superficial tissues; i. e., the spinous processes are very frequently asymmetrical. The tendency to bifurcation of these processes is quite marked in many individuals and in most such cases the bifurcation is asymmetrical.

The transverse processes frequently are unequal in length and thickness. These processes are not ordinarily palpable for accurate diagnostic purposes, hence radiography is our only way of finding the actual structural condition.

Although our profession has from its inception used palpation and mensuration to determine symmetry and alignment of osseous vertebral structures, radiography is a vastly more satisfactory method to determine osseous spinal lesions. Radiography had not been developed sufficiently for this work until very recently, but it is a fact that we will soon be considered unscientific if we do not avail ourselves of this diagnostic method.

A good stereoroentgenogram does more for the diagnostician than give definite information as to symmetry. It makes it possible to see the quality of bony structure and thus eliminate the possible misapplication of mobilization in an area of pathological bone.

The art of radiography has advanced to the point that it is now possible to make stereoscopic plates 14x17 inches, which will give accurate picturization of bony structures of the lumbar vertebrae and pelvis, and on the same plates showing such soft tissue struc-

tures as the psoas magnus muscles, kidneys and lower margins of liver and spleen.

Radiography compels us to revise our knowledge of anatomy; i. e., descriptive anatomy as we read it in Gray, Morris, Cunningham or other standard texts, which teach us certain details respecting bony development. We accept these descriptions as classic and fail to realize the frequent variations from these normals. Take for instance the arthro-dial joints between the fifth lumbar vertebra and the sacrum. The planes of these articulating surfaces differ greatly in various individuals. We have plates showing these surfaces facing directly outward and inward; others directly forward and backward; others downward and upward. Since there is such a variation in the direction of a perpendicular projected from these surfaces, how are we to know when we are using a properly applied adjustive manipulation?

The variations in these arthro-dials explain the great natural differences in mobility noticeable in various patients. It is evident that the individual having arthro-dial surfaces looking upward and downward is better fitted for weight-carrying than the individual whose surfaces face so as to be on edge to the superimposed weight.

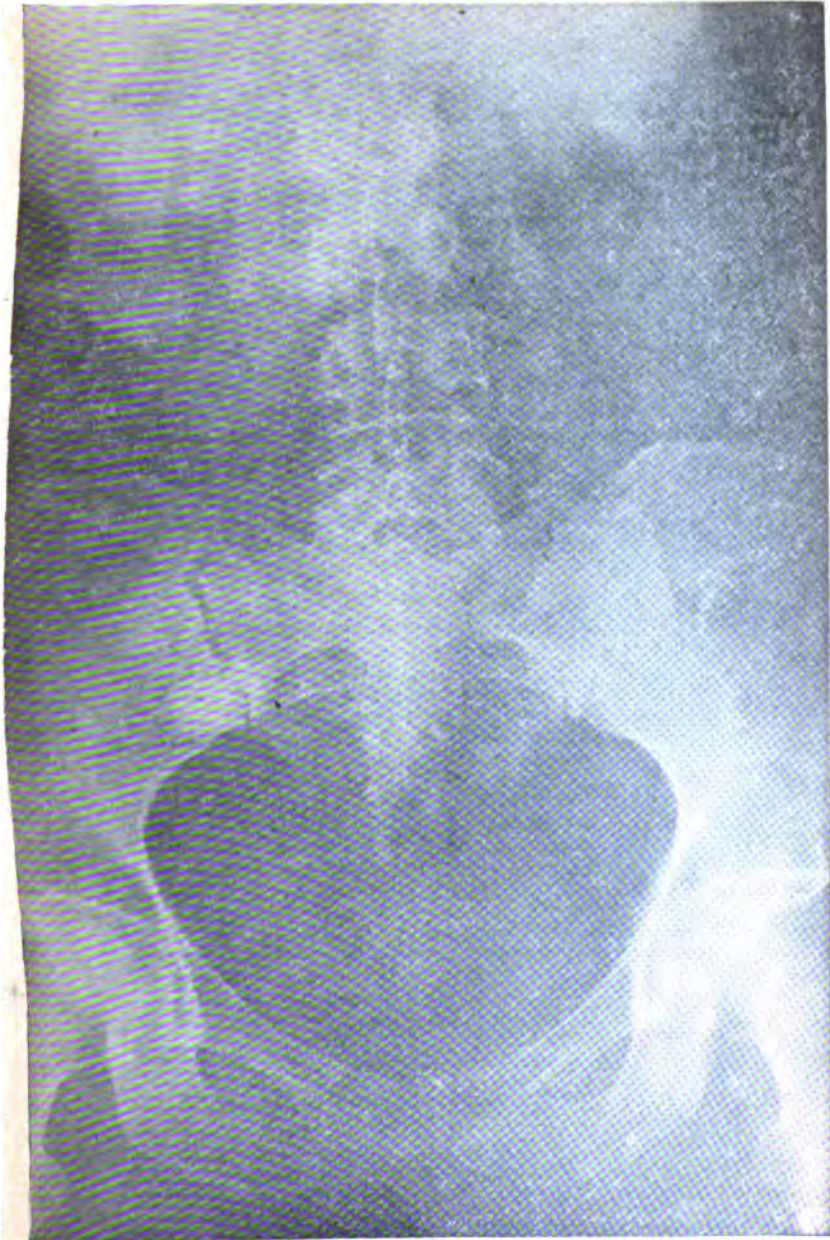
If we could make a careful study of the structure of each case that warranted the time and effort, we would most certainly become far more specific in manipulative technique. In view of the variations in joint formation it is not possible to standardize a technique applicable to lumbo-sacral and sacro-iliac lesions. Each case is an individual problem. We cannot know all the structural factors in the problem without stereoroentgenography.

The plate reproduced herewith was made of a case reported to me as sciatica. A woman 47 years of age, weigh-

ing about 150 pounds and presenting all the appearance of good health, complained of pain in the right leg and foot, accompanied by tingling. These symptoms followed a very severe confinement 17 years ago. Her baby was delivered by instruments and great traction was employed, followed by months of invalidism. She reported that she regained the power of locomotion very slowly and nothing had ever been found which completely overcame the leg symptoms.

The right leg showed an apparent increase of one-half inch in length in comparison with the left, but actual measurement from anterior superior iliac spine to internal malleolus did not substantiate this. So far as palpation was concerned it was not possible for me to be certain of any specific alteration. The symptoms and history, however, pointed to some persisting type of pathology. Radiography was resorted to in order to clear up the diagnosis. A pair of stereoscopic plates showed a marked separation in the right sacro-iliac joint, with much thickening of ligamentous tissue on the anterior surface of the joint. It did not seem possible that so great a separation could exist without even more severe symptoms than those complained of. Mobilization of the lumbo-sacral articulations gave fine results so far as symptomatic relief was concerned, hence the patient was directed to pursue a course of voluntary exercises designed to strengthen the lumbar muscles. Included in the prescribed exercises was work in the garden.

After the patient had secured relief by this method a radiograph was made which showed that absolutely no change in alignment had been achieved even though the symptoms had practically disappeared. The radiograph reproduced herewith is the last one made. Note that the expanding force of the instrumental delivery



SEPARATION OF SACRO-ILIAC JOINT

For explanation see accompanying article by Dr. Tasker.

was sufficient to separate the right innominate from the sacrum and fracture a small fragment from the left pubis. Some degree of rotation is evidenced at the symphysis. This lesion was 17 years old and had gone through

the adaptive reparative reactions designed by nature to re-establish the solidity of the pelvic girdle. I secured a clinical cure, but apparently made no structural change. Mobilization of the lumbar articulations and training of the muscles produced the recovery.

MORE STEALING OF OSTEOPATHIC THUNDER

By ASA WILLARD, D. O.

The following article appeared in the A. M. A. Journal for May 20, 1922:

"TREATMENT OF HICCUP BY PRESSURE ON CAROTID SHEATH—Dr. Adam D'Alessandro of Philadelphia describes a method of treating hiccup in adults which he has employed with success in two cases. The left carotid sheath is grasped by the thumb and forefinger at the anterior border and midway between the origin and the insertion of the sterno-cleido-mastoid muscle. The sheath is compressed tightly for about one minute, and in both cases in which the method was tried the hiccup ceased instantly. Recently a colleague tried the treatment in another case and the hiccup ceased at once."

Of course Dr. Adam D'Etc. never heard tell of Osteopathy and doesn't suspect for a moment that by pressing in the neighborhood of the carotid

sheath he is pressing on the phrenic nerve in the manner that Osteopaths have been doing to stop hiccups for so these many years. Extraordinary cases of hiccups which have been stopped by this Osteopathic procedure in years gone by have been recorded in newspapers. It is presumed, however, that Dr. Adam D'Etc. never saw any of these.

Dr. Copeland, health officer of New York City, recently had his picture published with syndicated news items describing the same method for stopping hiccups, but according to Dr. Copeland it was discovered by some French physicians.

The truths of osteopathy are gradually being discovered by members of the medical profession, but there seems to be a uniform hesitancy about crediting any of these truths to Osteopathy.

NEW OFFICERS OF C. O. A. FOR 1922-23

The officers of the California Osteopathic Association elected for the fiscal year 1922-23 are as follows:

President, Dr. Harry W. Forbes, Los Angeles.

Vice-President, Dr. Iva Still Wallace, Fresno.

Secretary-Treasurer, Dr. C. B. Rowlingson, Los Angeles.

Up to the time of going to press, Dr. Forbes had appointed the following committee chairmen: Legislative, Dr. Charles H. Spencer; Publicity, Dr.

T. J. Ruddy; Public Education, Dr. Dain L. Tasker. The new Board of Trustees as far as reported includes, in addition to the President and Vice-President: Drs. L. R. Daniels, H. S. Powis, Lewis Bruce, F. O. Edwards, A. P. Ousdal, E. G. Bashor, Clara J. Stillman, H. F. Miles, H. C. Atwood, Louise C. Heilbron, R. E. Cunningham, Dayton Turney, S. J. Fitch, and Warren B. Davis. As the Executive Committee for 1922-23 the Trustees have elected Drs. Turney (chairman), Davis, and Bashor; as Editor of THE WESTERN OSTEOPATH, Dr. C. B. Rowlingson.

ALLOPATHIC EXAMINATION DOES NOT DETERMINE OSTEOPATHIC COMPETENCE

A State license to practice is regarded by the citizens as a certificate of competency. It should be evidence of competency and proficiency, else it does harm because the people are given a false sense of security. The competency of an osteopath to practice osteopathy cannot be determined by the State except by an examination in osteopathic therapeutics. The legislature in 1913 enacted a law requiring that all physicians must be examined in therapeutics. It was clearly the intent of the legislature that the physicians of each system should be examined in the therapy of their own system before a license to practice was issued to them. The Governor appointed two osteopaths on the Medical Board, but the eight M. D.'s, who rule the Board have persistently refused to permit the osteopathic members of the Board to examine osteopathic applicants in the subjects of osteopathic therapeutics. The M. D.'s insist that

all applicants must be examined in allopathic therapeutics by an allopath. The result is that all the osteopaths who have been admitted to the complete examination since 1913, have been compelled to take an examination in allopathy in order to obtain a license to practice osteopathy. Their competency to practice osteopathy has not been tested and the medical board is deceiving the citizens of the State by issuing certificates of competency to osteopaths whose competency to practice osteopathy has not been tested by the board's examination.

The passage of the Osteopathic Act will insure to the citizens of the State the highest standard of osteopathic practice. The state certificate of competency issued by the osteopathic board will be issued only to persons whose competency to practice osteopathy has been determined by a searching examination, conducted by osteopaths selected by the governor.

A. O. A. AND W. O. A. ENDORSE CALIFORNIA CAMPAIGN

During the Los Angeles convention both the A. O. A. and the Western Association, by action of the House of Delegates of each, officially endorsed the campaign now being conducted in California to obtain an independent Board of Osteopathic Examiners by means of an initiative act. Many eastern osteopaths who attended the convention are taking an active interest in the campaign. One woman D. O. from a middle western state offered to send several hundred leaflets of information to friends in California. All co-operation of this kind helps.

WESTERN ASSOCIATION OFFICERS FOR 1922-23

At the fourth annual convention of the Western Osteopathic Association, held in Los Angeles with the A. O. A. convention, the following officers for 1922-23 were elected:

President—Dr. L. H. Howland, Portland, Ore.

Vice-President—Dr. Mary Gamble, Salt Lake City, Utah.

Secretary-Treasurer—Dr. C. B. Rowlingson, Los Angeles.

The business and editorial offices of THE WESTERN OSTEOPATH are now located at 796 Kensington Road, Los Angeles.

OSTEOPATHIC OPTIMISM

BY HAL GRA, D. O.

Nature cures.

* * *

Health abounds.

* * *

Health tends to remain constant while life varies.

* * *

Exposure to the causes of disease is universal, yet the majority of mankind remain well. Why?

* * *

All persons take into their bodies the germs of tuberculosis; a small minority are injured, the majority are not. Why?

* * *

All individuals are exposed to temperature, seasonal, climatic and social changes: only a few of us are made ill thereby. Why?

* * *

Millions cross and recross street railway tracks daily: a small fraction of one per cent are injured, the remainder escape. Why?

* * *

Thousands of persons drink water laden with the germs of typhoid fever: a few score are infected, the remainder escape. Why?

* * *

The temperature range within which life is possible is comparatively narrow: yet death from overheating or freezing is not frequent. Why?

* * *

Hundreds of thousands of children have abundant opportunities to poison themselves each day: yet illness and death from this cause are largely escaped. Why?

* * *

Let the heart quit working a few minutes, the liver a few hours, the kidneys a few days, and life is irretrievably lost: yet thousands live past the allotted three score years and ten. Why?

Withhold oxygen a few minutes, water a few days or food a few weeks and death results; insufficiencies of any of the cause disease: yet the race continues to live and health is the rule. Why?

* * *

Over and under action of any organ leads to disease; the activity of each organ must be co-ordinated with the action of all others else the unity is broken and illness exists: yet the majority of people are well. Why?

* * *

Wounds do not heal themselves. They are healed by a power which is inherent in living bodies.

* * *

Fever does not "run a course" and then stop themselves. They are stopped by the body's healing mechanism.

* * *

Health is caused. Recovery is caused. Remaining well and regaining health are not uncaused processes. They are the effect of the silent but unceasing work of the living body's own mechanism of resistance and recovery.

* * *

So long as the machine of healing within the body is in good working order, recovery from most injuries and diseases is rapid and certain. Mother Nature is a skilful physician and Father Time is an able associate.

* * *

The common is the commonplace. Some of the most wonderful events in nature, because of their frequent occurrence, fail to awaken even an idle curiosity in most minds. If thought of at all they are regarded either as such common things that they need no explanation or as such mysterious things that they admit of no explanation. Such are the facts of natural prevention and remedy of disease.

Nine-tenths of all the millions spent annually for treatment of various kinds is paid to doctors for watching Mother Nature and Father Time cure the illness. If people were more wise and less fearful they would trust more to natural recovery and spend this money for food, clothing and wholesome recreation in the open air.

* * *

Maintenance of health and recovery from disease are caused by the operation of the protective and healing mechanisms of the body. These mechanisms are anatomical and physiological provisions. If the provisions for *defense* were unlimited in their range of

action, and did not themselves get out of order, disease would be entirely prevented. If the provisions for *healing* were not limited in their scope, or did not themselves become deranged, disease would be invariably and completely cured without treatment.

* * *

If the healing machine within the body is out of order disease will continue. A doctor is then necessary. His services are needed to fix the machine by which healing is effected. He cannot cure the disease. Nature alone cures. If a physician cannot fix the machine he can do nothing to promote recovery.

SHAKING THE BONES

Under the above caption the Los Angeles Times one morning during the A. O. A. convention, printed the following editorial:

People knew that the osteopaths were coming. They could tell it in their bones. An osteopath is a skilled and intelligent person who can place his knuckles in your third vertebra and tell not only what you had for breakfast, but what is good for freckles and where you keep your money. What was an intuition with good old Andy Still has become a science with his disciples. Almost before Kirksville was on the map Andy Still could pick up a stray cat in the dark and describe every bone in her body. He would run his fingers over her and show where her anterior and posterior zygaophysis parted company.

When he clasped the metacarpal bones of his fellow-men he seemed to bore clear through the spinal column. The thorax became an open book and he could run up and down the cervical vertebrae like a bookkeeper would run up a column of figures. He could dig up the skeleton of Rameses and tell

whether he died from indigestion or hookworm. He knew more about human bones than Henry Ford does about tractors. Maybe he had had no scientific training in anatomy, but he could pick up a flock of bones and assemble a skeleton in the dark. He could press his thumb into a man's clavicle until his dome would turn in a southeasterly direction and then, with a few deft passes with his digits, he would have the patient headed north and going under a full head of steam. Over in Missouri they used to think that old Dr. Still was the guy who put the bones in Bonaparte. He was a wizard with the bones, all right, and were he alive today he would be able to rattle the ivories in a way to baffle all the champions at African golf. Largely out of his gift in deciphering human ailments through his camera conception of anatomy the osteopaths are with us today. He was able to found a science and establish a school of treatment that is accepted with wholesome satisfaction by the world at large. There is the glad hand for the army of osteopathic specialists we have with us at this time.

"INTERESTS" OF MEDICAL BOARD SUPERSEDE INTERESTS OF PEOPLE

BY DR. HARRY W. FORDES

The bias and self-interest of the medical board was clearly proved during the trial and following the Superior Court decision which ordered the board to admit osteopaths to the complete examination for licenses to practice.

From 1907 to 1919 osteopaths had taken the same examination that was required of the physicians of all other systems. In 1919 the medical board arbitrarily refused to admit osteopaths to this examination. The osteopathic college in California brought suit to compel the medical board to examine its graduates. The Superior Court, after an exhaustive three day trial and investigation, decided the case in favor of the college and ordered the board to admit its graduates to the examination. Two sentences from the court's findings of fact are of particular interest. They are:

"That said college has in all respects complied with all of the requirements of said act with reference to colleges and has complied with all of the requirements of said board and is entitled to be approved by said respondent board as an institution qualifying applicants to take an examination for physician and surgeon certificates."

"That at the time of such refusal of said board to approve said college as hereinabove alleged, said college was in all respects maintaining a high standard of instruction to its students in all of the courses of study and branches of knowledge hereinbefore mentioned and set forth and then had and still has more material resources, a larger and more efficient teaching force, an increased equipment, a larger library and much improved clinical facilities over what said college had and maintained during the time of its

approval by said board as an institution qualifying its graduates for examination for physician and surgeon certificates."

The medical board's attorney, Mr. Harry Encell, reported the court decision to the board and asked for a mail vote on the question of appealing the case. In the following paragraphs from his letter this medical attorney reflects clearly the characteristic medical bias toward osteopathy and their callous indifference to justice and fair play if it affects medical "interests":

"Irrespective of the quality of instruction given by the particular college herein involved, I believe that the best interests of the board will be served by presenting this case squarely to the Supreme Court in order that that body may define the powers of the board to supervise instruction given at medical colleges, and in the event that that definition is unsatisfactory or does not, in the opinion of the board, tend to produce the best results for the medical profession, the matter should be brought before the legislature at the forthcoming session."

Dr. Dain L. Tasker, one of the osteopathic members of the board, wrote a letter to the board members protesting against appealing the case on the grounds that the college had won, both on the facts and the law, that the decision would be therefore affirmed and that it would work a further great hardship on the graduates of the college to be compelled to wait another year before they could take the examination for a license to practice. These graduates had spent five years beyond the high school to obtain their osteopathic education and had already waited many months for relief through the court decision.

Two paragraphs from Dr. Tasker's letter should be read by every voter. After quoting the foregoing paragraph from the medical attorney's letter, Dr. Tasker writes:

"Previous to reading this paragraph I had fondly clung to the idea that the Board of Medical Examiners had been created by legislative enactment to act for the best interests of the people of the State of California, but Mr. Encell's legal mind evidently sees it differently, for he writes, 'In the event that that definition is unsatisfactory or does not in the opinion of the board, tend to produce the best results for the medical profession.' Then again in the same paragraph he uses the expression 'the best interests of the board' as though we as administrators of the medical law had some interests apart from the electorate of the State of California by whose power we have been created a Board of Medical Examiners. It is our function to administer the law as it is written. Mr. Encell seems to feel that there must be an interpretation of the law which satisfies our 'interests.' What 'interests' could an administrative board have outside of administering a law as the people's legislature enacted it and the people's governor signed it and the people's court defined it?

"I prefer to feel that we represent something bigger than organized medicine. The 'interests' of organized medicine are exceedingly apparent to me and they exactly coincide with what Mr. Encell has chosen to designate as 'the best results for the medical profession.'"

Evidently the eight M. D.'s on the board thought that the "interests" of the medical profession would be served by making these osteopaths wait one more year before they could take the state examinations. They voted unanimously to appeal the case. The Supreme Court affirmed the decision of the lower court and specif-

cally decided that the lower court had found the quality as well as the amount of instruction to be all that the law required.

SIDELIGHTS ON THE OSTEOPATHIC ACT

The "Osteopathic Act," number 20 on the November ballot, creates a self-sustaining board of osteopathic examiners, appointed by the Governor, to administer and enforce the examining and licensing law for the graduates of osteopathic colleges. The Governor and the Osteopathic Board must enforce the standards of education and examination now or hereafter fixed by the legislature for the graduates of osteopathic colleges. This act leaves the legislature free to change the required standards at any time. The question of standards of education and examination is therefore not an issue, unless the wisdom of the legislature or the honesty of the Governor are doubted.

The greatest menace to the constitutional rights of citizens today is the power that the legislature gives to administrative boards to make rulings that have the force and effect of legislative enactments. The real medical law of California is not the one enacted by the legislature. It is the one enforced by the medical board.

The Osteopathic Act affects every citizen who wants to have the right and the opportunity to employ an osteopath if he so chooses.

A board that administers the law to obtain the "best results for the medical profession" is not one that will obtain the best results for the osteopathic profession.

The Osteopathic Board must be self-sustaining and can never use a cent of tax money.

WOMEN'S DEPARTMENT

EDITED BY DR. MARY L. LECLERE

ARE YOU INTERESTED IN THIS?

At the meeting of the Osteopathic Women's National Association this year the women isolated in small towns expressed a desire for something which would bring them into closer contact with other Osteopathic women. As a result of that desire and of the need felt by all for better cooperation, the Women's Department of the Western Osteopath has been created. Dr. Rowlingson has kindly offered to devote three pages each month to this department. We hope to publish in these pages articles by Osteopathic women and items which will be of especial interest to women.

The editor of the department needs the cooperation and help of all Osteopathic women. If you can write, if you have a hobby, if you know something which you think might be of interest to others, let us know about it. If you want some particular subject discussed send in your request. If you have any suggestions as to how you should like this department run please let us hear them. This department belongs to you.

OSTEOPATHY IN BLINDNESS AND DEAFNESS

The medical profession laughs at Osteopaths for claiming to cure certain cases of blindness and deafness by manipulating the neck. Their argument is that inasmuch as the optic and auditory nerves never leave the skull, they cannot possibly be affected by neck treatments.

It is true that the optic and auditory nerves do not traverse the neck,

but these nerves are not the nerves which control the blood supply of the eyes and ears. The function of the optic nerve is to carry sensations of sight to the brain, while the function of the auditory nerve is to carry sensations of sound to the brain. The circulation to the eyes and ears is controlled by nerves which leave the spine in the upper dorsal region and pass up the neck on their way to these organs.

The medical profession need not take our word for the foregoing. Anyone who will refer to Starling's Physiology, a standard medical text, (1915 edition) page 982, will find the following: "If in the rabbit the cervical sympathetic on one side be divided the vessels in the corresponding ear dilate. If the sympathetic nerve be stimulated all the vessels of the ear contract."

Page 983, "We must conclude that all the vessels in the body are kept in a state of tonic contraction by impulses arising in the medulla oblongata, traveling down the cord as far as the dorsal region and then passing out of the cord by the dorsal and upper lumbar nerves."

On page 553 we read: "Stimulation of the sympathetic in the neck causes maximal dilatation of the pupil accompanied by constriction of the vessels of the iris and eyeball generally."

Osteopaths know that upper dorsal and cervical lesions do over-stimulate the nerves in those areas and cause constriction of the blood vessels supplied by those nerves. The eyes and ears require nutrition, just as do all other parts of the body; and since

their nutrition is obtained from the blood circulating through them, it requires no stretch of the imagination to believe that a chronic constriction

of the blood vessels of these organs must impair the normal nutrition and consequently prevent their functioning properly.

OSTEOPATHIC WOMEN HOLD INTERESTING MEETING

BY DR. INEZ S. SMITH

In spite of the fact that the special trains from the east arrived in Los Angeles Saturday night and Sunday, a goodly number of the women of the profession made the effort necessary to arrive in Los Angeles two days in advance of the opening of the A. O. A. Convention, and on Saturday morning, July 1, about 100 women assembled for the second annual meeting of their National Association.

The report of the President, Dr. Josephine L. Pierce, showed most gratifying progress. The Osteopathic Women's National Association was organized two years ago. For some time leading women in our profession had felt the need of an organization thru which they could be associated with other organizations of women. In the last ten years the organization and federation of various women's clubs has progressed to a point where they are a very considerable factor in the life and work of the nation. In order for osteopathic women to get a hearing in such organizations as the National Women's Council the National Federation of Business and Professional Women's Clubs, the Y. W. C. A., it was necessary for us to have a National Association. It was for this reason that our O. W. N. A. was organized. Already we have been admitted to the National Women's Council, a federation of about 14 National Women's organizations, which has recently bought the old capital at Washington for its permanent headquarters.

The report of the Secretary showed a membership on June 1 of 414, with the largest state membership in California, 82; the second largest in Penn-

sylvania, 50, and the third in Illinois with 44 members.

The discussion as to how the O. W. N. A. can be of help to the osteopathic women and how the osteopathic women can be a help in the community brought out many excellent points.

Dr. Gwladys Morgan, a former President of the California Osteopathic Association, said: "Osteopathic women should mean to the community a group of women who have a social conscience, who are always ready to work in public health lines or to help in other public activities, such as child welfare or the work of other business and professional women of the community."

Dr. Grace Stratton Airey told of her experiences in the Utah Legislature.

Dr. Margaret Brewington told of her work in Albuquerque, especially among the Mexican women and children. She said: "We are teaching them about osteopathy, that there are others ways of treating disease than by giving medicine and that God has given us our hands to make our bodies work right. They call it 'el curar de la jueces' (the cure of the bones). We aim to teach them how to care for the children, the giving of baths, the care of the eyes and ears and noses. Every Thursday the mothers come for instruction. Twice a month we have a meeting of fathers and mothers and we give them all instruction on the care of the body, diet and personal hygiene."

Miss Winifred Fleming, a student of the Los Angeles college, spoke of what the women in the field could do for the girls in the osteopathic col-

leges, such as to see that each college has a student membership list in the O. W. N. A., keep them in touch with the work of the women in the field, tell them how to organize children's clinics and many other things.

The afternoon program included a discussion of forms of recreation and diversion for the physician herself, and the election of officers. The names of the new officers are printed elsewhere in this issue.

On Saturday evening the Women's Osteopathic Club of Los Angeles gave a reception to the visiting women at the home of Dr. Lora B. Emery, President of the California Branch, O. W. N. A. On Monday evening at the Ambassador, Dr. Evelyn Bush conducted

"Our Follies," a jolly, extremely informal, get-acquainted gathering.

The big social event on the O. W. N. A. program was the luncheon at the Ambassador for all the women and women friends of the profession. The friendly spirit prevailing, the excellent singing, dancing and speaking, with the good service of the hotel, made it a delightful occasion.

In conferences of workers it was apparent that the demand for this year is increase of membership and helpful literature for the use of members, and the new officers are molding their plans on these lines with the determination to achieve something worth while. We wish them success.

FREQUENTLY FORGOTTEN FACTS REGARDING URINALYSIS

BY ANN E. PERRY, D. O.

The estimation of urea in urine by the bromin method is notoriously unreliable, and has been discarded by the best laboratories.

The estimation of urea in urine by the urease method is most reliable, when made on a mixed 24-hour sample.

There is always albuminuria in pyelitis.

The amount of acetone in urine in diabetes mellitus is a surer guide to the degree of acidosis than the amount of sugar present.

The casts found in urine indicate the condition of the tubule in which the cast is formed, and not the condition of the kidneys as a whole.

The kinds of casts, their size and shape will give an idea as to the pathologic process, but they do not give any correct diagnosis of the histologic changes going on.

The phenolsulphonephthalein test is

probably the best and the simplest for functional derangements of the kidneys.

Apparent origin of some epithelial cells found in urinary sediment:

1. Small round or many-sided cells, about the size of pus cells or a little larger, may come from any part of the urinary tract in the deep layer. They are not proved to be renal cells unless they are found embedded in a cast.

2. Renal cells are always present in parenchymatous nephritis. They are abundant and nearly always fatty.

3. Irregular cells usually come from the deep layers of the bladder, caudate forms from the pelvis of the kidney.

4. Squamous cells come from the superficial layers of the ureters, bladder, urethra or vagina. Those from the bladder are rounded, while those from other superficial layers are more angular.

Coming

A Series of Articles on Osteopathic Gynecology

By Dr. Jennie C. Spencer

NEW OFFICERS OF O. W. N. A.

The following officers of the Osteopathic Women's National Association were elected at the Los Angeles convention of July, 1922:

- Honorary President—Josephine Liffing Peirce, D. O.; Lima, Ohio.
 Acting President—Roberta Wimer Ford, D. O.; Seattle, Wash.
 First Vice-President—Grace Stratton Airey, D. O.; Salt Lake City, Utah.
 Second Vice-President—Chloe Riley, D. O.; New York City.
 Corresponding Secretary—Pauline R. Mantle, D. O.; Springfield, Ill.
 Financial Secretary—Leonora Grant, D. O.; Seattle, Wash.
 Auditor—Edith Cave, D. O.; Boston, Mass.

MEETING OF CALIFORNIA BRANCH, O. W. N. A.

Following the National Convention of the O. W. N. A., the California Branch held its annual business meeting. The usual reports were received and accepted.

Election of officers resulted as follows:

President, Dr. Inez S. Smith, Hollingsworth Building Los Angeles.

First Vice-President, Dr. Lillian M. Whiting, Auditorium Bldg., Los Angeles.

Second Vice-President, Dr. Rose Vanderburgh, Flood Bldg., San Francisco.

Secretary-Treasurer, Dr. Georgia B. Smith, Baker-Detwiler Bldg., Los Angeles.

Corresponding Secretary, Dr. Emma Donnelly, 54 S. El Molino, Pasadena.

Auditor, Dr. Jennie C. Spencer, Hollingsworth Bldg., Los Angeles.

The particular work laid down for this year by the O. W. N. A. is increase of membership and the publishing of articles helpful to osteopathic women in their work. To further these objects in California and the

Western District, the Executive Board has appointed Dr. Nina Stevens, 1724 N. Vine Street, Hollywood, Chairman of the Membership Committee, and Dr. Mary LeClere, 120 South Central Avenue, Eagle Rock, Editor.

The Western Osteopath has most courteously consented to establish a Women's Department. This will be edited by Dr. LeClere, who is planning to run a series of articles on Osteopathic Gynecology and another series on the care and feeding of children. Other subjects will be added later.

MEDICAL PRIESTHOOD

Herbert Atkinson Barker, who has practiced bloodless surgery, without a medical education, for many years in England, has just been knighted. The orthodox practitioners in Great Britain are protesting against the honor on the "outlaw." Dr. Axham, a qualified physician, possessing a medical degree, was recently expelled from the Register of Practitioners, for assisting at the Barker operations. The British medical profession refuses to reinstate him.

Yet, Sir Herbert Barker has treated successfully great numbers of cases—said to aggregate 40,000—without recourse to the knife. He works principally on derangements of knee cartilages, flat foot and other joint abnormalities. His method is to manipulate the injuries with his hands, and so the term "manipulative surgery" as distinct from knife surgery has come into being.

Sir Herbert's triumphant vindication ought to be a warning to physicians that life cannot be made to go for long by rules. It is well to safeguard surgical and medical professions from quacks. But, a way should be left open for genius to travel, and for new methods to be tested on their merits.—Los Angeles Record.

OPPORTUNITIES FOR WOMEN IN OSTEOPATHY

Osteopathy deals with the body as an intricate machine which, if kept in proper adjustment, nourished and cared for, will run smoothly into a ripe and useful old age.—DR. ANDREW TAYLOR STILL.

Osteopathy is generally termed the science of healing by adjustment. Many people say that osteopathy is massage but in so doing they advertise their ignorance of this great science of healing. Osteopathy deals with the body as a machine, placing its chief emphasis on the structural integrity of this machine as being the most important single factor toward maintaining the well-being of the body. A person engaged in the healing art should be able to normalize abnormal structural conditions and remove unnatural interferences. This the osteopath is trained to do.

When women students entered classes at medical schools, both the teachers and the men students passed many evil remarks directed at the women; in fact, they acted so mean that very few women went through the schools and of those who did, the majority were hardened against men as a consequence. This condition was prevalent in all doctors' schools until Doctor Still, the founder of osteopathy, started his first college. In this college he welcomed women students on an equal basis with men and he allowed no vulgar remarks to be passed in the class rooms. Furthermore, their attendance was solicited. Consequently, women came to his college to study and, as they are given the same treatment in the other osteopathic colleges which have been established, they continue to study osteopathy.

Likewise, they are welcomed to practice and very frequently they have their headquarters with men doctors of osteopathy. Such co-operation is a

great rarity among medical doctors. There are local, state and national osteopathic organizations of which most wide-awake osteopathic physicians are members, and to the membership of which women doctors of osteopathy are received with great courtesy and hospitality.

Any woman inclined towards the healing art as a profession, willing to give her time and talents conscientiously to the study of osteopathy, and willing to devote her life to the welfare of mankind, will find opportunities to satisfy her ambition in the study and practice of osteopathy. In few places where it is known is the supply equal to the demand for the service of osteopathic physicians. Even in the United States, where osteopathy was founded, there are places where little is known of this great system of healing and which might become fruitful fields for practice if a reliable osteopathic physician would enter the field and do his duty as a citizen and a physician. One of the greatest factors in osteopathy is to relieve the suffering of women, and as many women feel more free to tell their ailments to women doctors than to men, it offers a great opportunity for women.—*Osteopathic Magazine*.

REMOVAL NOTICE

The office of publication of THE WESTERN OSTEOPATH is now located at 796 Kensington Road, Los Angeles. All communications regarding advertisements, subscriptions and editorial matters should be sent to this address.

THE ABUSE OF POWER

BY DAIN L. TASKER, D. O.

The osteopathic profession accepted the educational requirements of the present medical practice act before it became the law of the State, hence the initiative has no reference to standards of education but is proposed solely as a means of relief from the abuse of power exercised by the Board of Medical Examiners. The Board has undertaken from the very beginning of the present regime i. e. 1913, to administer the Act to the destruction of the osteopathic educational institutions.

So long as a Board, constructed of a majority of the dominant school of medicine, is authorized to make rules which are in effect new legislation, it will be impossible for a minority school of practice to survive. The intent of the rules is to compel the same teaching in all schools of medicine without respect to their principles or practice, except that all shall be judged by the dogma of the dominant cult. The Board has abused its power respecting osteopathic schools every time it had a chance. This is evidenced by the fact that in order to find some small degree of relief from this abuse appeal had to be made to the courts. The Superior, Appellate and Supreme Courts have all given a decision in favor of the College of Osteopathic Physicians and Surgeons, indicating that the Board had abused its powers. Irrespective of the fact that the College won its case it is not possible for any minority school of medicine to carry on its educational work under the harrassing conditions imposed by an inimical Board clothed

with the power to make new rules which are in effect autocratic, bureaucratic legislation.

It is not possible for a young and immature school to support the financial burden incident to continued court litigation. The Board can at present impose such litigation any time it sees fit. It usually imposes its power discreetly with respect to the time of elections, i. e. it has its ear timed to the political currents. It is a certainty that under the Board's power to legislate in behalf of the dominant school of medicine no minority school can survive. This is in consonance with the intentions of the dominant school.

It would make no difference in the administration of the law if the personnel of the Board was changed so long as the personnel represented the dominant school.

It is not the desire of the osteopathic profession to reduce the educational requirements in the present medical law, which was intended to be non-partisan medical legislation. The osteopathic profession can grow and develop its high purpose under those legal requirements but certainly can not survive the harrassment imposed by the Board under the clause of the law which authorizes the Board to legislate under the guise of making rules for the administration of the act.

In order that the osteopathic profession may be freed from the abuses inflicted by the Medical Board thru its autocratic legislative function, the present initiative measure is placed before the electors of the State.

**Will November 7, 1922, be
Osteopathy's Independence Day
in California?**

The Western Osteopath

Official Monthly Publication of the

California Osteopathic Association

Dr. C. B. ROWLINGSON, Editor and Manager
796 Kensington Road, Los Angeles

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Official Organ of the Western Osteopathic Association
and of the Osteopathic League

OFFICERS OF THE CALIFORNIA OSTEOPATHIC ASSOCIATION

President, DR. HARRY W. FORBES, Black Building, Los Angeles
Vice-President, DR. IVA STILL WALLACE, Fresno
Secretary-Treasurer, DR. C. B. ROWLINGSON, 796 Kensington Road, Los Angeles

Subscription \$2.00 a year in advance

EDITORIALS

DEVOTION TO AN IDEAL

The Magna Charta, the Declaration of Independence, and the Emancipation Proclamation are famous historical documents born of the human desire for liberty. The devotion of civilized man to the ideal of liberty has resulted not only in the writing of the greatest documents, but in the fighting of the greatest wars. When Germany set out to make the other nations of the world her vassals, she aroused the fighting blood of millions of liberty-loving people. The result was her undoing. Men fight for many things; but for nothing do they fight more resolutely or more determinedly than for liberty.

The osteopaths of California are now engaged in a fight for liberty. For years they have suffered under the tyranny of a despotic Board of Medical Examiners. This board, which consists of eight medical doctors and two osteopathic doctors, examines the graduates of both medical and osteopathic colleges who apply for licenses to practice in California. Having a four-fifths majority, the medical doctors have absolute control of the voting power of the board. Every osteopath examined by the board pays an examination fee to the board and every

osteopath practicing in the state pays an annual license fee to the board. Thus the osteopathic profession contributes its share to the maintenance of the board, yet has no real voting representation. It is just as true in 1922 as it was in 1776 that "Taxation without representation is tyranny."

The board not only does not give the osteopathic profession a square deal, but does not give the citizens of the state a square deal. Exercising their tyrannical power, the eight medical members of the board refuse to examine osteopathic graduates in osteopathy, but compel them to take an examination in allopathy. Having examined them in allopathy, but not in osteopathy, they issue licenses which the citizens regard as attestations of competence; but how can these licenses attest osteopathic competence when the Board has not given an osteopathic examination?

The eight medical doctors on the board are opposed to osteopathy and to all things osteopathic. Their power enables them to bar from the complete examination all graduates of such osteopathic colleges as have not been approved by the board. Since the board has not approved any osteopathic col-

lege located outside of the state, no graduate of any such college can take the examination or obtain a full license to practice in California. For a time the graduates of the osteopathic college in this state were not admitted to the examination. The college brought suit to compel recognition by the board. Following a three-day trial, the Superior Court decided the case in favor of the college, and ordered the board to admit its graduates to the examination. The decision of the court did not deprive the board of its power to make and enforce arbitrary rulings, and no one (unless it be a medical member of the board) can say how soon the board will make some new ruling to be used as a basis for again refusing to admit the graduates of this college to the examination.

The osteopathic profession has endured the tyranny of the Medical Board until patience has ceased to be a virtue. Abraham Lincoln said, "The world cannot exist half slave and half free." The Great Emancipator's statement can well be applied to the therapeutic world. If the power of the dominant school of medicine were entirely uncurbed, it would either en-

slave or annihilate all other healing systems.

The Osteopathic Act which will be voted on by the people of California November 7, 1922, is designed to liberate the osteopathic profession of this state from the oppressive and repressive dictatorship of the Medical Board. It will not change the present high standards of osteopathic education, neither will it change the health laws of the state. It will simply establish a Board of Osteopathic Examiners to administer and enforce the examining and licensing law for the graduates of osteopathic colleges. This board will have no control over the graduates of any other system of healing. We believe that each system should be free to develop without restriction by any other system.

Shall the osteopathic profession continue to be penalized for its devotion to an ideal? Shall we continue to be held in bondage in America, "the land of the free"? We ask for no special privilege; we ask only to be freed from the shackles of the Medical Board, so that our science may grow and develop its greatest possible usefulness to mankind.

THE 1922 CONVENTION

The A. O. A. convention held in Los Angeles the first week of July was probably the best attended and most successful national osteopathic convention ever held on the Pacific coast. Those who anticipated that the attendance would be small because of the great distance from the eastern centers of population were disappointed. The fact that the attendance was fully as large as at the average eastern convention is an emphatic tribute to the attractive power of Southern California.

The main convention was preceded by the annual meeting of the Osteo-

pathic Women's National Association on Saturday, July 1, and by Health Sunday, which was observed in many of the Los Angeles churches July 2.

At the first convention session Monday morning Governor Stephens delivered the address of welcome and Dr. Geo. W. Goode of Boston responded. A detailed report of the entire program would be out of place here, as this will be fully covered by the Journal of the A. O. A. Such comment as we have heard concerning the scientific program has been highly commendatory.

The visitors were delighted with the

entertainment features of the program. Perhaps most delightful of all was the afternoon and evening of July 4. In a large cavalcade of automobiles the visitors were taken for a 75-mile scenic drive over smoothly paved boulevards, covering many points of interest in Los Angeles and vicinity, including beautiful residences, motion picture studios, oil wells, orange groves, Pasadena and other beauty spots. The drive ended at San Gabriel, where, within a stone's throw of the picturesque old San Gabriel Mission, a genuine Spanish barbecue was served. At eight o'clock the visitors filled the Mission Playhouse adjoining the old Mission, and there spent the remainder of the evening enjoying the Mission Play.

Wednesday evening was given over to club, fraternity, and alumni reunions, followed Thursday evening by the annual banquet. This was held at the Ambassador Hotel, and was so unexpectedly well attended that there was some delay in serving the late

comers. All were in good spirits, however, and the evening was voted a huge success.

Friday afternoon was provided with several drawing cards. Visitors from out of the state found it necessary to choose between the sectional work of the scientific program and a trip to Mt. Lowe, while for the California members a third alternative was offered by the annual business meeting and election of officers of the state association. So intense was the interest in this election of officers and in the meeting of which it was a part, that the state members had no difficulty in deciding where they would be during the afternoon. This marked the close of the convention proper, although a trip to Santa Catalina Island was arranged for Saturday, which attracted many of the delegates.

All in all, the convention of 1922 will go down in A. O. A. history as having been pleasurable, profitable and successful to a degree exceeded by none.

A TOTTERING IDOL

"The Decline in the Art of Prescribing" is the title of a recent editorial in the Therapeutic Digest, in which medical journals and medical colleges are called to account for their tendency toward drug nihilism. The medical journals, according to the editorial writer, are full of articles on diagnosis, on state medicine, on the pathology of rare diseases, with occasional articles on climatology and balneology, "but they contain very little indeed that will be helpful to the physician, whether young or old, who is concerned with internal medicine." The editors seem to take it for granted that once a diagnosis is made, prescribing becomes easy. This might be true had the doctor learned the art of prescribing, but where is he to learn

the art? "*Some of the leading colleges have discarded the teaching of materia medica altogether.*"

In the hospital where the young doctor serves as interne for a year in order to gain experience, a formulary is maintained, and he learns to give the prescriptions on this list by number. Of their ingredients he knows little or nothing. The result is that when he begins practice for himself he goes to sea without a compass. Pilots appear in the form of salesmen from the pharmaceutical houses, each with specialties to exploit, and he takes them on.

Other medical writers have made complaint along the same line, one of them having relieved his feelings in the following forceful words: "Those

who dominate today require of a graduate two very valuable requisites: they must be able to make a diagnosis and they must know pathology and be able to make an autopsy so as to confirm their diagnosis. But treat diseases, cure the sick, relieve pain and suffering—nonsense! What true scientist cares for such rot?"

To one outside the medical profession it would appear that the medical journals and medical colleges, having observed the growing popular sentiment for non-drug therapy, are climbing on the band-wagon, while those whose words are quoted above are reactionary voices crying in the wilderness. No less an authority than the great Osler was among those of the drug therapists who came to realize the worthlessness of most drugs. In his article on "Medicine" in the *Encyclopedia Americana*, (Vol. X, page 612) he wrote:

"But the new school does not feel itself under obligation to give any medicine whatever, while a generation ago not only could few physicians have held their practice unless they did, but few would have thought it safe or scientific. Of course, there are still many cases where the patient or the patient's friends must be humored by administering medicine, or alleged medicine, where it is not really needed and indeed often where the buoyancy of mind which is the real curative agent, can only be created by making him wait hopefully for the expected action of medicine; and some physicians still cannot unlearn their old training. But the change is great.

"The modern treatment of disease relies very greatly on the so-called natural methods, diet and exercise, bathing and massage, in other words, giving the natural forces the fullest scope by easy and thorough nutrition, increased flow of blood and removal of obstructions to the excretory systems or the circulation in the tissues.

"One notable example is typhoid fever. At the outset of the 19th century it was treated with 'remedies' of the extremest violence, bleeding and blistering, vomiting and purging, antimony and calomel, and other heroic remedies. Now the patient is bathed and nursed and carefully tended, but rarely given medicine. There was but one conclusion to draw, that most drugs had no effect whatever on the diseases for which they were administered."

Words like the foregoing, coming as they do from a man of international reputation whose authority is unquestioned, strongly fortify the teachings of the late Andrew Taylor Still. Some of the latter's followers who have not thoroly absorbed the therapeutic principles he taught, are prone to take up the drug fetish which in the test of time has been found wanting and is being forsaken by its own exponents. In extenuation it may be said that there are at least two factors operating to cause osteopaths to become votaries of the drug idol: a tendency to revert to the type of our ancestors who had an unwavering faith in drugs, and the innate human trait of wanting something else than what we have. This latter peculiarity has been known to appear in medical doctors and cause them to look with longing eyes at the osteopathic profession.

In conclusion it may be said that one of the fundamental differences between drug therapy and osteopathy is that the more knowledge one has of drugs the less is his confidence in them; while the greater one's knowledge of osteopathy, the greater his confidence in it.

Forcing osteopaths to take examinations given by allopaths is like forcing engineers to take examinations given by druggists. The Osteopathic Act provides that osteopaths shall be examined by osteopaths.

SPEAKER'S BUREAU APPOINTMENT WEEK

In his "President's Message and Proclamation" printed on another page of this issue, Dr. Forbes has designated the week of August 6 to 12 as "Speaker's Bureau Appointment Week." The importance of having our own speakers present our case before as many organizations as possible cannot be too strongly emphasized. The campaign against us will be made up

largely of untruths, and the people will believe those untruths if they hear nothing to the contrary. Any unbiased organization which hears both sides of the case will approve the Osteopathic Act. It behooves us to put forth every effort to see that our case is presented fairly to the people. If we do this, we need have no doubt as to what the result will be November 7.

FOREWARNED IS FOREARMED

The following letter was sent to all members of the Los Angeles County Medical Association and similar letters probably have been sent to all members of the State Medical Society. Note the gloating tone with which these politico-medics announce that they have won in previous contests with us. Note particularly that they boast of success in their campaign to close the hospitals to us.

The decisive battle in the war for osteopathic independence will be fought November 7. The "we won" placards to be displayed November 8 must be in osteopathic and not in allopathic offices:

From: The Southern members of the Executive Committee of the League for the Conservation of Public Health.

To: Members of the Medical Profession.

Dear Doctor:

The League for the Conservation of Public Health has demonstrated its efficiency and its value. In every contest with the foes of scientific principles, it has won the verdict both in the many cases tried before the legislature and in those that have been taken to the people by initiative or referendum. Its conservative work in the hospital betterment movement is unparalleled. The League deserves the membership, the co-operation and the unstinted support of every repu-

table doctor in California.

The members of the League's Executive Committee on Hospitals and Medical Education, and many of the members of the League have contributed their time and funds in this service, and have built up an efficient organization to serve not only the public but also to serve you. This has been done willingly and cheerfully because of the vision before them of a great service to be performed by the League. This service has scarcely begun—the greatest work and the hardest battles lie in the future.

We cannot continue this fight without adequate equipment, which means adequate funds, and we appeal to you not only for your membership and co-operation but also to provide us with "the sinews of war." The indications are that there will be six initiative measures on the ballot next fall, all of which it will be necessary for the League to oppose.

Enclosed is a League Membership and Pledge card. We ask you to sign it, and, if possible, return it at once with a check for your 1921 subscription attached to Dr. Walter Brem, 1003 Pacific Mutual Building, Los Angeles. Make your check payable to "The League for the Conservation of Public Health." The Executive Committee has determined that the annual dues shall be \$25.00.

Many members have signed another pledge, contributing \$25.00 yearly for three years, the sum of 120.00 yearly or \$10.00 monthly for three years. This pledge should be signed by at least 150 doctors in Los Angeles County.

(Continued on Page 37)

Osteopathic League

700 Grant Building
Los Angeles

1275 Flood Building
San Francisco

Purpose: To obtain justice for osteopathy without doing injustice to any other system.

| | |
|-------------------------------|----------|
| Life Membership | \$100.00 |
| Sustaining Membership | 25.00 |
| Contributing Membership | 10.00 |
| Campaign Membership | 1.00 |

Six months subscription to the Western Osteopath is included in all memberships.

Every citizen who values his right to choose his own doctor, should join this league and actively support the passage of the Osteopathic Act, Number 20 on the November ballot.

Send contributions and dues to either address given above.

Ellis Purlee, President
Carolyn Dryer, Secretary-Treasurer

OSTEOPATHY VS. MASSAGE

Osteopathy is not massage. The rubbing and patting of the masseur have no place in osteopathic practice: in fact many of the principal rules of massage are positively prohibited in the osteopathic treating room. Osteopathy does not embrace massage and masseurs do not employ the principles of osteopathy. Osteopaths and masseurs both use the hands, but outside of this fact there is not the slightest similarity. The rubbing and patting of the masseur are applied to all cases alike, without any knowledge of the human machinery, and with no hope of benefit save that the same process seemed to have benefited a similar case. Every movement made by the osteopath is directed by his knowledge of anatomy and physiology. When he places his trained fingers upon the body, it is to correct directly or assist nature in correcting some mechanical disorder that is hindering the natural processes of the animal mechanism. He knows just what he hopes to accomplish by every move; the particular artery, nerve or vein he is endeavoring to free, or the bone, muscle or ligament he has restored to its normal position. There is none of this in massage; the masseur hopes to benefit by vigorously rubbing and stirring up the surface of the body. The osteopath uses his hands for a vastly different purpose. As a skilled machinist would go to work restoring harmony to a disordered engine, so the osteopathic fingers are taught to line up the human mechanism. It is a mistake to class osteopathy with massage.

The principles of the science can be comprehended only by those who are thoroly familiar with anatomy and physiology; and even to those competent to grasp its principles, osteopathic practice can not be explained in print or by word of mouth.

A clear, practical knowledge of the system can be gained only by actual practice under the direction of a competent instructor.

—*The Osteopathic Magazine.*

NEW LOCAL SOCIETIES

During the year 1921-1922, two new local societies were born in California, both of them being scions of the Bay Osteopathic Society. The first was the East Bay Osteopathic Society, including Berkeley, Oakland and Alameda; the second was the San Jose Osteopathic Society, including San Jose, Palo Alto, Watsonville and Santa Cruz. This gives California a total of thirteen local societies. The complete list is as follows:

Sacramento Valley.
 Bay.
 East Bay.
 San Jose.
 San Joaquin Valley.
 Tri-Counties.
 Los Angeles.
 Pasadena.
 Long Beach.
 Orange County.
 Riverside-San Bernardino.
 San Diego.
 Imperial Valley.

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Eye, Ear, Nose and Throat

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California

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Surgery a Specialty

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Portland, Oregon

COMPLETE TEXT OF THE OSTEOPATHIC ACT

Following is the complete text of the Osteopathic Act, an initiative measure which will be number 20 on the ballot at the general election, November 7, 1922:

AN ACT TO ESTABLISH a Board of Osteopathic Examiners, to provide for their appointment, and to prescribe their Powers and Duties; to regulate the examination of Applicants, who are Graduates of Osteopathic Schools, for any form of certificate to treat Disease, Injuries, Deformities, or other Physical or Mental conditions; to regulate the practice of those so licensed, who are Graduates of Osteopathic Schools; to impose upon said Board of Osteopathic Examiners all Duties and Functions, relating to Graduates of Osteopathic Schools, holding or applying for any form of certificate or license, heretofore exercised and performed by the Board of Medical Examiners of the State of California under the provisions of the State Medical Practice Act, approved June 2, 1913, and acts amendatory thereof.

The People of the State of California do enact as follows:

Section 1. A self-sustaining Board of Osteopathic Examiners to consist of five members and to be known as the "Board of Osteopathic Examiners of the State of California" is hereby created and established. The governor shall appoint the members of the board, each of whom shall have been a citizen of this State for at least five years next preceding his appointment. Each of the members shall be appointed from among persons who are graduates of Osteopathic schools who hold unrevoked licenses or certificates to practice in this State. The governor shall fill by appointment all vacancies on the board. The term of office of each member shall be three years; provided, that of the first board appointed, one shall be appointed for one year, two for two years, and two for three years, and that thereafter all appointments shall be for three years, except that appointments to fill vacancies shall be for the unexpired term only. The governor shall have power to remove from office any member of the board for neglect of duty, for incompetency, or for unprofessional conduct. Each member of the board shall, before entering upon the duties of his office, take the constitutional oath of office. All fees collected on behalf of

the Board of Osteopathic Examiners and all receipts of every kind and nature, shall be reported at the beginning of each month for the month preceding, to the State Comptroller and at the same time the entire amount must be paid into the State treasury and shall be credited to a fund to be known as the Board of Osteopathic Examiners contingent fund, which fund is hereby created. Such contingent fund shall be for the use of the Board of Osteopathic Examiners and out of it and not otherwise shall be paid all expenses of the board. Necessary traveling expenses and a per diem of not to exceed ten dollars (\$10.00) for each day of actual service in the discharge of official duties may be paid each member of the board, provided the fees and other receipts of the board are sufficient to meet this expense.

The governor shall appoint the members of said board within thirty days after this act takes effect. The board shall be organized within sixty days after the appointment of its members by the governor by electing from its number a president, vice-president and a secretary who shall also be the treasurer, who shall hold their respective positions during the pleasure of the board. The board shall hold one meeting annually beginning on the second Tuesday in January in the city of Sacramento with power of adjournment from time to time until its business is concluded. Special meetings of the board may be held at such time and place as the board may designate. Notice of each regular or special meeting shall be given twice a week for two weeks next preceding each meeting in one daily paper published in the city of San Francisco, one published in the city of Sacramento, and one published in the city of Los Angeles which notice shall also specify the time and place of holding the examination of applicants. The secretary of the board upon an authorization from the president of the board, or the chairman of the committee may call meetings of any duly appointed committee of the board at a specified time and place and it shall not be necessary to advertise such committee meetings. The board shall receive through its secretary applications for certificates to be issued by said board and shall, on or before the first day of January in each year transmit to the governor a full report of all its proceedings together with a report of its receipts and disbursements.

The office of the board shall be in the city of Sacramento. Sub-offices may be established in Los Angeles and San Francisco and such records as may be necessary may be transferred temporarily to such sub-offices. Legal proceedings against the board may be instituted in any one of said three cities.

The board may from time to time adopt such rules as may be necessary to enable it to carry into effect the provisions of this act. It shall require the affirmative vote of three members of said board to carry any motion or resolution, to adopt any rules, pass any measure or to authorize the issuance or the revocation of any certificate. Any member of the board may administer oaths in all matters pertaining to the duties of the board and the board shall have authority to take evidence in any matter cognizable by it. The board shall keep an official record of its proceedings, a part of which record shall consist of a register of all applicants for certificates under this act together with the action of the board upon each application.

The board shall have the power to employ legal counsel to advise and assist it in connection with all matters cognizable by the board or in connection with any litigation or legal proceedings instituted by or against said board and may also employ inspectors, special agents and investigators and such clerical assistance as it may deem necessary to carry into effect the provisions of this act. The board may fix the compensation to be paid for such services and may incur such other expense as it may deem necessary; provided, however, that all of such expense shall be payable only from the said fund hereinbefore provided for and to be known as the Board of Osteopathic Examiners Contingent Fund.

Every applicant for any form of certificate shall pay to the secretary-treasurer of the board the fees prescribed by law. Every licensee, or certificate holder, subject to the jurisdiction of this board, shall on or before the 1st day of January of each year pay to the secretary-treasurer, the annual tax and registration fee prescribed by law.

Section 2. All persons who are graduates of Osteopathic schools and who desire to apply for any form of certificate mentioned or provided for in the State Medical Practice Act, approved June 2, 1913, and all acts amendatory thereof, shall make application therefor, to said Board of Osteopathic Examiners and not to the Board of Medical Examiners of the State of California. The Board of Osteopathic Examiners in respect to graduates of Osteopathic schools, applying for any form of certificate men-

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It makes no difference whether your practice is \$5,000 or \$20,000 per annum it can be doubled with the right propaganda back of it.

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THE ACID TEST

Here is the sort of letter we receive every day from some satisfied customer:

Little Rock, Ark., May 26, 1922

Dear Bunting Publications, Inc.:

My records show I have mailed an average of 1,300 magazines per month for the past eight months. Although I have been practicing for seventeen years I have had the largest cash receipts in October, December, January, February and March that I have ever had in the same months in any year since I have been in practice. A few days more will tell whether May also goes over the top or not. There are about 9,000 residence telephones listed in the directory here and I expect to increase my mailing list to 1,500 magazines a month.

C. A. DODSON, M. D., D. O.

YOU'RE NEXT

What others are doing YOU can do too. If you don't know how to begin we'll show you. It will be a pleasure to help you move up into the king row of practice.

**THE BUNTING
PUBLICITY SERVICE
for OSTEOPATHS**

WAUKEGAN, ILLINOIS

tioned or provided for in the State Medical Practice Act, approved June 2, 1913, and all acts amendatory thereof, is hereby authorized and directed to carry out the terms and provisions of the State Medical Practice Act, approved June 2, 1913, and all acts amendatory thereof, and all laws hereafter enacted prescribing and regulating the approval of schools, the qualifications of applicants for examination for any form of certificate, the applications for any form of certificate, the admission of applicants to examinations for any form of certificate, the conduct of examinations, the issuance of any form of certificate, the collection of fees from applicants, the collection of an annual tax and registration fee, the compilation and issuance of a directory, the revocation of any form of license or certificate, the prosecution of persons who attempt to practice without a certificate and all other matters relating to the graduates of Osteopathic schools, holding or applying for any form of certificate or license. Every applicant to said Board of Osteopathic Examiners for any form of certificate shall pay to the secretary-treasurer of the board the fees prescribed for such application by said State Medical Practice Act, approved June 2, 1913, or any acts amendatory thereof or laws hereafter enacted. Said Board of Osteopathic Examiners shall, in respect to all the matters aforesaid, relating to graduates of Osteopathic schools, applying for or holding any form of certificate or license, take over, exercise and perform all the functions and duties imposed upon and heretofore exercised or performed by the Board of Medical Examiners of the State of California under the provisions of the State Medical Practice Act, approved June 2, 1913, and acts amendatory thereof. The provisions of said State Medical Practice Act, approved June 2, 1913, and acts amendatory thereof are hereby declared to be applicable to said Board of Osteopathic Examiners in respect to all of the aforesaid matters and all other matters now or hereafter prescribed by law relating to the graduates of Osteopathic colleges holding or applying for any form of certificate or license. In no other respects than as herein provided shall the jurisdiction, duties or functions of said Board of Medical Examiners of the State of California be in any wise limited or changed; nor shall the Board of Osteopathic Examiners have any power or jurisdiction over the graduates of any other than Osteopathic schools. From and after the time of the organization of the Board of Osteopathic Examiners said Board of Medical Examiners of the State of California, shall have no further jurisdiction, duties or functions with respect to graduates of Osteopathic schools holding or applying for any form of certificate or license and the said jurisdiction duties and functions shall be assumed and performed by said Board of Osteopathic Examiners.

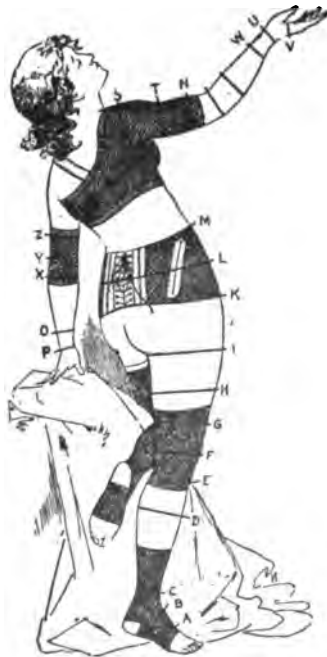
Section 3. This act shall be known and cited as the "Osteopathic Act."

Do you read magazines, or do you have them on your reception room table? Read the offer on page 6.

Elastic Hosiery

Abdominal Supporters

made to order from fresh, live rubber, by competent workmen, giving you a perfect fit and fresh durable goods.



KENISTON & ROOT

418 W. 6th St., Los Angeles, Cal.

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ARE MEDICS HONEST?

The medical profession cannot consistently and honestly oppose a separate examining board for osteopaths. The last legislature attempted to pass a law which would have placed the administration of the medical law in the hands of a layman. The object of the proponents of this bill was to guarantee a fair administration of the law for all systems. Medical doctors by the hundreds flocked to Sacramento to convince the legislature and the Governor that medical doctors were the only persons who were competent to administer the law for medical doctors. The dentists, optometrists and veterinarians also appeared at Sacramento to argue that the administration of the law for these professions should be left in the hands of members of each profession. The arguments used by the medical doctors,

dentists, veterinarians and optometrists to convince the last legislature that their laws would be more intelligently administered if left in their own and the Governor's hands than they would be by a layman are precisely the reasons why an osteopathic board is necessary to intelligently and fairly administer the law for osteopaths. Will these professions be honest enough and consistent enough to favor the Osteopathic Act? The dentists, veterinarians and optometrists probably will. The medical doctors are so blinded by prejudice and moved by self-interest that they will fight to retain the monopoly they now have. Indeed, they would gladly extend their jurisdiction to include optometrists, veterinarians and dentists under their control and power.

Will Nov. 7th, 1922, be Osteopathy's Independence Day in California?



LISTERINE

A Non-Poisonous, Unirritating, Antiseptic Solution

Agreeable and satisfactory alike to the Physician, Surgeon, Nurse and Patient. Listerine has a wide field of usefulness and its unvarying quality assures like results under like conditions.

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- As a gargle
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Operative or accidental wounds heal rapidly under a Listerine dressing, as its action does not interfere with the natural reparative processes.

The freedom of Listerine from possibility of poisonous effect is a distinct advantage, and especially so when the preparation is prescribed for employment in the home.

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(Continued from Page 30)

It has already been signed by 50. We urge you to consider your position carefully and if you can do so with justice to yourself indicate to us your willingness to contribute the above amount.

The League pledges are made for three years in order that we may know what the League can count on and to save the time, energy, clerical cost and annoyance of a yearly campaign.

GRANVILLE MACGOWAN, [M. D.]
Vice-President.

W. T. McARTHUR, [M. D.]
Secretary.

WALTER V. BREM, [M. D.]

The passage of the Osteopathic Act will in no particular affect medical doctors. The act provides specifically that from and after its passage the Osteopathic Board shall assume full jurisdiction over the graduates of osteopathic schools but that it shall have no jurisdiction or power over the graduates of any other system. The act also provides that the powers and jurisdiction of the Medical Board shall not be changed in any particular save that they shall have no jurisdiction over the graduates of osteopathic schools.

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DR. EVA KATE COFFEY

Osteopathic Physician

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OSTEOPATHIC ADVERTISING IN CURRENT MAGAZINES

The Society for the Advancement of Osteopathy announces that the next magazine advertisements on osteopathy will appear in the *Cosmopolitan*, *Atlantic Monthly*, *Century*, *Harpers*, *Review of Reviews*, *Scribners*, and *World's Work*. The *Cosmopolitan* advertisement will be two-thirds of a page; the others will be full pages.

The advertisement which will appear simultaneously in the above group of magazines is illustrated with a handsome pen drawing. It carries the word **OSTEOPATHY** in bold face type at the top, and should make a strong appeal.

As additional media (to be used as soon as sufficient funds can be raised) *The American Magazine* and *Pictorial Review* have been secured. All of the magazines mentioned have written that they will *accept* and *complete* a schedule of advertising for osteopathy.

Office Phone
647-65

Residence Phone
Hollywood 8634

DR. JAS. T. BEST

Osteopathic Physician

533-535 Mason Building, 4th and Bdwy.
Hours: 9 to 12; 1:30 to 5 Los Angeles

Telephone 63532

Res.: 332 South Morton Ave. Phone 568060

DR. IDA BELLE STOCKWELL

304 Mason Building

Office Phones
62504; Pico 2526

Residence Phone
Wilshire 3535

DR. ELIZABETH A. McLAUGHLIN

Osteopathic Physician

600 Black Bldg, 4th and Hill Los Angeles

Office: Main 1277

Res.: South 2874

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Following the recent scientific work with *B. Acidophilus*, many prominent physicians report favorably the use of this organism for intestinal transplantation. We are prepared to supply these cultures, fresh, direct to the patient, upon order, under the same conditions as our well known culture of *B. Bulgaricus*.

THE VITALAIT LABORATORIES

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767 Flood Building, San Francisco

320 W. Colorado St., Pasadena

PERSONALS

Dr. Charles H. Spencer was one of a party which left Los Angeles Harbor July 18 on the motor yacht *Gypsy Maid* for a fishing trip down the west Mexican coast. The party will be gone five or six weeks. Dr. Spencer's absence from Los Angeles will be keenly felt, but those who know how unremittingly he has "carried on" in his capacity as State Chairman of Legislation while at the same time carrying a heavy practice, know how thoroly he has earned a vacation and the opportunities for rest and recreation that go with it.

Dr. Gw'adys M. Morgan of San Diego left July 8 for a three-months vacation trip to England, Wales, and continental Europe.

Dr. F. F. Woodruff of Denver is now located in suite 635-638 Majestic Building, Sixteenth and Broadway, Denver.

Office Phone
66787

Exchange Bdwy. 7825
Res. Phone: West 3025

DR. J. E. COPE
Osteopathic Physician

817 Baker-Detwiler Bldg., 412 W. 6th St.
Res.: 2222 W. 21st St. Los Angeles

Office Hours: 10 to 5 Office Phone 66767
Evenings at Res. Residence 73505

DR. VANCE J. HOYT
General Practice

Office: 818 Baker-Detwiler Bldg.,
412 West Sixth Street
Res.: 2837 S. Rimpau, West Adams Park

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Osteopathic Obstetrician

530 Auditorium Building
Phone 66267 Los Angeles



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Diseases of the liver, kidney, stomach and intestinal tract, malnutrition, eliminative and metabolic disturbances successfully treated through Milk Diet, Osteopathic Adjustments, Therapeutic Exercises, Hydro- and Thermo-Therapy, Heliotherapy and other remedial measures.

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Everything for the Profession at

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SURGICAL INSTRUMENTS AND SUPPLIES

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ABDOMINAL BELTS AND SURGICAL CORSETS FITTED BY AN EXPERT

OSTEOPATHS HOLD MEETING IN SAN JOSE

The regular monthly meeting of the Bay Osteopathic Society was held in San Jose at the Y. W. C. A. Saturday. A delicious banquet was partaken of by osteopathic physicians from San Francisco, Oakland, Santa Cruz, Watsonville, Pacific Grove, Chicago, Oklahoma and San Jose. Dr. F. O. Edwards of San Jose presided.

A short business session was held during which Dr. Vanderburgh presented the facts concerning initiative measure No. 20 to be voted on next November. It in no way changes the law or attempts to do so, but requires that that part concerning osteopaths be administered by an osteopathic board which should give all examinations to osteopathic applicants. The present law requires four years high school, one year college work in biology, chemistry and physics and a four-year professional course. This board would be financially supported by the license fees and fines and in no way be an expense to the state.

An exceedingly interesting paper was read by Dr. Helen H. Shelley on "Better Eyesight Without Glasses." The use of glasses in most cases pre-

vents rather than aids in recovery from the abnormal condition impairing vision, she said.

The muscles of the eye rather than the crystalline lens are responsible for imperfect vision and the proper treatment and exercise of same will in most cases restore normal sight, according to her statements.

The method is a new one which restores the eyes to its normal functioning without the use of glasses. Dr. Shelley herself has discontinued the use of glasses as a result of this system, normal sight being restored.

Glasses should never be worn by children to relieve headaches or eyestrain, but instead the cause of the eyestrain should be removed, she explained.

Dr. W. H. Metherell of Watsonville presented a clinic and an instructive paper on nose and throat conditions, describing in detail how the general health is impaired by infection and structural abnormalities in this region. He outlined treatment and differentiated between operative and non-operative cases.

Dr. E. C. Brann, in charge of the eye, ear, nose and throat department of the Southwestern Osteopathic San-

SPENCER REJUVENO CORSETS and BELTS

Spencer Supports for post-surgical operations, visceral ptoses, obesity, floating kidney, intestinal stasis, ventral or umbilical hernia, sacro-iliac strain, orthopedic appliances, etc.

EXPERT FITTER WITH GRADUATES' DIPLOMA IN CHARGE OF OFFICES

H. A. BROWN

M. C. JAKUES

SPENCER AND MASTER MODEL CORSETS

Surgical Supports and Belts. BROWN & SPENCER CORSET SHOP.
Phone 14570 Room 721 Brockman Bldg., Los Angeles 520 Seventh St.

itarium of Blackwell, Okla., in discussing the paper, emphasized the importance of finger surgery and other osteopathic treatment in connection with operative cases.

Dr. H. H. Fryette, Professor of Principles of Osteopathy in the Chicago College of Osteopathy, gave a unique demonstration for correcting innominate and lumbar spinal lesions. *San Jose Mercury Herald, June 19, 1922.*

VOTE YES

ON THE

OSTEOPATHIC ACT

Number 20 on the Ballot

November 7, 1922

**WESTLAKE CLINICAL
LABORATORY**

1645 Ingraham St., Los Angeles
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Dr. Ann Perry Miss Irene Rule

All laboratory tests made, including Basal Metabolism

Specimens called for, or may be sent thru mails

WHY

The Milk Cure?

Every patient treated osteopathically

Ask The Moore Sanitarium

328 Hawthorn at 27th

PORTLAND

OREGON

(From Philadelphia Public Ledger, April 30, 1922)

**NEW 'SHAKE - DOWN' TREATMENT
IS EXPLAINED TO OSTEOPATHS**

New York Practitioner Tells Shore Convention of Efficiency in Abdominal Cases

Atlantic City, April 29.—Standing a patient on his head and shaking him in the manner which a wife sometimes treats her husband's trousers, when looking for money, has proven to be an efficacious treatment for prolapsed and misplaced abdominal and pelvic organs, according to a paper read before the annual convention of the Eastern Asteopathic Association in the Chalfonte-Haddon Hall today by Dr. William West, a New York specialist.

Dr. West, who is the discoverer of the new "shake-down" treatment, has named it the "oscillatory-gravity treatment" and claims to have achieved remarkable results. The treatment, he explained, is the utilization of gravity plus motion and is a scientific development of the postural treatment of the body reversal.

He now positively asserts that the single plane body reversal is only palliative and is restricted to a narrow field of mildly complicated digestive and nervous disorders. When carried on persistently, he says, it is capable of actual harm to the heart, ears and even digestive tract itself.

"The oscillatory gravity treatment" is taken with the patient lying on an appliance called the gravitiser, which is so constructed as to permit a gradual body reversal to progressive degrees of the gravitational influence and has a mechanism allowing a quick return to the horizontal required.



THE WEST GRAVITISER CORPORATION

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NEW YORK

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POST-GRADUATE COURSE AT CHICAGO COLLEGE

The Chicago College of Osteopathy announces a special post-graduate course, to be given September 11 to 23, 1922. The course will be conducted for the benefit of physicians who wish to devote two weeks to study in order to acquire additional information, to familiarize themselves with the latest advances in their profession, to gain new ideas, to broaden their outlook, and to improve their methods.

Included in the list of professors and instructors and their subjects are Dr. Carl P. McConnell, Osteopathic Technique; Dr. H. H. Fryette, Spinal and Sacro-Iliac Technique; Dr. J. Deason, Eye, Ear, Nose and Throat; Dr. A. A. Gour, Osteopathic Gymnastics and Orthopedics; Dr. Hugh W. Conklin, Epilepsy and Diabetes; Dr. E. S. Comstock, Acute and Infectious Diseases; also other doctors and subjects.

Only graduates of osteopathic colleges recognized by the American Osteopathic Association are eligible to take the course.

Stimulates the recuperative forces by improving nutrition



Avoid imitations

Promotes convalescence

For many years Horlick's Malted Milk has proved its entire satisfaction in cases requiring a prescribed or modified diet, as in nervous, anaemic and digestive disorders, prevalent diseases, infant feeding, and for expectant and nursing mothers.

Sustains and refreshes the operator after tedious treatments.

Samples and printed matter prepaid

HORLICK'S MALTED MILK CO.
RACINE, WIS.

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**Wall Street, between Temple and Dakota Avenues
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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—Ear, Nose and Throat, Obstetrics and Constitutional Diseases, also Digestive and Nervous Disorders.



A LETTER

Los Angeles, July 26, 1922.

Dear Doctor:

I am so anxious to do all I can to help make November 7, 1922, Osteopathy's Independence Day in California. I *know* what a struggle we had in Iowa. My brother, wife and two sons live in San Gabriel, all voters and more than willing to help this great, good cause. I talked to them and brought it to their notice. My sister-in-law is a long-time member of the "Friday Morning Club" and she promised me to work for us there. Please send me printed material. I have a number of friends here and they will help too. I expect to return to Iowa in a few weeks and I hope and pray if I return again California will possess an Osteopathic State Board. With best wishes,

Sincerely,

(Mrs.) A. M. E. LEFFINGWELL, D. O.

PROFESSIONAL CARDS

Pico 2526; 62504 Res. Phone West 1836

DR. DWIGHT R. MASON

Osteopathic Physician

Hours by Appointment

600 Black Bldg., Fourth and Hill Sts.

EDWARD T. ABBOTT, D. O.**WADE H. MORRIS, D. O.****ZELDA SHELDON, D. O.**

Physicians and Surgeons

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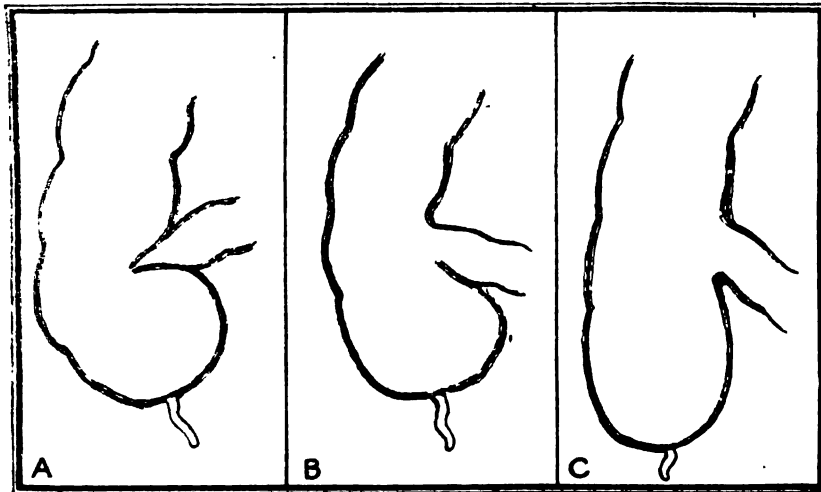
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MACON, MISSOURI

The pioneer osteopathic institution devoted solely to the treatment of mental and nervous diseases; an institution that has proved the value of osteopathic treatment in these cases.



A. Normal Ileocecal Valve.

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Reproduced from "Colon Hygiene," by J. H. Kellogg, M. D.

The incompetent ileocecal valve and Petrolatum Liquidum

A noted authority, whose observations have covered hundreds of cases, states that aside from routine measures, the regular use of liquid petrolatum is the most effective means of combating incompetency of the ileocecal valve. Medicinal laxatives increase the antiperistalsis by which the reflux from the colon into the small intestine is increased. Liquid Petrolatum increases the motility of the small intestine, but does not increase antiperistalsis.

To find a viscosity which would give Nujol its greatest efficacy, its makers conducted exhaustive research and clinical test. Consistencies were tried, ranging from a thin fluid to a jelly. The viscosity finally adopted is the one best suited to human requirements and is in accord with the opinion of the highest medical authorities.

That the value of Nujol to the medical profession is generally recognized is attested by its use by physicians and in hospitals the world over. Sample and authoritative literature dealing with the general and specific uses of Nujol will be sent gratis.

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Guaranteed by Nujol Laboratories, Standard Oil Co. (New Jersey)

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**A New Modern Forty-two Room Structure
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**OSTEOPATHIC—ORTHOPEDIC—SURGERY
GYNECOLOGY—NOSE AND THROAT, ETC.
PLUS X - RAY AND LABORATORIES.**

For further information address

DR. GEO. M. LAUGHLIN, KIRKSVILLE, MO.

The "Osteopathic Act" does not in any particular change the health laws of the state. These laws are administered by the State Board of Health. All physicians of all schools are under the jurisdiction of the Board of Health and must conform to its rulings. The Board of Health must not be confounded with the Board of Medical Examiners. The Medical Board performs no public health function whatever and it has nothing to do with enforcing

the health laws of the state. It is merely a licensing board. It is competent to examine and license medical doctors. It is not competent to intelligently examine osteopaths.

Office and Res. Phones

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Including Children's Diseases

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Table, nor can we convince all of them
that the table really has merit.**

BECAUSE:

"The earth is flat"

"The sun goes round the earth"

"Iron ships can't float"

"Aeroplanes will never fly" •

"Wireless telegraphy is a crazy lie"

"McManis tables are just ornaments"

But:

**WHY FEEL THAT WAY ABOUT IT, when over TWO
THOUSAND Osteopaths are wearing the leather off their tables
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Write for information today

McMANIS TABLE COMPANY

KIRKSVILLE, MISSOURI, U. S. A.



Protect the Babies
from
Dangerous Infection
By Prescribing
DENNOS

In preparing the Dennos Modification dangerous germs, that might be present in the milk, are killed. Dennos adds vital food elements to the milk mixture that build strong bones, sound teeth and solid muscles, (not flabby fat).

SAMPLES TO THE PROFESSION ON REQUEST

Dennos Food Co. of Portland

P. S.—The recent epidemic of Septic Sore Throat in Portland, Ore., causing 14 deaths and traced to infected milk as its source, should be a warning to those prescribing milk formulas for infants and invalids. The Dennos Modification is SAFE. Prescribe it.



Dr. D. W. RIESLAND

707 PALLADIO BUILDING

DULUTH, MINN.

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Try your **CHRONIC CASES**, your cases that do not respond to your best efforts, on this machine daily for **TWO WEEKS**, and you will feel just as Dr. George Starr White of Los Angeles does about it, when he says:

"If physicians knew one-half of the good that can be accomplished by using your traction couch, you could not fill the orders for them. I am more than delighted with my traction couches gotten from you."

Dr. Ethel E. Murphy, of Chicago, Ill., says:

"We are delighted with our couch, it gets results for our patients, and money for us."

THE RIESLAND makes your service to your community greater, and gives you a return on that service.

It is a sound investment.

The technical information which in pamphlet form accompanies every couch, greatly increases the value of the couch to you, and in its application will be worth many times the cost of the couch.

PROVE IT FREE

We will send any physician in the United States a Riesland Therapeutic Traction Couch

FREE OF CHARGE FOR TWO WEEKS TRIAL

Write for our two weeks free trial plan.

Clinical osteopathy, 3

THE WESTERN OSTEOPATH

"TO YOUR HEALTH"



*Does This Mean
Anything?*

173
SEPTEMBER, 1922

A New School



In reality, a new school has risen on the grounds of the old one.

If one who has memories of the appearance of the old building in the fall of '21 could suddenly be confronted with the same location at the present time, the truth of the above statement would be apparent.

Changes, outside and inside, have so altered the appearance and efficiency of the old plant that virtually one may say, "A new school."

The opening date, September 11, will see, undoubtedly: the enrollment of the banner class since war times; a reorganized faculty; a better organization in every way possible; and a greater unity in professional ideals of those most directly concerned with college work. Emphasis on osteopathic thought and ideals is the key note of the new organization.

Much favorable comment was heard during and after the Convention, on the completeness and efficiency of equipment, particularly in regard to the practical advantages presented to our students.

College of Osteopathic
Physicians and Surgeons

721 South Griffin Avenue Los Angeles, California

SUMMER TIME IS DIONOL TIME

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It contains no drugs. It is used externally only. But its efficiency in dermatitis, ulcers, hemorrhoids, skin eruptions, styes, tonsillitis, cuts, bruises, etc., can be easily demonstrated by clinical trial.

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Owing to the increased interest shown by physicians on the Coast in Dionol and Iodized Dionol, we have determined to reciprocate by placing both of these valuable products at their disposal at the same price as obtains in the East. On and after July 1st, 1922, we will withdraw the discriminating—"\$1.00 per dozen extra west of Denver," and the following standard prices will obtain on all Coastal shipments:

Plain Dionol—Jars or Tubes, \$7.25 per dozen.
(Formerly \$8.25 per doz.)

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These prices are for full dozen lots, assorted if desired, transportation prepaid.

We believe that our action will be appreciated not only by all users of Dionol ointment, but by the medical profession at large.

Very truly yours,

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THE WESTERN OSTEOPATH, September, 1922. Vol. 17, No. 3. Published monthly by the California Osteopathic Association at 796 Kensington Road, Los Angeles. Annual subscription, \$2.00. Entered as second-class matter August 28, 1922, at the post office at Los Angeles, California, under the Act of March 3, 1879.

Osteopathic League

700 Grant Building
Los Angeles

1275 Flood Building
San Francisco

Purpose: To obtain justice for osteopathy without doing injustice to any other system.

| | |
|-------------------------------|----------|
| Life Membership | \$100.00 |
| Sustaining Membership | 25.00 |
| Contributing Membership | 10.00 |
| Campaign Membership | 1.00 |

Six months subscription to the Western Osteopath is included in all memberships.

Every citizen who values his right to choose his own doctor, should join this league and actively support the passage of the Osteopathic Act, Number 20 on the November ballot.

Send contributions and dues to either address given above.

DR. T. J. RUDDY OFFICES

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..... (FITTING AND SUPPLYING)

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..... (INCLUDING EQUILIBRIUM)

RHINOLOGY DEPARTMENT
..... ("FINGER METHOD," ETC.)

LARYNGOLOGY DEPARTMENT
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DENTAL SURGERY DEPARTMENT.....
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ALL CASES REFERRED BACK, WITH REPORT, TO OSTEOPATH
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Protect the Babies
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Dangerous Infection
By Prescribing
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In preparing the Dennen Modification dangerous germs, that might be present in the milk, are killed. Dennen adds vital food elements to the milk mixture that build strong bones, sound teeth and solid muscles, (not flabby fat).

SAMPLES TO THE PROFESSION ON REQUEST

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THE WESTERN OSTEOPATH

Vol. 17

September, 1922

No. 3

WOMAN'S CLUB HEARS DEBATE

OSTEOPATHIC INITIATIVE BILL BONE OF CONTENTION—BOTH SIDES REPRESENTED IN PLATFORM BATTLE—QUESTIONS PUT FROM FLOOR ROUSE DISCUSSION

[Under the foregoing heading and sub-headings, the Los Angeles *Times* of September 12 printed more than a column reporting the meeting of the Woman's City Club held the previous afternoon. The greater part of the article is reproduced below.—Editor.]

From the opening sentence of the first speaker to the fall of the gavel for adjournment feeling ran higher and higher throughout the session.

Hisses at intervals, laughter both scornful and amused, prolonged applause from one quarter, dissent from others, threats of breaking the law if certain initiative measures were not passed, loud protests against what was termed the "Autocracy of the drug doctors"—all these and other demonstrations interrupted the talks of the guests from the platform and the remarks of members from the floor. So intense was the interest that twice by overwhelming vote the session was prolonged that the questions and answers might continue.

An apparently harmless, innocent-looking question of debate developed into a matter of life and death. The question was the passage of the Chiropractic and Osteopathic initiative measures to come before the people of California at the next election, and the speakers themselves added to the drama of the afternoon. They were: Dr. Ratledge, favoring the initiative measure in regard to his profession; Dr. H. W. Forbes, osteopath, favoring another initiative measure which will if passed, grant the right to osteopaths to practice without being controlled by a medical board; Dr. Walter V. Brem, representing the League for the Conservation of Public Health, opposing both measures and Mrs. William P.

Cunningham, Christian Scientist, who presided and spoke.

"Why do doctors raise their fee for attendance when a child is born, from \$15 to \$75 in the last few years and then fight against birth control?" was the question of Mrs. D. Van Dyke from the floor, which Dr. Brem answered by saying that the rate for doctors' fees was too complicated to explain in the time allotted to him.

"Why don't you allow osteopaths to practice in the hospitals?" was answered by Dr. Brem with the reminder that only those who had helped build the hospitals and who had had fundamental education to know how to diagnose were safe to practice in hospitals.

"Is it not true that doctors are large shareholders in undertaking parlors throughout California?" was the next shot, which Dr. Brem met with the laughing reply, "I surely am not and I don't know any who are."

OSTEOPATH SPEAKS

Dr. Forbes with his succinct and direct appeal created a favorable impression for the justice of his cause when he said:

"The one and only issue upon which we ask the people to vote is: Shall the existing good medical law, which requires identically the same education and State examination for the osteopaths and the drug doctors, be administered with equal fairness to them and to us.

"No. 20 does not change the existing standards and law. It changes only the administration of this law. It provides simply and only that the Governor and a self-sustaining board

of competent osteopaths selected by him, shall carry out the provisions of the existing, and any future laws, that the Legislature may enact, to regulate osteopathy. All that we ask is a change of venue from a board of drug doctors, to the Governor and a board of osteopaths which must operate without expense to the taxpayers.

"The existing medical practice act is strictly non-partisan. Its administration by the drug doctors is deadly partisan. The osteopathic profession championed the enactment of this law. We left Sacramento in 1913, believing that at last California had a medical law that would govern all systems with impartial justice. The legislature had written into this law a definite standard, requiring of the graduates of both the osteopathic and the drug school that they must have had the same five years of preliminary and four years of specified professional education before they could take the state examination for licenses, and that they must both pass the same examination for licenses to practice.

HOPED FOR END OF FIGHT

"The legislature believed, and we fondly hoped that this law would put an end to the biennial medical fight at Sacramento.

"We were quickly disillusioned. We soon discovered to our sorrow, as many other citizens, under the rule of other boards have discovered, that the law is one thing and its administration by a board is an entirely different thing.

"The board appointed to administer this law was composed of eight drug doctors and two osteopaths. Seven votes rule the board. This board refused to even examine our graduates for the license their education entitled them to receive."

Dr. Brem maintained throughout his talk of rebuttal that those opposing the two measures simply stood for a proper fundamental education for those who had the lives of patients in their hands. When he answered questions and came back to those two words, "fundamental education," he was met by laughter until at last he said calmly:

"I had thought the people were for education, and women particularly. Your laughter shows that you are not. When you are through laughing I will proceed with what I have to say." Then Mrs. Cunningham, with her different sort of calm and decorum, came forward.

"I am sure, Dr. Brem, the members of this club, who are intelligent citizens, are not laughing at fundamental education, but they laugh because during the last few years there has grown such a wide divergence of opinion as to just what is included in fundamental education," and the president received more applause than anyone else at any time. But the applause was something in the nature of applause for a favorite child, ignoring a guest in the house.

20. OSTEOPATHIC ACT — VOTE "YES"

20. OSTEOPATHIC ACT. Initiative. Creates Board of Osteopathic Examiners appointed by the Governor; prescribes powers and duties thereof; authorizes said Board in respect to graduates of Osteopathic schools, to carry out the provisions of Medical Practice Act of 1913, and acts amendatory thereof and issue to them any form of certificate authorized thereunder; confers upon said Board all functions relating to such graduates heretofore exercised by State Board of Medical Examiners; creates contingent fund from receipts under act, requiring compensation of members of Board and of persons appointed thereby, and all expenses incurred under act, to be paid only therefrom.

| | |
|-----|---|
| YES | X |
| NO | |

THIS BOARD WILL NOT COST THE TAXPAYERS A CENT

FROM MILK TO MIXED DIET

How to Start Children on Solid Food

By DR. JENNIE C. SPENCER

A mother said to me not long ago: "I wish someone would write an article about how to feed children; I don't mean how many calories of this and that; we have been caloried to death. What I want to know is how to introduce solid food to my ten months' old baby."

This remark set me to thinking how often we give advice to people in such general terms that it is of little practical value. I shall endeavor in this short article to answer the mother's question.

We begin to introduce some solid foods about the age of nine to ten months. Some orange juice has already been given and the quantity can now be increased; the juice of a medium sized orange diluted slightly and given at intervals during the day may not be too much. The only bad effect may be too frequent urination and if this is noticed decrease the amount. Prune juice can be given and scraped apple is also good. This is a good start for the fruits, and the gradual introduction of cooked fruits should be the only addition until the age of two years. Then all fruits can be introduced in small quantities. At the age of three years a child should be able to relish and digest almost every edible fruit.

One rule is invaluable: Introduce all food IN VERY SMALL QUANTITIES and never allow the child to over-eat of any one thing until the appetite is lost.

The cereals are introduced in this manner: Cream of Wheat is good for the first one. Baby is given not over a dessert-spoonful in some top-milk, making a thin gruel, to which salt

and a small amount of sugar can be added. This is given before his morning feed and his milk follows the feeding of this gruel. Most babies do not object to this change of diet, but some do. Change your cereal frequently, using oatmeal and the various wheat foods that are found in the market. Avoid the use of bran.

Eggs should be introduced gradually into the diet, at first coddled or soft boiled; later served in almost any style. Remember, only a spoonful to begin with.

During this period the baby is being taught to drink milk from a cup. This is apt to be one of the trying times but persistence without the use of too much force is usually rewarded. Sometimes it is necessary to let baby get quite hungry before he sees the wisdom of the cup.

At one year of age, baby should have a program something like this:

6 to 7 A. M.—Small cup of milk.

9 to 10 A. M.—Cereal with milk.

12 to 1 P. M.—Egg, toast, milk.

3 to 4 P. M.—Junket, custard, jello, etc., may be given in small quantity, with a cup of milk.

7 to 8 P. M.—Small cup of milk.

Fruit juices are given in between but no other food.

Giving children crackers, toast, or anything except the fruit juices robs them of the normal appetite for food at the regular time and they will not take the proper amount. If a child complains of hunger before his feeding time increase the quantity of food at the regular time but do not allow eating between meals.

The vegetables should be gradually introduced at the noon meal. Baked potatoes with top milk, puree of peas,

onions, carrots, spinach, and dry beans can all be used at different times.

Remember the rule: **ONLY A SPOONFUL**, put through the sieve and seasoned with either butter or top milk. As the appetite is stimulated add more. Be sure that every vegetable is introduced to the child in this manner for the complaint that you so frequently hear from parents that the child does not care for this or that vegetable, can be entirely avoided if they are given at this age and in this manner.

At the age of 12 to 18 months, begin the use of meat by giving cream chicken gravy on toast. Also let the child have a chicken bone with very little meat on it. Scraped beef made into a ball no larger than a walnut and seared over in a hot pan can be given next. Meat should be given but once a week at first and in small quantities. Gravies can be given at other times, but not too often nor in large quantity.

The digestive tract must be stimulated to develop the capacity to handle a mixed diet. It can only develop this by the gradual introduction of new foods. The sudden introduction of any different food in large quantity or too frequently will produce indigestion. If small quantities are used at first it will stimulate the flow of the necessary digestive juices and the food will be handled without any disturbance. This is the great secret of developing a child into a healthy little animal with an appetite for and the ability to digest a most varied diet. The variety of food introduced into the alimentary tract of the growing child gives each tissue what it needs.

At about 16 to 18 months we begin to add "roughage" in the form of uncooked vegetables, lettuce, celery, scraped raw carrot, raw tomato, ripe olives, and the scraped apple which we have been using. Let not one day

go by when some of these have not been given, preferably with the noon meal.

At 18 months the day's menu should be something like this:

Breakfast, 7 to 8 A. M.—Egg, cooked cereal, milk.

Dinner, 12 to 1 P. M.—Vegetables: Potato or macaroni in milk. Peas, spinach or others of that sort. Lettuce or other roughage. Milk. Meat, only once or twice a week.

Supper, 5 to 6 P. M.—Bread and milk, or prepared breakfast foods, corn flakes, puffed wheat or rice, to give variety. Gradually introduce bread with jelly or jam. Junket, custard or gelatin. Cup of milk, *always*.

A cup of milk or fruit juices can be given after awakening from the afternoon nap, but no solid food.

Where it is possible, keep the child from the table until he has reached the age when the regular family meal can be taken without harm. There is nothing more certain to develop nervous indigestion than the constant "No, baby must not eat that, it will make baby sick." Baby should have given him only food which will not make him sick and fear should not be instilled with his meals.

Many mothers have complained that this method took too much time; that they did not have time to get separate meals for the baby and could not find time to feed him away from the family table. If they will only try it for a time and see to it that regularity of eating, bathing, and sleeping is carried out regardless of the rest of the housework, they will soon discover that more is accomplished because baby is good natured and happy and not fretful and wakeful.

Breakfast is the first meal at which to introduce His Lordship to the family table. This meal soon becomes

very like that of the rest of the family. His heaviest meal should be given near the mid-day until he is of school age.

The child should have his afternoon rest until he is of school age, and beyond that if he is inclined to be nervous. Fatigue plays a large part in many cases of indigestion and undernourishment.

Children, like grown people, do not all consume the same quantity of food. Adults show preferences in the choice of foods. Children will also show likes and dislikes, but the wise mother will bear in mind that a variety of food must be taken to develop the best child physically and mentally. One mother whom I knew allowed her little boy potatoes three times a day to the exclusion of other foods. His abdomen was distended and he was irritable. They finally consulted a physician and when the doctor suggested less potato the mother said that the three-year-old child could not eat anything else. She should have said that he had not been trained to eat anything else.

If the child shows a marked distaste for a certain food, do not force him to eat it but find some other food which contains the same or nearly the same elements and substitute that. Be very sure he is getting the proper amount of each of the essential foods. This is why we have talked so much about calories.

Proteins are contained in milk and meat, in such vegetables as peas and beans, and small amounts in bread and cereals.

Carbohydrates (sugars and starches) in bread, potatoes, rice, cereals, etc.

Fats, in cream, butter, etc.

Mineral salts, in fruits and vegetables.

Roughage, in fruits and vegetables, especially raw.

A child should have a quart of milk a day until he is ten years old. This does not mean that he should drink a quart a day but it does mean that in some form he should have had that much milk.

An active, growing child consumes an "alarming" amount of food, as one mother said to me. It is true, and he must have this "alarming" amount if he is to wax strong.

Simple, well balanced meals should be the aim of every mother. Often I have found the best fed children in the homes of people in modest circumstances. The mother did not divide her attention too much, as often happens in homes of greater wealth.

Nothing should come in the way of giving our children good robust bodies. That should be the one aim of every mother. For out of a healthy body comes a sound mind, and a sound mind is the instrument upon which the soul must express itself. What better work can we do than to keep our attention focused on the proper feeding of our children?

Allow no food faddist to influence you in this regard. A diet of raw foods may suit some individual who has a disturbance of digestion, but it will not grow a healthy boy or girl in this day and age. Mankind has long since left the raw food age and cannot go back to it in one generation. An exclusively vegetable diet may exactly agree with another individual, but don't let him influence you to keep your child on it. The day will come when your child must have a digestion established that will handle all kinds of foods, and upon his ability to adapt himself may depend his success in life. Food should be taken by the child without any thought except "I am so hungry," and "Oh, it is so good."

OSTEOPATHIC ACT

INITIATIVE MEASURE NUMBER 20

Information For Speakers and Voters

By HARRY W. FORBES, D. O.

This act will appear on the November 7th ballot as: "20. Osteopathic Act. Initiative," etc. Those favoring the Act, vote "Yes."

Read carefully the entire Act. If you do not clearly understand every portion of it, write to me at once for information.

Read carefully the "Argument for the Proposed Osteopathic Act." This immediately follows the text of the Act. This argument will be printed and distributed by the state. Many voters will read it. Be prepared to explain or add to this argument.

The following provision of the Act should be clearly known: "All fees collected by the board must be paid into the state treasury and shall be credited to a fund to be designated the "Board of Osteopathic Examiners Contingent Fund, and out of it and *not otherwise* shall be paid all expenses of the board." This board must, therefore, operate without expense to the taxpayers.

Everywhere in this Act where expenses are mentioned it is clearly provided that they must be paid only from the receipts under the Act. No citizen can or will object to the creation of a new board when he learns that the new board can never use a cent of tax money. Especially will he not object when he learns that this board is imperatively necessary to the administration of justice in California.

The following provision is important: "Nor shall the board of Osteopathic Examiners have any power or jurisdiction over the graduates of any other than osteopathic colleges."

The entire Act is embodied in the following provision: "From and after the time of the organization of the Board of Osteopathic Examiners said Board of Medical Examiners of the State of California shall have no further jurisdiction, duties or functions with respect to graduates of osteopathic schools holding or applying for any form of certificate or license and the said jurisdiction, duties, and functions shall be assumed and performed by said Board of Osteopathic Examiners."

The following provision is also important: "Said board shall on or before the first day of January of each year transmit to the Governor a full report of all of its proceedings together with a report of its receipts and disbursements.

This law is to be administered by the Governor and the Osteopathic Board, selected by him. If any one suggests that osteopaths are so different from other people that they would try to lower standards for their own profession, it is sufficient to ask if any one questions the ability of the Governor to find five honest and competent osteopaths. Have the medical doctors, or the dentists or any other profession ever shown any disposition to license incompetents to enter into competition with them?

The passage of this Act is imperatively necessary to the survival of our college and system in California. If osteopathy is to live in California after those of us now licensed are gone, it must be liberated from the power of the medical board which is determined

to exterminate us instead of to regulate us as the legislature intended.

The sole purpose and effect of this Act is to create a self-sustaining Board of Osteopathic Examiners, and to transfer osteopathic colleges and graduates from the power and jurisdiction of the medical licensing board to this Osteopathic Board.

This Act contains no other provisions than those that are necessary to create the self-sustaining Osteopathic Board, specify its power and duties, and decree that it shall have no jurisdiction over the practitioners of any other system.

This act does not change the present standards of education and examination. Therefore, the question of standards is not an issue.

Osteopathic graduates have, since 1907, passed exactly the same examination that all other physicians and surgeons have taken. We have always been willing to meet the same standards that the drug doctors meet, and to be governed by the same law that governs them; but we insist that we are entitled to have this law administered by a board that desires to regulate osteopathy, instead of, as now, by a board that is determined to "suppress" us.

This Act leaves the legislature free to change the required standards and all other requirements of the law at any session, so that the medical profession, or any citizen, who objects to any provision of the existing law may take his case to Sacramento, but cannot urge it as an objection to this Act.

The Board of Medical Examiners in California is merely a licensing board and has nothing whatever to do with the "conservation of the public health" or with any health law or health

matter whatsoever. This point is important because in some states the Board of Health is also the licensing board. The opposition has no sound argument against our bill and will, therefore, try to lead the public to believe that this licensing board performs some public health functions. The sole function of the medical board is to issue and revoke licenses and to prevent unlicensed persons from practicing. They are not willing or competent to examine osteopaths and the people should liberate us from their power and grant to us a board that is competent and will be fair to us.

One of the members of the medical board stated before the Commonwealth Club of San Francisco a few weeks ago that there are over two thousand unlicensed persons practicing in California. This is a serious indictment against the medical board. It shows conclusively that this board is so unfit to administer the licensing law for other systems than their own that an outraged public will not permit them to jail all of their competitors. After the people vote to limit their power to medical doctors, public opinion will sustain the medical board in ridding the state of unlicensed medical doctors. There are no unlicensed osteopaths practicing in California.

All practitioners of all systems and, in fact, all citizens are under the jurisdiction of the State Board of Health. This Board has full charge of all health matters. Number "20" does not in any way change any health law or alter the power and jurisdiction of the Board of Health.

Forcing osteopaths to take examinations given by allopaths is like forcing engineers to take examinations given by druggists. The Osteopathic Act provides that osteopaths shall be examined by osteopaths.

AN OPEN LETTER TO THE EDITOR OF THE ATLANTIC MONTHLY

To the Editor of The Atlantic:

Suppose you were the defendant in a court action. Suppose the prosecuting attorney made certain charges against you. Suppose your own attorney were present, ready to present your defense. Suppose now that when the prosecuting attorney sat down, the presiding judge should say, "Defendant's attorney is not allowed to present any defense, but if some spectator wishes to say a few words in defendant's behalf, he may do so." One of the spectators rises and speaks, but he is handicapped by his remote position in the large court room, and all do not hear him; consequently his testimony has comparatively little effect. The judge then states, "Under the existing circumstances, we are obliged to consider the case closed."

If you were the defendant under these conditions, would you feel that you had had a fair trial? You would not. Yet your position would be analogous to the position in which you place osteopathy by refusing to give as much prominence and as much space to an article by an osteopath as you did to Dr. Frothingham's biased attack on osteopathy.

One sentence in your editorial note in the September issue is exceedingly illuminating: "We have no hesitancy in saying that we believe Dr. Frothingham's position essentially sound and we were at some pains to verify the correctness of his facts."

It is possible to "verify the correctness" of any kind of "facts," if the desire to "verify" is sufficiently strong. What would you think of a judge who, after hearing one side of a case, was "at some pains to verify" that side of the case, but at no pains to verify the other side?

In closing his discussion of osteopathy, Dr. Frothingham says:

"The present knowledge in regard to osteopathy seems to warrant its being considered of value in the treatment of a limited number of abnormal conditions, but it does not warrant looking upon this profession as being a worthy substitute for the established facts of general medical science. Therefore, osteopathy should take its place in the science of medicine as one of the various therapeutic procedures available for the treatment of disease. Like other therapeutic agents, its use should be limited to those cases in which it is of value."

Substitute the term *drug therapy* for *osteopathy* in the foregoing paragraph, and it would be in better accord with the facts.

A large part of Dr. Frothingham's discussion is based on the assumption that medical doctors have exclusive rights to the use of the "established facts in general medical science." If he assumes this knowing that it is false, he is deliberately trying to deceive; and if he assumes it because he really believes it, he is deceiving himself as well as others. The charters of medical colleges enable them to give their graduates a virtual copyright or patent on the letters *M. D.*, but neither institution nor government has the power to give a copyright or patent or to place any other form of restriction on the "established facts of medical science."

Osteopathy is alive. Like other living things, it grows. If it be true that there are some osteopaths still practicing who regard the osteopathic lesion as the sole cause of disease and the correction of the lesion as the sole means of cure, it is

equally true that there are medical doctors who do nothing for patients except to give drugs.

Dr. Frothingham evidently formed an opinion of osteopathy many years ago. Osteopathy has outgrown that opinion. Students in osteopathic colleges today are taught that there are many other causes of disease than the osteopathic lesion. They are taught other methods of treatment in addition to the correction of lesions. "The established facts of medical science" are known and used by osteopaths. For

many years *The Osteopathic Physician*, one of the leading publications of the profession, has carried on the front page of every issue this sentence: "Osteopathy Stands for the Truth Wherever it is Scientifically Proved."

The conservatism of the *Atlantic Monthly* is traditional; but has conservatism become incompatible with fairness?

Yours for justice,

C. B. ROWLINSON,
Secretary-Treasurer,
California Osteopathic Association.

MEDICS ASK FOR LOWER STANDARDS

The legislature in 1913 attempted to enact a non-partisan law that would govern with impartial justice all systems of practice. In order to make certain that all who received an unlimited license were thoroughly prepared for such practice, the legislature adopted a 4800 hour curriculum as the standard. This curriculum was arrived at by taking the standard 4000 hour curriculum of the Association of American Medical Colleges and adding to it 800 hours of osteopathic subject-matter, including 300 hours of physical therapy. The medical colleges refused to teach the osteopathic subjects of the required curriculum. The osteopathic colleges did teach the standard medical course and the osteopathic. The medical colleges were "approved by the board" although they did not teach the subjects and hours required by law. The osteopathic colleges were not "approved by the board" notwithstanding the fact that they did teach the required curriculum. The medical colleges asked the legislature in 1915 to lower the standard to four thousand hours and to eliminate the required hours of physical therapy. It is an in-

teresting matter of history that the medical colleges have asked the legislature to lower standards; the osteopathic college *never* has. Every osteopath who expects to speak for Number "20" should make due note of why the curriculum was set at 4800 hours including 300 hours of physical therapy in 1913; and why it was lowered to 4000 hours and the physical therapy reduced to thirty hours in 1915.

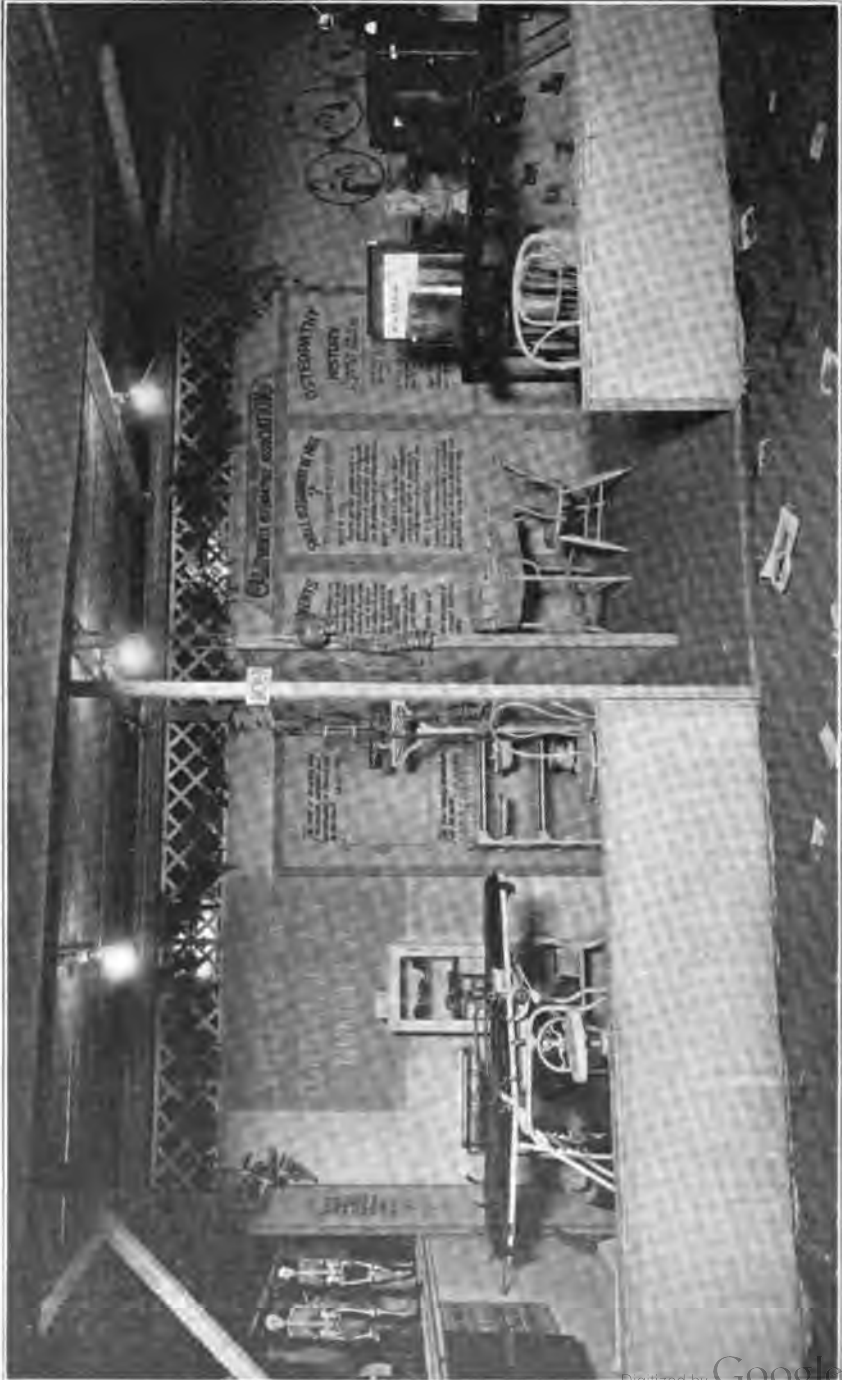
H. W. F.

"VILLAINS! WE HAVE YOU IN OUR POWER!"

In reply to the courteous letter which was mailed by the Association to each member of the medical profession in order to give them first hand information concerning initiative Number "20," Dr. E. B. P. Kemp, of Suisun City returned the letter and leaflet and wrote on the face of the letter the following:

"You are all a bunch of quacks, and you know it, so you might just as well be good."

The only interpretation that can be put on Dr. Kemp's statement is that the medical profession has osteopathy in its power and advises us to let our college die, without making any more fuss about it.



CALIFORNIA OSTEOPATHIC ASSOCIATION BOOTH AT LOS ANGELES PAGEANT OF PROGRESS.

EXHIBIT AT PAGEANT OF PROGRESS

By DR. WM. BARTOSH

On the opposite page is shown the booth of the California Osteopathic Association at the Pageant of Progress and Industrial Exposition which was held at Exposition Park, Los Angeles, from August 26 to September 9 under the auspices of the Los Angeles Chamber of Commerce.

The work at the booth was in charge of the Los Angeles Osteopathic Society, under the supervision of Dr. N. W. Giesy and myself.

One-half of the booth was equipped as an Emergency Station ready to give first aid, in charge of Dr. P. T. Collinge who represented our College. The other half was devoted to osteopathic publicity. It soon developed that not many got sick or hurt and legislation became the big issue. The public is hungry for information about osteopathy and great numbers asked for and received information about osteopathy and initiative measure number 20. A number of good prospects for our College were developed, and we got in personal touch and gave out educational and legislative leaflets to many thousand people.

Several hundred thousand saw our booth and the sign "Vote Yes Osteopathic Act Number 20." Some X-ray plates of the spine and some pathological human spines were exhibited. We tried to have from 2 to 5 osteopaths in the booth most of the time, and considering how busy most osteopaths are the response was highly gratifying. The booth was open ten hours a day, with one competent and enthusiastic paid worker there all the time. All those who served in the booth had an opportunity to get the public sentiment. They found that the people are with us on the Initiative, and are confident that it will

pass by a big majority if we inform the public and let our wants be known.

DR. MAYO APPROVES SEPARATE BOARD PLAN

Dr. Charles Mayo of Rochester, Minnesota, one of the most prominent living medical doctors, in an article entitled, "Disease Not Necessary," printed in *Worth While* (Long Beach) writes:

Our national mentality shows the appeal of types of advertising and the dangers of medical advertising. The necessity for control is apparent not only in drug advertising but also in that of irregular practitioners who depend on advertising in lieu of education and accomplishment to secure a practice. There are no drug or medical advertisements in the newspapers of Kentucky not certified by the state board of health. How easy and safe a procedure! Can not the editors and members of the medical profession get together for the national good? [Sic] A large proportion of the public takes it for granted that persons licensed by the state to care for sick people are in a certain sense guaranteed by the state. * * * All persons who are licensed to treat diseases should take the same minimum medical examination in order to show their ability to diagnose disease and protect the public, regardless of the method of treatment. In addition to this, special examinations given by their special boards should be required for the practice of particular cults, as is now done in the state of Kentucky.

DIED—Dr. Mary E. Armstrong of Los Angeles, died August 30 after an illness of several months. Dr. Armstrong graduated from the S. S. Still College of Osteopathy, Des Moines, (Iowa), in 1901, and had been licensed in California since 1907.

WOMEN'S DEPARTMENT

EDITED BY DR. MARY L. LECLERE

TRUTH VS. FALSEHOOD

A wise man built his house upon the rock: and the rain descended, and the floods came, and the winds blew, and beat upon that house, and it fell not: for it was founded upon the rock.

A foolish man built his house upon the sand: and the rain descended, and the floods came, and the winds blew, and smote upon that house; and it fell: and great was the fall thereof.—Matt. 7:25-27.

The rock is truth. Error, falsehood, make a foundation of sand. Looking back over the history of the world we find that every theory, every system, has been beat upon by the storms of doubt and ridicule. Jesus taught that man, instead of being a puppet, a plaything of the gods is himself divine and holds his fate in his own hands. Upon that truth Christianity was founded. And the rains descended, and the floods came, and the winds blew, and beat upon that house and it fell not, for it was founded upon the rock of truth.

Doubtless the early Christians often became discouraged. Doubtless many of them deserted the cause and concealed the fact that they had ever been Christians; but they are of so little importance that history has ignored them. To those who were true the world acknowledges a great debt. It was the self-confidence engendered in man by the knowledge of his own divinity that enabled him to do the great things which have made our civilization possible.

Galileo propounded the theory that the earth moves around the sun. The

storms of ignorance, ridicule, and persecution beat upon that theory. The poor old fellow lost his nerve when faced by death at the stake, and recanted. But tradition says that as he rose from his knees he muttered in an undertone, "and yet it moves," and it does.

Osteopathy is founded upon bed-rock of truth. What care we for the rains, and the floods, and the winds? The medical profession wishes to dislodge us and to strengthen their own position. What are their tools? Ridicule, half truths, lies. They build for themselves a foundation of sand and when they feel themselves slipping they shovel more sand.

The medical profession has done wonderful things. When they confined their popular magazine articles to the telling of those things they were building for themselves public respect and even reverence. But foolishly they have adopted a new policy for intrenching themselves in public esteem. They published lately in the *Scientific American*, the *Atlantic Monthly*, *Good Housekeeping*, *Colliers* and other periodicals, articles which ridicule adjustive therapy and imply that all unorthodox doctors are ignoramuses.

Did the medical profession never study psychology? When I am trying to decide between two issues, the man who tells me facts and then leaves me to decide for myself, compliments me by his implied respect for my mentality. But the man who comes to me with ridicule and insinuations against

another, insults me by his assumption that I will stand for that sort of thing; and he leaves me wondering whether it is due to a lack of facts on his side that he had to resort to such methods. The person who, I find, has told me falsehoods never gets another serious hearing.

Now the public may not consciously reason all this out, but unconsciously they do, and a large part of the public is quite conscious of the indignation and doubt which results. Does the medical profession think that the public is going to swallow all it reads and not do any investigating on its own part? Probably I never have a patient who does not sooner or later, generally sooner, ask how long a course osteopathy requires. For my part I think every article published in the magazines referring to our ignorance helps us because it stimulates questions on the part of the readers, and when they learn the facts, their faith in revered medicine is forever shattered. Medicine is building its house upon the sand of falsehood.

Let us strengthen our own foundation by telling the public the truth about osteopathy. The less said about the other fellow the better; but when we do talk about him make sure that we tell only facts. We can trust people to draw their own conclusions.

This is one of the few facts I ever tell on the medical profession and it never fails to "get a rise" out of the hearer. It was told me by a medical doctor whom we will call Dr. D. I have often wondered that he did not

realize what a weapon he was putting into my hands. Dr. D. and our Dr. Gerdine chummed together while in Rush Medical College. Both were interested in nervous and mental diseases. After graduating Dr. Gerdine took up osteopathy. Both have specialized since in nervous and mental diseases. Now they would like to open a sanitarium together. But if Dr. D. goes in with an osteopath he will lose his membership in the various medical societies. It makes no difference whatever that Dr. Gerdine is also a graduate of Rush. Comment on this story is not necessary. Try it on a few patients and note the reaction.

There are various ways of educating the public concerning osteopathy. I have a glass surgical case near the treating table where the patient must look at it during part of the treatment. In it are the instruments one uses in doing gynecological work, and obstetrics, and in looking into the nose, throat and ear. They make quite an imposing array. They cause almost every patient to ask whether osteopaths do surgery. I also have a very imposing row of scientific books and when I seat a patient on the stool I see that she faces those books. They read the titles too, and ask about them. These are only a few of the many ways of spreading osteopathic information. "Truth crushed to earth shall rise again:

Th' eternal years of God are hers;
But Error, wounded, writhes in pain,
And dies among his worshippers."

—BRYANT.

NEXT MONTH:

The First of a Series of Articles on OSTEOPATHIC GYNECOLOGY

By Dr. Jennie C. Spencer

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THE RELATION BETWEEN BLOOD SUGAR AND SUGAR IN URINE

BY ANN PERRY, D. O.

Sugar is normally present in the blood in percentages ranging from .09 to .12. It begins to be pathological when it reaches .15%. Sugar begins to be eliminated normally by the kidneys at .16% to .17%. This is the normal threshold for the elimination of sugar by the kidneys. In the early stages of diabetes mellitus there is a direct relation between the amount of glycosuria and the hyperglycemia. But in late stages of diabetes mellitus this direct relation no longer exists.

In diabetes mellitus, with a complicating nephritis, the threshold of elimination of sugar by the kidneys is raised, and it may be raised to such a point that no sugar passes over into the urine. In such a case the blood sugar retention may be very high while the urine will be sugar free; or there may be a very small percentage passing over, the blood sugar being very high. On the other hand, in late stages of diabetes mellitus without a complicating nephritis, the threshold of sugar elimination is lowered, so

that comparatively large quantities of sugar will pass over into the urine, while the blood sugar may be only slightly above the normal. It is far more important to treat the patient with the object of keeping the blood sugar down to normal, than it is to make the urine sugar free.

There is a condition in which there is no relation at all between the sugar that is eliminated into the urine and the blood sugar content. The condition is known as renal diabetes and is diagnosed only by the laboratory finding the blood sugar normal or even a little low. This is not a diabetes at all but a functional disturbance of the kidneys. The only real symptom of diabetes present is the glycosuria. These patients respond very readily to treatment, feel good, and really are in good condition, but the fact that sugar still passes over into the urine is very misleading. It is eliminated because of the lowered threshold. The diagnosis in these cases is established by the blood test.

The patient was getting nervous as the physician prepared to give the anesthetic. He had made none of Irvin Cobb's plans to record the details for the use of posterity, but still he was anxious.

"Will it make me sick, Doc?" he asked.

"Not a bit," said the physician reassuringly.

"How long will it be before I know anything?" he queried as the mask was adjusted.

"You're asking a good deal of the ether," was the doctor's counter.—*Judge.*

ATTENTION

MEMBERS OF THE CALIFORNIA
BRANCH, O. W. N. A.

Dues are payable on January first of each year.

Members who joined during 1921 owe dues for 1922.

If you have not paid them direct to the National Secretary, your State Secretary-Treasurer will be glad to receive them at this time and will send receipt.

GEORGIA B. SMITH,
Secretary-Treasurer,
Detwiler Building,
Los Angeles.

IDAHO ACTIVITIES

The following is the greater part of a letter which was sent to all members of the Idaho Osteopathic Association:

Nampa, Idaho,
August 18, 1922.

Dear Doctor—Our state meeting will be held September 25 to 26 at Boise. State Fair rates are expected at that time of one and one-half fare for round trip.

For this meeting Drs. McFarland and Bodle have agreed to report the A. O. A. convention. Dr. Handy will be asked to report on the House of Delegates of which he was a member. Dr. Anderson has promised to at once have ready a model bill which can be discussed and agreed on at our convention. For outside speakers we are inviting the presidents of the Washington and Oregon Associations to be with us. Dr. Ingle has already accepted and we are expecting Dr. Cunningham's acceptance in any mail.

A very important matter, which I wish to bring to the attention of the Idaho osteopaths is the present legislative situation in California. The California osteopaths are going to the polls this fall with an initiative measure called "The Osteopathic Act." They feel that if osteopathy is to remain pure and the college to continue to live and teach osteopathy, this act must pass. Years of unfairness and discrimination by a composite medical board, and expensive and annoying court actions have convinced the Californians that no good can come from a composite board which is four-fifths medical and therefore in reality, a medical board.

The "Osteopathic Act" provides that an osteopathic board shall administer

that portion of the present medical act which applies to osteopathy but it in no way otherwise changes the present law, nor does it in any way lower present educational standards. The board will be self-sustaining and will not cost the taxpayer one cent.

This act seems so fair that it should pass easily upon its merits, but with the usual medical opposition of misrepresentation it will be necessary to carry on an active campaign to win. Each osteopath in Idaho should immediately write to all acquaintances in California and urge them to vote "Yes" on the "Osteopathic Act," explaining that there will be no lowering of present standards and no expense to the state.

Dr. Ingle writes me, "If I can read the handwriting on the wall correctly, we in Oregon are someday going to have to ask the people of this state for the same kind of a law. The unfairness of the Oregon board during the past few years has been very apparent. Were it not for the fairness and fearlessness of our present Governor, Ben Olcott, no osteopath would be getting by the board today and with a change of Governors may come a change of conditions that may become unbearable."

Let us therefore support the California people now, not only for the good of osteopathy, but that we may have their support later. Every vote counts! The ones you can swing may decide the issue! So, all together, let's go!

Yours fraternally,

O. R. MEREDITH,
President,

Idaho Osteopathic Association.

SURGICAL SURVEY

Department Conducted by the
LOS ANGELES SURGICAL SOCIETY

TRANSFUSION AND INFUSION

BY DR. EDITH WALKER

Much has been said and written in medical societies and surgical journals during the past decade regarding transfusion, its value, the indications and contra-indications for the procedure, its dangers and the results to be expected. The literature available on the subject is voluminous, for there has been intense interest in the subject, since Dr. Carrel in 1902 performed his spectacular life-saving operation on a babe suffering from maelena neonatorum, when he used the direct method of transfusion of the father's blood into the saphenous vein of the baby. So quickly were results obtained that the babe, which had been lying cyanosed, sanguinated and utterly still, began to cry lustily before the operation had been completed.

Since then much work has been done along this line and many lives have undoubtedly been saved by this method. While we have learned that transfusion is not the cure-all it was once supposed to be, it has been proved beyond a doubt that transfusion, performed in a proper case and at the proper time, is an immediate life-saving, therapeutic remedy, unequaled by any drug.

Authorities are not agreed as to just what the transfused blood does in the depleted organism into which it is introduced. They are agreed, however, that one or more of the following influences are brought about:

(1) Diminution of anemia and improvement of patient's general condition and vitality.

(2) Stimulation of the hemopoietic organs.

(3) Introduction of fresh anti-bacterial and anti-toxic substances.

(4) Supplying of decreased fluid content in the vascular system.

(5) Introduction of hormones.

Only a few give the hormones of the blood stream credit for the magic results which often follow transfusion. In rather careful study of the subject the writer has concluded that the hormone action must be the one at work. Quantity does not seem to be the requisite in the control of hemorrhage for the infusion of 10 c. c. of whole blood is often sufficient to control a hemorrhage in a very few minutes. We do not maintain that infusion is the method to be followed when the patient is in a state of shock following hemorrhage. In these cases volume must be replenished either by acacia solutions, physiologic saline or whole blood.

Physicians who have used infusion feel that it is indicated in all conditions where transfusion may be used to advantage, namely, hemorrhage, either primary or secondary, hemophilia, sepsis, post-operative bleeding, hemorrhage following gastric ulcer, pernicious vomiting of pregnancy, surgical or accidental trauma, hemorrhagic diseases of the new born, poisoning from carbon monoxide, post-partum hemorrhage, profuse or prolonged menstruation, or any condition manifested by signs of air hunger, small, fast pulse, pallor or sub-normal temperature.

The disadvantages of transfusion are

many and varied. The usual reactions to be expected in favorable cases are a temperature of 100 to 105 degrees F., with or without chill; malaise, headache (sometimes nausea and vomiting), diarrhea with urticaria and perhaps herpes. Whether these conditions result from toxic changes in the blood following the addition of a chemical or a foreign protein, the incompatibility of the blood platelets, to the agglutination of the red cells or to injury to them, is not known. The most serious and ever-present possibility in the reaction is the production in the patient of agglutination, hemolysis, anaphylaxis and acute dilation of the heart from hyper-transfusion. These results usually follow the transfusion of blood which has not previously been grouped and tested and may even occur in cases where the most careful technique has been observed. Another objection is that the apparatus is complicated, expensive and requires two or three well trained operators for its manipulation. The grouping of blood of the donor requires time and skill when sometimes sufficient time is not available because of the condition of the patient. Time of administration is often long and tedious and the donor frequently suffers from the loss of too much blood. The exact amount cannot be gauged by the direct method; and by the indirect method, the anti-coagulation process must be carried out.

Infusion, on the other hand, has many points in its favor: the violent reactions which sometimes attend even the most successful transfusions are never present; no grouping or testing is necessary. The apparatus is simple and inexpensive. Any careful physician with some skill may successfully perform the operation.

A member of the medical corps who saw active service in a base hospital during the war relates that astonishing results were often obtained when only

small amounts of blood were transfused; results which quite equaled those obtained from the transfusion of large amounts of 600 to 1000 c. c. whole blood. He said, however, that these smaller amounts were used only in emergency when the supply on hand had been largely exhausted by an unusually severe offensive. It is evident then that volume is not the chief requisite.

The writer first became interested in the operation of infusion on hearing Dr. Lillian M. Whitting tell of the success which followed its use in the cases of pernicious vomiting of pregnancy. The doctor recounts that the method has never failed to stop the vomiting, in every case the pregnancy going on to normal term. At no infusion was more than 10 c. c. of whole blood given and never were more than three infusions necessary, and that number in only one case. One infusion usually suffices. In the first case in which it was employed the patient had had severe vomiting for some days. Every known treatment had failed. The patient was very anxious to carry the pregnancy and begged for twenty-four hours more, after the doctor had decided to terminate the pregnancy. In desperation Dr. Whitting consulted a current magazine and found an account of a case that had been successfully treated by the transfusion of 800 c. c. of whole blood from a patient in the same month of pregnancy. Such blood not being available, the doctor used 10 c. c. of the husband's blood. The vomiting stopped almost instantly, and the pregnancy was carried to normal term. Since then the doctor has frequently employed this means for the control of this form of toxemia and has had most gratifying results.

Other case histories follow:

Mrs. L., the wife of a physician from the east. Age 32, Para II. The first

pregnancy had been terminated at the fourth month, for the relief of pernicious vomiting. Patient had begun vomiting at the end of the first month of the subsequent pregnancy and was unable to retain anything whatever, even water being almost immediately ejected. Soda enemata and Murphy drip were employed, and one infusion of 10 c. c. was administered. The unfortunate condition became so under control that the patient was able to return to her home, careful instruction having been given to her physician husband for subsequent treatment. Another infusion of 10 c. c. was necessary after her return home, but she was able to carry the pregnancy to term without further trouble.

Mrs. T. M.—A case of puerperal toxemia. Before delivery the blood pressure had been 160 which through careful treatment had been reduced to 130. Delivery was normal, but on the fifth day of the puerperium the blood pressure became 195. By enemata, sweating, Murphy drip, and fruit juice diet the pressure was reduced to 140, but the 195 mark was reached again the next morning. This was repeated three times, and each succeeding morning showed the previous high pressure. 10 c. c. whole blood was administered by infusion in the pectoral muscle. Twenty hours later the patient's blood pressure dropped to 130, and all unpleasant symptoms disappeared. In a few days she became entirely normal and has since remained so.

In order to present a more rounded idea of the varied uses of infusion, some case histories from the practice of Dr. Carl H. Phinney are recorded.

Mrs. I. K. G., Age 30.—Has suffered a miscarriage, followed by a serious metritis and peritonitis. In several weeks she became well enough to be up and about. One night on retiring she felt a desire to stool. She passed from the bowels at this time about

1000 c. c. of blood. There were small hemorrhages from the bowel with each stool during several succeeding days. The patient became rapidly anemic with a hemoglobin index of 40. Infusion was now attempted, 10 c. c. whole blood being injected into the pectoral muscle. Three infusions were given on alternate days, three more at two-day intervals, and six more at longer intervals. The doctor used either his own blood or that from the patient's mother. All signs of hemorrhage ceased and patient entirely recovered.

Mr. R. Suffering from pulmonary tuberculosis with hemorrhages of marked severity. Condition had been present for several years, and patient was extremely exsanguinated. Six infusions of 10 c. c. were given on alternate days. Marked improvement and comfort were experienced. The relief was only temporary, which was the best that could be expected in such an advanced case.

Mrs. F. C., Age 40—Had had, at the time of consultation, an oozing menstrual flow for two months. A similar condition had been present seven years previously, which had lasted for one month. The hemorrhage was more marked at night. Patient presented the usual and marked signs of anemia and general weakness. Hemoglobin 60. Attempts to control the hemorrhage had been made by medication of ergot and ergotol. Physiologic saline had been given by hypodermoclysis, and some adrenalin had been prescribed. Infusions of 10-15 c. c. whole blood administered twice a week were effective. Smaller infusions at longer intervals were given after the first month. Patient made uneventful recovery with general improvement.

These cases seem to establish as a fact that the value of infusion lies not in the quantity administered but in the hormone of the administered blood.

CONCLUSIONS

1 Infusion has been the means of saving many lives when other well-known measures have failed to give relief, producing even better results than transfusion.

2 Infusion is a simple, life-saving procedure, strictly osteopathic, for nothing foreign is introduced into the body, the natural functions are stimulated and the after effects are strikingly absent.

3 The operation is simple and, fortunately, quite within the scope of any careful, conscientious physician.

4 Infusion which has been performed in time on a proper case has never failed to bring gratifying results.

REFERENCES

- Dr. Lillian Whiting.
 Dr. Curtis Brigham.
 Dr. Carl H. Phinney.
 Dr. Ernest Bashor.
 Alexander Primrose, "Transfusion in a Base Hospital."
 James M. Graham, "Transfusion as Carried Out in the Royal Infirmary."
 E. C. Levine, "Indications and Results of Transfusion."
 A. R. Kempton, "Transfusion and Its Results."
 C. K. Johnson, "Transfusion and Its Value in the Treatment of Children."
 Edward Linderman, "Transfusion Before Operation."

CLOSE OF BEST SPINE CONTEST

The Best Spine Contest, which was conducted by the National League for the Prevention of Spinal Curvature, has closed and the names of the winners have been announced.

The first prize of \$1000 was won by Miss Virginia Pearson, of New York City. Altho her spine was not 100% perfect, it was the one which approached most nearly to perfection. Assigning a value of 100 to an absolutely perfect spine, Miss Pearson scored 96.4. The slight variations found in her measurements were in most instances only a small fraction of an inch. For example, in the shoulders there was one sixteenth of an inch variation; at the tips of the shoulder blades, one eighth; across the hips, one fourth inch.

The prize winner is fond of outdoor sports, and has always kept herself in excellent physical condition. It is significant to note that Miss Pearson had been in three other contests previously, and each time had been pronounced by medical doctors to be absolutely perfect physically.

The second prize of \$500 was awarded to Charles W. Boggs, Jr., the three-year-old son of Charles W. Boggs of

Oklahoma City, Oklahoma. His spine was the nearest approach to perfection found by the judges. The child has had excellent care since birth. His hours of eating and sleeping have been on a regular schedule, and his other activities have been directed with the idea of keeping him in the best possible health.

In connection with the contest, many free osteopathic clinics, most of them children's clinics, have been started in various cities of North America. More will be opened this fall, and it is expected that by the end of the year 150 clinics will be actively at work. In these clinics from two to three thousand children will receive treatment each clinic day. The osteopathic physicians conducting the clinics will endeavor to show mothers that unless children are examined regularly and corrective work done, when grown they will, in at least 72% of the cases, have a noticeable curvature.

The judges in the Best Spine Contest were Drs. F. P. Millard of Toronto, R. K. Smith of Boston, and S. V. Robuck of Chicago. All entrants were examined by osteopathic physicians,

(Continued on page 41)

RULE OR RUIN

[The following appeared in the "Care of the Body" Department of the Illustrated Magazine section of the Los Angeles Sunday Times, September 3, 1922.—EDITOR].

The osteopaths—or many of them—have tried to curry favor with the "regulars." * * * They are now beginning to realize that they made a grave mistake, in not fighting openly for their rights.

Nothing can be gained from the dominant school of medicine by meekness or submission. With them it is "rule or ruin."

At the forthcoming State election, in November, the voters will be asked to endorse an act providing that a self-sustaining board of osteopaths, selected by the Governor, shall administer the existing law regulating osteopathic colleges and graduates. The following letter is from Dr. Harry W. Forbes, president of the California Osteopathic Association.

"In 1913, when the present law was enacted, giving to the medical licensing board the arbitrary power to 'approve' or to refuse to 'approve' osteopathic colleges, we had over 300 students in our college. These students came from every State in the Union, and many came from abroad.

"Under its despotic power, the medical board has harassed, repressed and oppressed our college, until today we have fewer than seventy students. Our college must close, unless it is given the same academic freedom that California grants to the colleges of the dental, optometry, pharmacy and medical professions. Each of these professions has its own self-sustaining board of examiners.

"The 'Osteopathic Act, No. 20' on the November 7 ballot, provides that a self-sustaining board of osteopathic examiners shall administer the existing law, and any future laws that the

legislature may enact, to regulate osteopathic colleges and graduates. This proposed act does not change the law. It simply transfers osteopathic colleges and graduates from the jurisdiction and power of the medical board to a board of competent osteopaths, selected by the Governor.

"The present high educational standards required by California for all physician and surgeon colleges, are not changed. Judge Wellborn found that our college more than meets these standards.

"Those of us who are now licensed are not beneficially interested in the passage of this act. Parents do not bring children into the world for selfish reasons. Our college is the procreative organ of the profession. We are fighting for its life.

"Our college is a nonprofit educational institution. It is maintained by contributions from the profession. Three hundred osteopaths in the State are each contributing \$5 to \$25 per month to make up the normal deficit between tuition receipts and college expenses.

"We have the promise of large endowments from our lay friends as soon as we secure our independence. Benevolent persons who are willing and able to endow educational institutions, want to have the assurance that such funds as they bestow will continue to work indefinitely for the public good, and so long as our college is at the mercy of a board composed of medical doctors, its life is in jeopardy.

"If we were willing to let osteopathy die with us, we would give up the fight for academic freedom in California and use our funds for selfish ends."

COMPLETE TEXT OF THE OSTEOPATHIC ACT

Following is the complete text of the Osteopathic Act, an initiative measure which will be number 20 on the ballot at the general election, November 7, 1922:

AN ACT TO ESTABLISH a Board of Osteopathic Examiners, to provide for their appointment, and to prescribe their Powers and Duties; to regulate the examination of Applicants, who are Graduates of Osteopathic Schools, for any form of certificate to treat Disease, Injuries, Deformities, or other Physical or Mental conditions; to regulate the practice of those so licensed, who are Graduates of Osteopathic Schools; to impose upon said Board of Osteopathic Examiners all Duties and Functions, relating to Graduates of Osteopathic Schools, holding or applying for any form of certificate or license, heretofore exercised and performed by the Board of Medical Examiners of the State of California under the provisions of the State Medical Practice Act, approved June 2, 1913, and acts amendatory thereof.

The People of the State of California do enact as follows:

Section 1. A self-sustaining Board of Osteopathic Examiners to consist of five members and to be known as the "Board of Osteopathic Examiners of the State of California" is hereby created and established. The governor shall appoint the members of the board, each of whom shall have been a citizen of this State for at least five years next preceding his appointment. Each of the members shall be appointed from among persons who are graduates of Osteopathic schools who hold unrevoked licenses or certificates to practice in this State. The governor shall fill by appointment all vacancies on the board. The term of office of each member shall be three years; provided, that of the first board appointed, one shall be appointed for one year, two for two years, and two for three years, and that thereafter all appointments shall be for three years, except that appointments to fill vacancies shall be for the unexpired term only. The governor shall have power to remove from office any member of the board for neglect of duty, for incompetency, or for unprofessional conduct. Each member of the board shall, before entering upon the duties of his office, take the constitutional oath of office. All fees collected on behalf of

the Board of Osteopathic Examiners and all receipts of every kind and nature, shall be reported at the beginning of each month for the month preceding, to the State Comptroller and at the same time the entire amount must be paid into the State treasury and shall be credited to a fund to be known as the Board of Osteopathic Examiners contingent fund, which fund is hereby created. Such contingent fund shall be for the use of the Board of Osteopathic Examiners and out of it and not otherwise shall be paid all expenses of the board. Necessary traveling expenses and a per diem of not to exceed ten dollars (\$10.00) for each day of actual service in the discharge of official duties may be paid each member of the board, provided the fees and other receipts of the board are sufficient to meet this expense.

The governor shall appoint the members of said board within thirty days after this act takes effect. The board shall be organized within sixty days after the appointment of its members by the governor by electing from its number a president, vice-president and a secretary who shall also be the treasurer, who shall hold their respective positions during the pleasure of the board. The board shall hold one meeting annually beginning on the second Tuesday in January in the city of Sacramento with power of adjournment from time to time until its business is concluded. Special meetings of the board may be held at such time and place as the board may designate. Notice of each regular or special meeting shall be given twice a week for two weeks next preceding each meeting in one daily paper published in the city of San Francisco, one published in the city of Sacramento, and one published in the city of Los Angeles which notice shall also specify the time and place of holding the examination of applicants. The secretary of the board upon an authorization from the president of the board, or the chairman of the committee may call meetings of any duly appointed committee of the board at a specified time and place and it shall not be necessary to advertise such committee meetings. The board shall receive through its secretary applications for certificates to be issued by said board and shall, on or before the first day of January in each year transmit to the governor a full report of all its proceedings together with a report of its receipts and disbursements.

The office of the board shall be in the city of Sacramento. Sub-offices may be established in Los Angeles and San Francisco and such records as may be necessary may be transferred temporarily to such sub-offices. Legal proceedings against the board may be instituted in any one of said three cities.

The board may from time to time adopt such rules as may be necessary to enable it to carry into effect the provisions of this act. It shall require the affirmative vote of three members of said board to carry any motion or resolution, to adopt any rules, pass any measure or to authorize the issuance or the revocation of any certificate. Any member of the board may administer oaths in all matters pertaining to the duties of the board and the board shall have authority to take evidence in any matter cognizable by it. The board shall keep an official record of its proceedings, a part of which record shall consist of a register of all applicants for certificates under this act together with the action of the board upon each application.

The board shall have the power to employ legal counsel to advise and assist it in connection with all matters cognizable by the board or in connection with any litigation or legal proceedings instituted by or against said board and may also employ inspectors, special agents and investigators and such clerical assistance as it may deem necessary to carry into effect the provisions of this act. The board may fix the compensation to be paid for such services and may incur such other expense as it may deem necessary; provided, however, that all of such expense shall be payable only from the said fund hereinbefore provided for and to be known as the Board of Osteopathic Examiners Contingent Fund.

Every applicant for any form of certificate shall pay to the secretary-treasurer of the board the fees prescribed by law. Every licensee, or certificate holder, subject to the jurisdiction of this board, shall on or before the 1st day of January of each year pay to the secretary-treasurer, the annual tax and registration fee prescribed by law.

Section 2. All persons who are graduates of Osteopathic schools and who desire to apply for any form of certificate mentioned or provided for in the State Medical Practice Act, approved June 2, 1913, and all acts amendatory thereof, shall make application therefor, to said Board of Osteopathic Examiners and not to the Board of Medical Ex-

aminers of the State of California. The Board of Osteopathic Examiners in respect to graduates of Osteopathic schools, applying for any form of certificate mentioned or provided for in the State Medical Practice Act, approved June 2, 1913, and all acts amendatory thereof, is hereby authorized and directed to carry out the terms and provisions of the State Medical Practice Act, approved June 2, 1913, and all acts amendatory thereof, and all laws hereafter enacted prescribing and regulating the approval of schools, the qualifications of applicants for examination for any form of certificate, the applications for any form of certificate, the admission of applicants to examinations for any form of certificate, the conduct of examinations, the issuance of any form of certificate, the collection of fees from applicants, the collection of an annual tax and registration fee, the compilation and issuance of a directory, the revocation of any form of license or certificate, the prosecution of persons who attempt to practice without a certificate and all other matters relating to the graduates of Osteopathic schools, holding or applying for any form of certificate or license. Every applicant to said Board of Osteopathic Examiners for any form of certificate shall pay to the secretary-treasurer of the board the fees prescribed for such application by said State Medical Practice Act, approved June 2, 1913, or any acts amendatory thereof or laws hereafter enacted. Said Board of Osteopathic Examiners shall, in respect to all the matters aforesaid, relating to graduates of Osteopathic schools, applying for or holding any form of certificate or license, take over, exercise and perform all the functions and duties imposed upon and heretofore exercised or performed by the Board of Medical Examiners of the State of California under the provisions of the State Medical Practice Act, approved June 2, 1913, and acts amendatory thereof. The provisions of said State Medical Practice Act, approved June 2, 1913, and acts amendatory thereof are hereby declared to be applicable to said Board of Osteopathic Examiners in respect to all of the aforesaid matters and all other matters now or hereafter prescribed by law relating to the graduates of Osteopathic colleges holding or applying for any form of certificate or license. In no other respects than as herein provided shall the jurisdiction, duties or functions of said Board of Medical Examiners of the State of California be in any wise limited or changed; nor shall the Board of Osteopathic Examiners have any power or jurisdiction over the graduates of any other than Osteopathic schools. From and after the time of the organization of the Board of Osteopathic Examiners said Board of Medical Examiners of the State of California, shall have no further jurisdiction, duties or functions with respect to graduates of Osteopathic schools holding or applying for any form of certificate or license and the said jurisdiction duties and functions shall be assumed and performed by said Board of Osteopathic Examiners.

Section 3. This act shall be known and cited as the "Osteopathic Act."

ARGUMENTS IN FAVOR OF THE PROPOSED OSTEOPATHIC ACT

This proposed act and board must operate without expense to the taxpayers. The purpose of this act is to provide just and wise administration of the present law regulating osteopathic colleges and graduates.

Osteopathy is a complete and comprehensive system of healing. Our college teaches every subject and every hour of every subject—including materia medica and surgery—that the M. D. colleges teach; and in addition it teaches osteopathy.

From 1907 to 1919 osteopathic graduates took exactly the same examination for licenses to practice that medical graduates took. In 1919 the biased medical doctors, who rule the examining board by a vote of 8 to 2, arbitrarily refused to examine any more osteopaths for physician and surgeon licenses. The osteopathic college brought suit to compel the medical board to again admit its graduates to the physician and surgeon examination. Judge Wellborn found that the college complied in every respect with the requirements of the law for a physician and surgeon college and ordered the board to again examine its graduates. This decision was affirmed by the Appellate and Supreme Courts.

Notwithstanding this verdict of the Court, and notwithstanding the fact that several hundred osteopaths had previously proved their competency by passing the physician and surgeon examination, our profession has obtained no relief from this medical tyranny. The medical board is determined to kill our college and suppress osteopathy in California.

We appeal to the people for relief. We cannot get justice from medical

doctors. They are biased and prejudiced against osteopathy. They are competitors of osteopathic physicians and surgeons and therefore they should not have the legal power to license, or to refuse to license, or to revoke the licenses of osteopaths.

The sole function of the medical examining board is to license and to revoke licenses to practice. Voters should not be deceived by false claims that this board has anything whatever to do with the "conservation of the public health" or with "protecting the public" or with any health matters whatsoever. The state board of health has full charge of all health laws. This act does not in any way change the power of the board of health, or of the federal and State narcotic enforcement boards, or of any board; except, that it removes osteopaths from the power of medical doctors and puts them under the jurisdiction of competent osteopaths, selected by the Governor. Medical colleges and graduates are left as now, under the jurisdiction of medical doctors.

This act does not change the standards of education and examination now required by law. It leaves the legislature free to change these standards at any session. The only issue is fair and intelligent administration. The present physician and surgeon law is all right. Its administration is all wrong. The law is non-partisan. Its administration is deadly partisan.

Vote "YES" and guarantee to the people the highest standard of osteopathic service.

Vote "YES" and give justice to osteopathy without doing injustice to any other system.

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EDITORIALS

SHALL OSTEOPATHY BE REGULATED OR EXTERMINATED?

In a propaganda article circulated at the last session of the legislature, Walter V. Brem, M. D., President of the Los Angeles County Medical Society, wrote:

"The truth is that both chiropractic and osteopathy are organized quackery. * * * Their bills should not only be defeated but the quackery should be suppressed." He also wrote that medical "experts" had "surveyed" the Los Angeles College of Osteopathy and had "found that it did not approach in efficiency the Class C (the poorest) schools of scientific medicine; *the kind that have now been exterminated.*"

The reason why these medical "experts" "surveyed" the osteopathic college was that the medical licensing board had previously, in 1919, decided to "exterminate" this college by the simple process of refusing to examine its graduates for physician and surgeon licenses to practice. Osteopathic graduates had since 1907 passed exactly the same examination for licenses that all other medical graduates had taken. The college brought suit to compel the medical board to continue to examine its graduates. These young

men and women had pursued the specified nine years of education required by the medical law of applicants for admission to the State Examination.

The "experts" who "found" that the college 'did not approach in efficiency * * * the kind that have now been exterminated," were drug doctor professors from competitive colleges. They were employed by the medical board to try to obtain evidence that would satisfy the court that the board was justified in its arbitrary refusal to examine osteopathic graduates. Dr. Brem's report of what they "found" was probably written prior to the date upon which Judge Wellborn, for the people, made very different "Findings of Fact."

After a searching investigation and trial, Judge Wellborn found:

"That said College has taught to each of the students graduating therefrom more than the number of hours in each of said subjects required in said Section 10 for a physician and surgeon certificate. * * * That said College has in all respects complied with all of the requirements of said act with reference to colleges and has complied with all of the requirements

of said Board and is entitled to be approved by said respondent Board as an institution qualifying applicants to take an examination for physician and surgeon certificates."

"That at the time of such refusal of said Board to approve said College as hereinabove alleged, said College was in all respects maintaining a high standard of instruction to its students in all the courses of study and branches of knowledge hereinbefore mentioned and set forth."

Judge Wellborn's decision was affirmed by the Appellate and Supreme Courts.

The osteopathic profession instituted this court action in order to lay the foundation for the present initiative campaign. We did not delude ourselves with the belief that a favorable court verdict would cause the medical board to thereafter deal fairly with osteopathic colleges and graduates.

We had for years endured untold oppression from the medical board; and long before our graduates were denied the opportunity to take the examination, we realized full well that the only hope for the survival of osteopathy in California was to appeal directly to the people to grant us independence from the rule and power of the medical board. We should be ruled by the law instead of, as now, by the drug doctors.

We instituted the court action in

order to establish the facts concerning the quality and comprehensiveness of osteopathic education before a Judge elected by the people so as to provide the voters with an absolutely unbiased source of information.

The osteopathic profession does not question the honesty and sincerity of the members of the Medical Board and of the political doctors who sustain and endorse this Board's efforts to suppress osteopathy in California. We concede that they are fired with the same holy zeal that actuated Saul of Tarsus, when he set out on his journey to Damascus to suppress Christianity. May the vote of the people on November 7 properly rebuke this intemperate zeal.

We have proved our education in the Courts of California. We are entirely satisfied to have our system governed by exactly the same standards and regulated by exactly the same law that regulates the drug doctors. The only issue in initiative Number "20" is fair administration by a self-sustaining Osteopathic Board that will govern and regulate osteopathy as the legislature intended, instead of by the present Medical Board that is determined to exterminate and suppress instead of to regulate.

We await with confidence the "Yes" vote of the people on initiative Number "20."
H. W. F.

OSTEOPATHY AND THE ATLANTIC MONTHLY

The *Atlantic Monthly* is a venerable and conservative magazine, now in its 130th volume. If two volumes have been published annually for the entire period of its existence, it is now in its sixty-fifth year. Its circulation is a long way from the million mark, but it makes up in quality what it lacks in quantity: probably no monthly

magazine numbers among its readers more persons whose names are in "Who's Who."

In view of these distinctive qualities of the *Atlantic* and the high esteem in which it is generally held, it is decidedly disappointing to find the magazine so prejudiced as it showed itself to be by printing in its July issue a libelous

attack on osteopathy written by a certain Channing Frothingham, M. D. His degree is not attached to his name as printed at the head of the article, and there is nothing to indicate that he is not a layman. Those who take the trouble to turn to "The Contributor's Column" at the back of the magazine may learn that he is a Boston physician, on the faculty of the Harvard Medical School.

The assumption on which Dr. Frothingham's article is based is that medical colleges and medical doctors have exclusive rights to the use of the "established facts in medical science"; that osteopaths have no knowledge of these facts or if they do have the knowledge, have no right to use it in their practice. The doctor harps on "the established facts in medical science" *ad nauseam*, using this phrase or its equivalent no less than fourteen times in his article of seven pages.

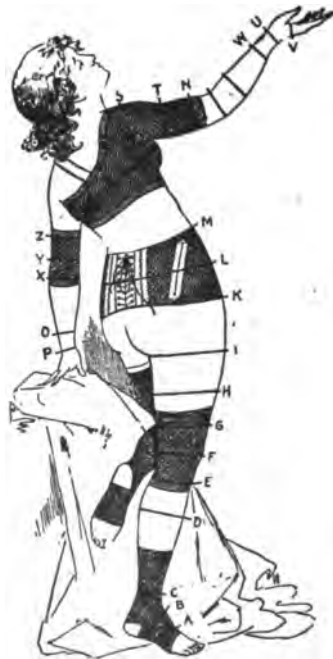
Dr. Chiles, as Secretary of the A. O. A., wrote to the Editors of the *Atlantic* asking for space for an authoritative reply. The Editor's letter of refusal closes with the statement "under existing circumstances we are obliged to consider the subject as closed." What are the "existing circumstances?" Are they the influences of the A. M. A.? Or are they merely the prejudices of the editors?

A letter to the editors of the *Atlantic*, written by Dr. Mary LeClere, was printed in small, close-set type on one of the last pages of reading matter in the September issue. In a note introducing Dr. LeClere's letter, the editor of the *Atlantic* states: "We have no hesitancy in saying that we believe Dr. Frothingham's position essentially sound." In other words, *we share Dr. Frothingham's prejudice against osteopathy.*

Osteopaths may console themselves somewhat with the thought that "truth

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is mighty, and will prevail" notwithstanding such aspersions as Dr. Frothingham's. In this connection Dr. LeClere's article "Truth vs. Falsehood," printed on another page of this issue of THE WESTERN OSTEOPATH, is to the point.

Osteopathic Health for October will answer Dr. Frothingham with a broadside of facts written by Dr. B. P. Mansfield of DeKalb, Illinois, and no doubt will be widely circulated by osteopaths. As a stimulator of discussion the *Atlantic* article has served well, and it may be that its ultimate net result may be good rather than otherwise.

C. B. R.

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OSTEOPATHY IN ATHLETICS

BY DR. A. M. WESTON

It is well known by osteopaths that osteopathy combined with surgery is the most efficient treatment for the injured athlete. There is a rapidly growing conviction on the part of the athletes themselves that this is true. Within the last year I have had the privilege of caring for stars representing all our great California universities, two of which occasionally seek the services of an osteopath despite the fact that they conduct medical colleges. I have also had numerous others from local colleges and high schools. It has also been gratifying to have had several physical directors and coaches ask for osteopathic students who could spare the time to act as trainers for their football teams. The school or college which does not have such osteopathic service is seriously handicapped, as well as being behind the trend of the times.

Athletics are now highly specialized in every branch. High salaried men are paid to coach their specialties. Sports are increasingly popular, especially in our Golden State. Wonderful in the eyes of his less fortunate classmates is the young hero who can "make the team," "win his letter," and uphold by deeds of skill and prowess the honor of the Alma Mater. Enormous are the crowds which find recreation in attending their favorite games.

Of course this specialization results in physical training for the stronger few, eliminating the weaker brothers, many of whom handicapped by insufficient size or some defect or injury do not even have the courage to "turn out" for training. If the fault in our modern system of physical education lies anywhere, it lies here. The strong are encouraged to become stronger;

while those more in need of exercise and physical development are crowded to the sidelines. There are, however, many with some physical handicap, which, when remedied by the competent osteopath, readily take their places among the envied few who win their college letter and the undying admiration of their fellows.

Thus one function of the osteopath is to render potential material available for utilization on the team by the coach. Success in this insures confidence of both squad and coach. A case in point is that of a fine half-back, who made a stellar record in high school; but, owing to a tear of the left internal semi-lunar cartilage was unable to play the final game of the season. That man is now potential college material, despite the popular idea that such injured men are foredoomed to repeat their unlucky experience. Osteopathy is his best bet. Proper manipulative treatment supplemented by special exercise will stretch adhesions and restore both function and perfect confidence. Such knees after treatment have proven themselves no more liable to injury than the normal knee.

An athlete with an injury is an athlete minus a certain amount of self-confidence. If not consciously, then unconsciously he will endeavor to protect the injured part while in action. The result is either a repetition of the old injury or a new one, because of faulty co-ordination.

One high-jumper, with a record of six feet five inches, tried to jump while nursing an injured thumb. In his effort to protect the thumb, he made an awkward descent and sprained his ankle. Perfect function with restored confidence is often the goal the doctor must attain before permitting an im-

portant man to return to training. Further injuries are avoided by keeping them out of contests until confidence is restored.

Regarding potential material, the proper thing to do at the outset of the season is to examine completely the entire squad. It is possible that some must be debarred altogether on account of some disease. At any rate divide the players into two sections, those fit for duty and those who can become fit under your supervision. Call it the "cripple squad," if you will, but see that all binding adhesions are stretched, that all joints are moving freely, and that all muscles have their proper pull and normal tone. Prescribe suitable exercises for particular purposes in particular cases. Such procedure will remove many handicaps at the outset, as well as cut down the liability to early injury.

The osteopath can prevent infection

and uncleanness in the training quarters; the diet of the training table should be supervised and the various common injuries cared for. All these are important.

Athletic sports furnish a growing need for osteopathy. In California it is the accepted treatment and constantly growing in popularity. Once the young player has experienced the relief afforded by our methods nothing will ever shake his confidence in osteopathy. California produces more high-class athletes than any other state in the union. In the last Olympic Games California alone took thirty-eight points; more than any nation except the United States, which won the games, and Finland which was second with forty-four points. At a time not far in the future the Olympic tryouts will be held in Los Angeles, and many of the contestants will have osteopathic care.

TEETH AND TROUBLE

Some of the dentists will tell you that the teeth—or their condition—are related to many ailments with which humanity is afflicted. Men have been told to have their teeth pulled in order to find relief from rheumatism, lumbago, insomnia, nervous prostration, king's evil and bronchitis. The operation was also said to reduce pessimism and acerbity and make the patient more amiable and docile. Bad teeth, pus cavities and pyorrhea were to blame for moroseness, petulance and malignity. All our murderers had bad teeth and it was alleged that crime would be reduced 200 per cent if everybody had the offending molars yanked. On top of this comes the story that a gruff and deep-toned citizen who recently had all his teeth extracted at one swoop is now able to warble to his family in a beautiful tenor voice. What was once a growl has become a

flute or birdlike note that comes as grateful music to the listening ear. We heard once of a man who had his teeth filed for bass and now, if he can have them pulled for tenor, the world may yet be able to ring with harmony. If the wife can take her grizzly bear of a husband down to the dentist and have him made over into a Caruso the universe will be sweetened to a remarkable degree.—*Los Angeles Times*.

Have you been putting off getting that insurance? There will never be a better time than NOW. Call up our old friend R. W. Miller (formerly business manager of the College) Pico 3574, and he will do the rest.

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DR. LeCLERE'S LETTER TO THE ATLANTIC

Dear Atlantic:

No one who had investigated the osteopathic colleges could have said, as did Dr. Frothingham in the July issue of the *Atlantic Monthly*, that osteopaths discard "all the accumulation of facts in the science of medicine." The osteopathic colleges give a complete course in all branches of medical science except materia medica and pharmacology and they all include in their curriculum a careful study of *some* drugs, which all osteopaths consider useful, such as the anesthetics, antiseptics, anthelmintics, emetics, counterirritants, cathartics. The Los Angeles College of Osteopathic Physicians and Surgeons gives a complete course in Materia Medica and Pharmacology. All the osteopathic colleges give a four-year course; all make a high school education an entrance requirement; some also require for entrance one year of college work in the sciences. The originator of osteopathy himself was very insistent that students be thoroughly trained in anatomy, physiology, and all the allied sciences. He said: "Imperfect knowledge created a desire to go out into the world as know-alls and cure-alls who wanted to write and say all and much more than is in osteopathy."

A brief resume of what has occurred in California may clarify the situation.

Ever since there has been an examining board in California, osteopaths have taken the same examination in *all subjects* as the medical graduates. The medical graduates were granted, upon passing these examinations, a license to practice medicine and surgery. The osteopaths were given a license to practice osteopathy. Osteopathy was not defined, and there trouble arose. The medical profession

claimed that osteopathy meant manipulation only. Osteopaths claimed it meant all measures studied in the osteopathic colleges of which they had proven their knowledge before the medical board.

Finally, in 1913, the state legislature tried to settle the matter by passing a law which provided that all, whether medical men or osteopaths, who had completed a certain course of study and who passed the physician and surgeon examinations should receive the physician and surgeon license. The state medical board then refused to allow osteopaths to take the regular physician and surgeon examinations. They forced the osteopaths who had had four years' intensive training to take what they called a drugless examination and to accept licenses which allowed them no more privileges than were enjoyed by imitators with practically no education. The osteopaths took the matter to court and after two years of expensive litigation won. But the judge warned them that the relief was temporary; that if they so much as changed their janitor the medical board might again disapprove the school.

Can you not see that such a state of affairs endangers the very life of the osteopathic school? Students will not continue to enter a school which can give them no assurance that, after four years' preparation, they will have the privilege of using their training. Can you not see that under the domination of the medical profession the school will be forced to choose one of two alternatives: either to reduce its standards of education to that of its imitators and prepare its students only for such work as the drugless license permits; in other words teach only manipulation and drop from its curriculum the other branches of medical

science (which Dr. Frothingham says we *should*, but does not seem to know that we *do* study), or the school must die. We are forced to conclude that if they must tolerate rivals they prefer ignorant ones.

The California law requires the same educational standard for medical men and for osteopaths. Please note that the bill which osteopaths are sponsoring, and which is to be voted on next fall by the people, expressly states that these educational requirements are in no way changed; that osteopaths shall now and hereafter fulfill any educational requirements which the legislature has imposed or shall impose on the medical profession. The bill simply provides that the medical law be administered to osteopaths by a board of osteopaths chosen and appointed by the Governor, instead of by a board of medical men who do not want to apply the law to osteopaths. If the osteopathic school is to be able to maintain high standards and live, this bill must pass.

Osteopaths are thoroughly educated in all the branches of medical science. But, owing to medical propaganda, they have made slow progress in educating the public to that fact. It is not fair that a magazine of the standing of the *Atlantic Monthly* should in one unfair article tear down what they have been years laboriously building up.

Dr. Frothingham says that the osteopathic research institutes have published no satisfactory proof of the correctness of osteopathic theories. We suspect that he did not investigate the reports of the institute any more carefully than he did the curriculum of the schools.

Osteopathy was not founded upon a theory as Dr. Frothingham says. It was founded upon observations. Then theories were evolved to explain observed phenomena.

Let us have a *thorough* and *fair* investigation.

Respectfully,

MARY L. LeCLERE, A. B., D. O.

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PERSONALS

Dr. Asa Willard of Missoula, Montana, has been enjoying a well-earned vacation at his summer camp on Puget Sound. He recently gave a talk on technique at a meeting of the Seattle osteopaths. He also called attention to the California initiative campaign, and urged every osteopath present to write to their friends in California asking them to support the Osteopathic Act at the November election.

* * *

Dr. Carrie Parenteau Anderson, formerly of Chicago, is now located in the Consolidated Realty building, southwest corner of Sixth and Hill Streets, Los Angeles.

* * *

Dr. Mary LeClere of Eagle Rock, California, has written an excellent popular exposition of osteopathy entitled "The Human Telephone," which has been published by Bunting as Osteopathic Health for September.

Dr. Pauline Sears Wester has re-moved from Vale, Oregon, to Bend, in the same state.

* * *

MARRIED—Dr. Wade Morris, of Los Angeles, and Dr. Zora Painter, of Utah

* * *

BORN—To Dr. and Mrs. J. Harper Edmiston of Los Angeles, July 24, 1922, a son, John Malcom.

Doctors Ada A. Achorn and Jessie F. Streeter announce that they are located in Rome, Italy, for the practice of osteopathy, and will be glad to care for any patients referred to them. Their address is: Boston Hotel, Rome, Italy.

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EAST BAY NOTES

Twenty-five visiting osteopaths were entertained at dinner by the East Bay Osteopathic Society August 22 at the Virginian Tea Room in Berkeley. Dr. C. J. Gaddis presided and introduced the speakers.

After short talks by local osteopaths, including Drs. H. E. Penland, Sylvia Boyce, Ernest Sisson, Charles Peirce and W. H. Wakefield, a number of the guests were called upon to give their impressions of Dr. Abrams' Clinic in San Francisco and why they were interested in the Electronic Reactions of Abrams. Dr. Ellen Ligon gave an interesting account of her work in Mobile, Alabama, during the smallpox epidemic.

The out-of-town guests included: Drs. S. L. Scothorn and Genevieve Laughlin of Dallas, Texas; P. R. Russell, Fort Worth; K. J. Clements of

Plainview, Texas; Muriel Stover Thorburn and Thos. R. Thorburn of New York City; Alfred D. Glascock of St. Petersburg, Florida; W. E. Elfrink, Chicago; N. W. Shellenberger, Rockford, Ill.; L. H. Atkinson, Kewanee, Ill.; E. A. Ward and Chas. C. Cook, Saginaw, Mich.; J. H. Robinett, Huntington, W. Va.; E. L. Harris, Marietta, Ga.; O. T. Buffalow, Chattanooga, Tenn.; Ellen Ligon, Mobile, Ala.; Emma Curnell, Lancaster, Penn.; E. T. Davies, Boston; Grace Stratton-Airey, Salt Lake City; Edith Robb, Palo Alto.

A farewell reception was given in honor of Dr. and Mrs. C. J. Gaddis on the evening of August 22 at the home of Dr. Katherine Whitten in Piedmont.

In behalf of the local osteopaths, Dr. E. Bertella Fergusson presented Dr. Gaddis with a handsome traveling

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clock in a leather case in appreciation of the services he has rendered for osteopathy during the fifteen years of his practice in Oakland.

Mrs. William Horace Ivie delighted the guests with a group of songs and Mrs. F. A. Woodward gave a number of whistling solos.

An amusing feature of the evening was the presentation of a clever skit written by Drs. Katherine Whitten and Lily Harris. The characters included Dr. Whitten, Dr. Dolce Mansfield, Dr. Charles Peirce and Dr. George Peckham.

Sooner or later you will buy a McManis Table. Why deny yourself its benefits any longer? See page 46.

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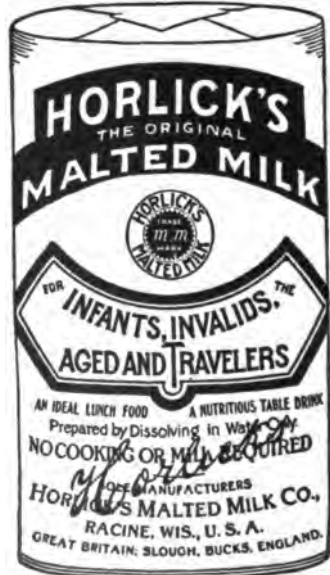
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November 7, 1922

Close of Best Spine Contest
(Continued from page 25)

and all of the spinal tests made by them. Regulation blanks were used to record all findings. Not only the various regions of the spine were gone over and recorded, but the shoulder blades and hips also. The spirit level was applied to determine any unevenness, plumb lines were used, and ribs examined to test proper spacings.

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THE GROWING MOVEMENT AWAY FROM ORTHODOX MEDICINE

[The followin is from an article by J. Stenson Hooker, M. D., in the London Daily News.—EDITOR.]

"There is a new current setting in as regards modern medicine, not only as regards the educated public, but also within the ranks of the profession itself. Indeed, the secession from the mere 'orthodox' system of medicine is growing faster and faster; witness the revolt against vaccination: nearly half the infants now born remain unvaccinated; witness, too, the growing distaste to inoculative treatment, and the objection to be dosed with one or more of the innumerable animal extracts, the claim for the efficiency of which is founded upon deductions reached by experiments on animals.

"On the other hand, we have in the present day a whole army of laymen who are actually and openly practicing

methods which the profession have largely let go and ignored, such as osteopathy, mental and spiritual treatment, light and color methods, hydro-pathy, the fasting cure, the all-milk cure, the many splendid dietetic cures, and other methods the value of which only a few of the more radical (dare we say advanced?) medical men have learnt to appreciate. All this indicates that the pendulum of treatments is now swinging away from all those methods known as 'orthodox medicine.'

"One thing is at all events very clear: educated people as a class are satisfied with leaving the physician's consulting-room without the prescription for medicine which was always looked for, and deemed so essential up

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to a few years ago. Mere drugging is on the wane amongst all advanced physicians; nor will cultured people themselves agree to be physicked as they used to be.

"Again, surgeons are complaining that operations are not so willingly acceded to as formerly; the fact being, of course, that patients are trying simpler remedies—going to diet specialists, psycho-therapists, etc., etc., before running the risks and spending

the money which an operation necessarily entails.

"We are all now alive to the fact that man is more than physical; we realize, as never before, that he is a highly-organized and sentient compound of body, soul and mind; thus it is that while drastic measures and mere drugging are going out of fashion, we now endeavor to bring upon all conditions of sickness, not only simple and natural remedies, but also

(Continued on page 49)

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"The sun goes round the earth"

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OPTOMETRISTS WITHDRAW OPPOSITION

The California State Association of Optometrists, by action of its officers and directors, has withdrawn its opposition to the Osteopathic Act as embodied in a resolution adopted at its recent state convention. Official notice of the new action is contained in the following statement:

THE OSTEOPATHIC QUESTION

At the recent state convention in Los Angeles, a resolution was adopted requiring our state association to oppose the passage of the proposed Osteopathic Act which is to be voted upon at the November election. This resolution was passed upon the assumption that the proposed Osteopathic Act would, in addition to the rights already possessed, confer upon the osteopath the full rights of the physician and surgeon and would empower and permit the practice of optometry by such osteopaths.

Since the passage of this resolution the legislative committee of the state association have made a thorough and complete investigation of the proposed Osteopathic Act and have made a report to the directors of the state association upon this entire subject matter. It is the unanimous opinion of the directors of the state association that this resolution was inadvertently adopted, and that its adoption was based upon a wrong assumption of fact. There is nothing whatsoever in the proposed Osteopathic Act which in the slightest degree changes the qualifications of those who seek to practice osteopathy, or in any way enlarges the rights already possessed by them. All that the proposed Osteopathic Act proposes to do is to establish an independent Board of Osteopathic Examiners and confer upon that Board the right to examine, and the full power of control of, osteopathic licentiates. The act

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itself does not in the slightest degree change the qualifications or existing standards of education and examination of either the osteopath or physician or surgeon. The proposed Osteopathic Act requires the Board of Osteopathic Examiners to carry out the terms and provisions of the existing Medical Practice Act in all particulars. There is nothing to be found in the proposed Osteopathic Act which is not to be found in the existing Medical Practice Act, except the transfer of authority to the new Board to be created.

The officers and directors of the state association, appreciating that the resolution passed at Los Angeles was probably passed upon a misunderstanding of the purposes of the proposed Osteopathic Act, and believing that a grave injustice was done by the passage of such resolution, hereby urge every licensed optometrist in the State of California to disregard the resolution passed at the recent convention at Los Angeles.

[Signed] G. I. DEANE, *President.*

JAS. HAMBLIN, *1st V. Pres.*

E.H. ARMSTRONG, *2d V. Pres.*

J. W. PUGH, *3d Vice Pres.*

A. N. OSBOENE, *4th V. Pres.*

E. D. CRAWFORD, *Secretary.*

C. A. MORRIS, *Treasurer.*

Copies sent to: August 23, 1922.

Board of Directors

State Board of Optometry

Legislative Committee

Dr. Forbes, Pres. Calif. Osteopathic Association

Dr. W. W. Vanderburgh, San Francisco. [Signed] T. A. BROMBACH,

[Chairman of Legislative Committee]

Special attention is called to the Nujol advertisement in this issue. If you have never tried this excellent intestinal lubricant, a request sent to the address given on page 45 will bring you a physician's sample.

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CHILD WELFARE

By LOUISE P. CROW, D. O.

The biggest asset this old world has is the little baby, therefore should the conservation of its life and the consideration of its well being and of its normal development be of first importance in the world's work.

In comparatively recent years child welfare has been given the prominence it deserves in public work, welfare conferences being established in all parts of the country. The City Health Department of Los Angeles has thirteen such conferences to its credit, twelve of them caring for infants from birth to two years of age. The Runabout Conference is for children from two to six. Children of school age are cared for by the Parent-Teachers' Clinic. A physician and two or three nurses are in charge of each conference, which meets once a week for about three hours. The writer's conference handles from forty to sixty-five infants at each session. The infant is stripped and weighed and charted, then passed on to the physician for inspection as to its physical condition, proper daily care in its bathing, feeding, sleeping, hygiene and sanitation, arranging the formula to meet existing needs in the artificially fed baby, or where complementary or supplementary feeding is necessary.

Breast feeding is an art in which many mothers have to be instructed. Counsel is given the mother for care of herself. She is advised regarding her habits, diet, and emotions in their relation to the secretion and maintenance of a proper quality and quantity of milk to best meet the needs of baby's first year, and to conserve her vitality to meet its further needs.

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Osteopathic Physician

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through the ever changing procession runs the one eternal principle, mother love, like a silken thread of blue through a string of pearls.

NERVOUSNESS

Of the ills that afflict humankind and especially the female half of it, one of the most common is the condition we call "nervousness." The term is a vague one, but the suffering produced by it is by no means vague; it is, on the contrary, very real. It may be a symptom of some condition that requires radical treatment or it may be idiopathic, which may mean that the cause cannot be found. It may be caused by disease, dissipation, errors in diet, overwork, and other things. Of course, where the cause can be found, it should be removed. However, if this is not possible, it is proper to treat the nervous condition itself for relief.

Nervousness is ridiculed and belittled by those who have never experienced it. If there is anything that can reconcile me to the suffering that I have endured during the past eight years from my spinal lesion, it is the thought that I have learned that "nervousness" means. Indeed, I shall never again make the mistake of regarding it lightly when I meet it in others. Some laugh at it as "hysteria." That word is too often a smoke screen for ignorance or indolence. The doctor, failing to diagnose the cause of the trouble, dismisses the matter with a trifle and a remark about "hysterical people." Yet, the science of medicine exists for the purpose of relieving suffering, and all suffering is worthy of the physician's attention whether great or little, whether dangerous to life or not. To give comfort where discomfort prevailed, is to win the patient's gratitude.—Wm Rittenhouse, M. D., in *Clinical Medicine*.

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(Continued from page 43)

those wonderfully forceful and helpful principles of psychology, of morality, and even of religion, that is to say, in its widest and most beautiful sense. The doctor of the future will be a teacher of principles of health rather than a mere prescriber of drugs; and some of us, clearly visioning the needs and the aids to improved national health, are never tired of urging from platform and pulpit, and with pen, the one great fundamental fact that to make the nation healthier we must teach its units to live more rightly all along the line—physically, mentally, morally and spiritually."

THE PATIENT DIED

A man died the other day who had had forty-eight surgical operations. These varied carvings and mutilations included the removal of parts of fourteen ribs, a shoulder blade and a segment of a collarbone. The complete specifications are not given, but he spent a large part of his time on the operating table. That he died was an unfortunate incident. The operations were all highly successful and the patient might have lived to endure another dozen or so of them but for some minor and unexpected complication that caused his unhappy demise. Those

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who follow the hospital bulletins will recognize this as an occasional happening.—*Los Angeles Times*.

46 DOWN; 2 TO GO

482 Everett Avenue,
Palo Alto, Calif.,
Sept. 8, 1922.

Dear Editor:

We have been traveling for two and a half years, but are now located for a while in Palo Alto.

In our travels we have covered 46 states and part of Mexico and Canada. Next summer we expect to see Idaho and Montana, the two states we have not yet seen, also the Northwest together with Mt. Rainier, Glacier, and Yellowstone National Parks. We spent last winter in Denver and this summer we have driven our car all over the Rockies; Mesa Verde National Park, Bryce Canyon, North Rim of Grand Canyon, and Zion National Park. We were in Los Angeles for the conventions; then went to Yosemite and over Tioga road to Reno and Lake Tahoe, then the State Redwood Park and here.

Yours,
DR. L. V. HARVEY.

OH, MAN!

St. Peter bid a solemn welcome to three white-robed men as they approached the gates of heaven.

"Where are you from?" he asked the first.

"Chicago," the man replied.

"You may go in."

"Where are you from?" he asked the second.

"From New York," he replied.

"You may go in."

"And where are you from?" he asked the third.

"I'm from Hollywood," said the man.

"You may go in, but I'm afraid you won't like it," said the saintly guard as he closed and barred the pearly gates.—Judge.

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**“WHAT MORE DO THEY
WANT?”**

Mr. Sullivan, medical lobbyist, addressing a meeting of medical men in Pasadena, said that osteopaths “have been practicing for ten years; what more do they want?”

The one and only thing the osteopaths want is relief from such intolerance as was displayed by this medical lobbyist during his speech. The osteopathic profession is entirely content to meet the same standards and be governed by the selfsame law that regulates the drug doctors. We have since 1907 passed exactly the same state examination for licenses to practice that medical graduates have taken. Our initiative measure Number 20 does not in any particular change the existing law. All we ask is that this law shall be administered fairly. At present, the drug doctors administer the

law. It is as unfair to have them administer the law for our system, as it would be to place their colleges and graduates in our power. Justice demands that the law shall be administered as the legislature intended. Its administration should no longer be left in the hands of one system.

The osteopaths now licensed want nothing for themselves, and our initiative measure contains no provision that will in any way benefit those of us now licensed. We are fighting to save the life of our college in this state. The proposed osteopathic board must operate without expense to the taxpayers.

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Egyptian physicians in the days of the Hebrew patriarchs knew that the heart is the center of a system throughout which its pulsations are felt. Besides muttering incantations, they performed operations, made diagnoses, catalogued cases, and verdicts, and pursued investigations in a scientific spirit, according to a study of the Edwin Smith papyrus made by Prof. J. H. Breasted of the University of Chicago.—*Los Angeles Times*.

In 1874 A. T. Still discovered something that he wanted to tell the medical profession, but they turned him down, and results are proving disastrous to the medical profession. In 1922 Dr. Abrams makes a last effort to tell the medical profession about something he has discovered and they, running true to form, turn him down. Then he offered to tell it to the osteopaths. Are we going to listen?—*The Florida Osteopath*.



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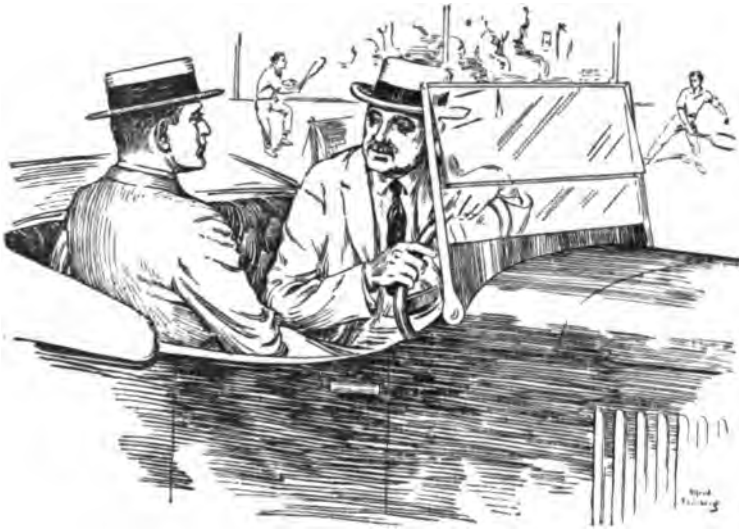
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- DR. SENIOR:** "I recall an article by E. P. Hoyle, the first American physician in Flanders, in which he mentioned, in no uncertain terms, the value of Antiphlogistine in treating wounds in French War Hospitals."
- DR. JUNIOR:** "I have been told that Antiphlogistine is now available in all parts of the world, that it is being manufactured in many of the important cities, such as Paris, London, Montreal, Barcelona, Berlin, Sydney, Buenos Aires and New York, with branches in India, China, Japan, South Africa, in fact in every civilized country. How do you account for this world-wide support of the medical profession?"
- DR. SENIOR:** "Because Antiphlogistine stands alone as a non-toxic, non-irritant abstracter of fluid exudates in superficial inflammations. It is the only preparation that will relieve deep-seated congestion by inducing superficial hyperemia—through its inherent hygroscopic property, and that without irritation."

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COLORADO**

Shall osteopathic physicians be excluded from hospitals supported by public gifts and taxes and exempted from taxation? This is the question which the osteopathic profession in Colorado will take before the next session of the legislature. Dr. C. W. Young of Colorado writes:

"Our legislature has appropriated \$800,000 for this state hospital, and \$200,000 was raised by public subscription. This hospital will, of course, be exempted from taxation. Yet a citizen and taxpayer of Colorado, who depends upon osteopathic care for himself and family, may not go to this hospital and have the care of any physician he may choose, in spite of the fact that the osteopathic physician is required to pass the same state board medical examination as the graduates of other schools of practice. When the public

begins to understand these things there will be a reaction against medical tyranny."

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THE WESTERN OSTEOPATH

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*'Tis liberty alone that gives the flower
Of fleeting life its lustre and perfume;
And we are weeds without it.*

—Cowper

OCTOBER, 1922

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THREE FACTS

An Open Letter to Osteopaths of the West

Dear Friends:

1. The College of Osteopathic Physicians and Surgeons is a school of which the profession may be proud. Housed in a fine reconstructed three-story building on spacious grounds and splendidly equipped, it offers finer educational facilities than ever before. Its faculty embraces nationally recognized leaders in the profession. We believe this faculty second to none in ability and achievement. Furthermore, these men are giving instruction that is genuinely osteopathic. Our entrance requirements consisting of a full high school course and one year of college chemistry, physics and biology, not only make possible unusual licensure privileges, but also a strong osteopathic course.
2. Your special attention is called to the fact that we are arranging for a mid-winter entering class. The fall class represents a 100 per cent increase over last year's entering class. With your cooperation the mid-winter class (registration date, January 29, 1923) will equal the splendid record made this fall.
3. Osteopaths and friends of osteopaths in the West, the growth of this College is inseparably linked with the progress of osteopathy in the West. We claim your support—moral and financial. Many of you already have proven your interest in this school, and what you have done is deeply appreciated; but we are asking an even wider support from the profession in the West. Every osteopath should realize that in real sense his interests are brought up with the interests of this College. With that spirit behind this institution we can lay the foundation for one of the greatest professional schools in America.

EDWARD H. LIGHT, President.

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- DR. JUNIOR: "You think it replaces the sour-smelling bread-and-milk affair, or the slimy, quickly cooling linseed-meal nuisance——"
- DR. SENIOR: "I no longer use those bacteria-breeding cataplasms. To say nothing of the personal appeal of Antiphlogistine, it is physiologically active from the first contact; it is physically clean, convenient and agreeable to the most fastidious patient——"
- DR. JUNIOR: "And always available at any drug store."
- DR. SENIOR: "Exactly—Antiphlogistine may safely be called our most scientifically satisfactory method of applying moist heat to an inflamed part and maintaining it. Most patients, when it is properly applied, either soon go to sleep, or say how comfortable it is."
- DR. JUNIOR: "I suppose I can get a reprint of Dr. Purdy's Paper?"
- DR. SENIOR: "The Antiphlogistine company will probably have excerpts of the article."

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THE WESTERN OSTEOPATH

Vol. 17

November, 1922

No. 5

SWEEPING VICTORY FOR OSTEOPATHIC ACT

With a majority of approximately 115,000 votes, initiative measure Number 20 was approved by the people of California November 7. The vote was unusually heavy throughout the state, more than 730,000 ballots being cast.

The greatest majority was in Los Angeles County, where, out of a total of 211,631 ballots, only 57,105 contained a "no" vote on Number 20, thus giving us a majority of 97,421 in Los Angeles County alone. The Veterans' Validation Act was the only state proposition which received a larger majority. The larger vote on this measure was undoubtedly due to the fact that it was Number 1 on the ballot. In Los Angeles County the final official returns showed that not only was Number 20 given a greater majority than any other proposition except Number 1, but a greater majority than the successful candidates for Governor and for United States Senator. F. W. Richardson's majority over his nearest opponent was 94,671, while Hiram Johnson's was only 66,713.

Another significant fact noticed in the returns is that while the total in Los Angeles County on the Chiropractic Act was greater, the majority for the Osteopathic Act was more than 5,000 greater.

It was hoped that complete state returns could be given in this issue of The Western Osteopath, but up to the time of going to press, reports from a few small counties were still missing. The counties from which returns are given on the next page represent

more than 96 per cent of the population of the state, and can therefore be taken as an approximation of the final complete returns.

Several counties show a majority against the Act. For this various explanations can be offered, but most of these counties are in the central and northern part of the state, where the proportion of osteopaths is smallest. The greatest adverse majority was in San Francisco County, where much of the opposition centered.

Examination of a map of California shows that beginning with the San Luis Obispo-Kern-San Bernardino tier of counties, the entire southern third of the state went solid for Number 20. Three other counties (Monterey, Tulare and Inyo) adjoining on the north also gave a majority, making a total of thirteen counties in an unbroken block which went for the Act.

California is a large state, and the campaign program had to be correspondingly large. We doubt whether an osteopathic campaign on as large a scale has ever been conducted in any other state. More than a ton of letter paper was used, and in addition, several million pieces of printed matter, the weight of which cannot be more than approximately estimated, but it is safe to say that it amounted to more than two tons. To mail and otherwise distribute all this material, the wives of osteopaths, students and other volunteer workers gave thousands of hours of time.

The vote by counties follows:

| County | Yes | No |
|-----------------|----------------|----------------|
| Alameda | 38,616 | 37,146 |
| Alpine | 8 | 14 |
| Amador | 367 | 1,006 |
| Butte | 3,592 | 3,695 |
| Colusa | 1,581 | 988 |
| Calaveras | 431 | 916 |
| Contra Costa | 5,176 | 5,824 |
| Fresno | 10,087 | 15,062 |
| Imperial | 3,660 | 1,418 |
| Inyo | 1,098 | 676 |
| Kern | 9,122 | 4,899 |
| Kings | 1,720 | 2,736 |
| Lake | 472 | 791 |
| Lassen | 643 | 923 |
| Los Angeles | 154,526 | 57,105 |
| Madera | 1,462 | 1,234 |
| Marin | 3,034 | 4,330 |
| Mariposa | 174 | 377 |
| Mendocino | 1,516 | 2,860 |
| Merced | 2,136 | 2,232 |
| Monterey | 2,778 | 2,758 |
| Napa | 2,212 | 2,757 |
| Orange | 12,983 | 4,543 |
| Placer | 1,861 | 2,406 |
| Plumas | 393 | 462 |
| Riverside | 8,070 | 2,875 |
| Sacramento | 13,982 | 8,051 |
| San Benito | 840 | 1,348 |
| San Bernardino | 12,393 | 4,796 |
| San Diego | 20,976 | 7,362 |
| San Francisco | 41,186 | 63,911 |
| San Joaquin | 9,220 | 7,378 |
| San Luis Obispo | 2,961 | 2,578 |
| San Mateo | 3,863 | 5,017 |
| Santa Barbara | 4,958 | 3,098 |
| Santa Clara | 10,949 | 11,503 |
| Sierra | 159 | 243 |
| Siskiyou | 2,004 | 2,121 |
| Solano | 3,842 | 4,310 |
| Sonoma | 5,666 | 6,691 |
| Stanislaus | 4,857 | 5,194 |
| Tehama | 1,703 | 1,519 |
| Trinity | 241 | 406 |
| Tulare | 7,984 | 6,504 |
| Ventura | 4,218 | 2,026 |
| Yolo | 1,745 | 2,388 |
| Yuba | 1,324 | 1,311 |
| Total | 422,789 | 307,788 |

NEXT ANNUAL LICENSE FEE TO BE PAID TO OSTEO- PATHIC BOARD

Beginning with 1923, the annual fee paid by graduates of osteopathic colleges for renewal of licenses must be paid to the State Board of Osteopathic Examiners. The State Board of Medical Examiners now has no jurisdiction or power over the graduates of osteopathic colleges. The Osteopathic Board will be organized in time to receive the license fees before they become delinquent.

The state directory of osteopaths will hereafter be issued by the State Board of Osteopathic Examiners. The names of osteopathic licentiates will not appear in the directory issued by the Medical Board.

VICTORY DINNER AT PASADENA

The osteopaths of Southern California celebrated the victory on Number 20 with a banquet Saturday evening, November 25, at the Hotel Vista del Arroyo, Pasadena. Covers were laid for about three hundred, and a most enjoyable evening was spent. Dr. Dain L. Tasker acted as toastmaster, and the following responded:

Dr. Stewart Fitch, "Our Fallen Foe"; Dr. Charles Spencer, "The Opportunities of Independence"; Dr. W. L. Bigham, "The Responsibility of Independence"; Dr. Geo. Whitehouse, "Sign and Have Others Sign"; Mr. Fred Frank, "The Price of Liberty"; Dr. Ernest Bashor, "On the Stage"; Dr. Henry Miles, "Peace with Victory"; Dr. Mabel Elliott, "Defending the Border"; Dr. Errol King, "Orange Belt Battles"; Dr. John Veon, "Kernels from Kern"; Mr. J. G. Painter, "The Raw Recruits."

When babies under your care must be artificially fed, try **Dennos Food**.

COMMENT ON THE OSTEOPATHIC VICTORY

WHAT WE WON

BY DR. HARRY W. FORBES

We won independence. We won for osteopathy in California exactly the same legal status that is enjoyed by the drug doctor. The osteopathic board is authorized and directed to administer the existing medical practice act for osteopathic colleges and graduates. The medical board now has no jurisdiction or power over the graduates of osteopathic colleges.

The Act grants self-government to the osteopathic profession and at the same time provides that the osteopathic board shall have no power over any other system. We are therefore free from both slavery and mastery.

We are no longer a subject people. We are not "under" the medical board. The medical board is no longer responsible for us. They cannot now certify to our competency. We are now responsible to the people for our practitioners and must therefore take seriously the duty of maintaining the highest standard of osteopathic practice.

Our examinations must thoroughly test the competency of the applicant to practice osteopathy. Unprofessional conduct by osteopathic licentiates must be prohibited. The people have voted overwhelmingly their confidence in us and we must more than prove equal to the trust.

We have forever dispelled the delusion that the drug doctors have a great political power in this state. Never again will public officials be cowed by the threat of vengeance from medical lobbyists.

Never again will Chambers of Commerce, safety councils, university presidents or other responsible organizations and individuals have the temerity to assault the honor and the

standards of the osteopathic profession. *Vox populi, vox dei.* The voice of the people has been heard by every public official and organization in California. We now have our own State Board created by the direct vote of the people. The honor and integrity of the State of California and of the existing administration in the State will have to be attacked in any future assault upon osteopathy.

The future of osteopathy in California is in our own hands. We have opportunities never before enjoyed in any state. Let us crystallize the pleasurable emotions of victory into a fixed definite purpose to give to the people of this state a higher standard of osteopathic service than has been possible under the domination and control of the old school doctors. They have meant well, but they have too much lime in their middle cerebral arteries to recognize and appreciate new and valuable therapeutic truths. *Vox populi, vox dei.* The people have chosen osteopathy. We will give them the best.

VICTORY AND THE FUTURE

BY DR. CHARLES H. SPENCER

The citizens of California have won a great victory in the battle for medical freedom. It would be difficult to find a more striking illustration of the futility of a campaign of fiction and misrepresentation than the majority given Number 20 in response to the campaign waged by the opposition. For all future time our system of practice is assured of a square deal on the foundation laid by the framers of the Declaration of Independence.

Our victory is also evidence of the fact that America still has what Lincoln referred to in his Gettysburg

address as "Government of the people, by the people, for the people." The question may be asked, "What people?" All people, but particularly osteopaths who are proud of their nativity and who are so jealous of the present high standing of osteopathy as to leave nothing undone to guarantee its future development.

Victory should always mark the starting point of new and higher ambitions. We have such opportunities before us. Let us not slacken our pace but push forward to the accomplishment of our increased duties and responsibilities.

OUR RESPONSIBILITY

By DR. DAIN L. TASKER

Heretofore we have won and lost various tactical legal battles against organized medicine in California. Finally, organized medicine succeeded in driving us to use our last line of defense, the initiative. We have been forced to accept many compromises in the Legislature. In the last session of the Legislature our offer to make further compromise was arrogantly rejected by organized medicine, thus leaving us no opportunity to continue living without relief by court action or initiative legislation.

We have now secured the necessary conditions for the preservation of our profession in this state through three court actions and successful initiative legislation. This success comes to us just as we have reached 21 years of legal recognition in California. We have reached our majority, the beginning of the period of full personal responsibility for what we do.

Organized medicine has been entrenched in civilized society since such a society existed. Many thousands of M.D.s are licensed in this state and the control of every state, county, and city hospital and health agency is in their hands. Nearly every voter was met at the threshold of extra-uterine

life by the hands of an M.D. and at various times in life received professional advice and care from such exponents of organized medicine, yet when it came to a show-down these voters indicated a lack of confidence in organized medicine. There can be no better evidence of the popular disrepute of organized medicine than this huge majority in favor of our initiative. A well-merited rebuke has been registered by the electorate against the notorious abuses exercised by the medical profession, not necessarily as individual physicians, but as an organized band exhibiting the "courage of the pack."

We are now charged with the great responsibility of administering the same law which an M.D.-dominated Board has heretofore administered to our detriment.

WHAT THE VICTORY

MEANS TO THE COLLEGE

By EDWARD H. LIGHT

Acting President

The recent endorsement given osteopathy by the voters of the state of California is extremely gratifying to all interested in the development of this system of therapeutics. This endorsement is not only very encouraging, but it also places an additional responsibility upon all those connected with the education of future osteopaths.

To my mind, this endorsement indicates a confidence on the part of the voters of the state, not only in the osteopathic practitioners of the present day but also in the kind of an education which future osteopaths are to receive. I believe that the greatest question of doubt in the minds of people who were at all sincerely doubtful about voting in favor of a separate board, was the possibility of lower educational standards existing under the separate board than under the medical board. It is our respon-

sibility to see that this confidence on the part of the public in our ability to maintain the proper educational standards is not in the slightest degree shaken.

I feel more than ever the need of our launching at once a campaign among the citizens of California and other western states for a large sum of money which will provide a college "Clinic Hospital" and an income from invested funds which will make possible more paid instructors on the teaching staff of the college.

Those who in recent years have fought so hard and in the midst of so much discouragement to bring about this separate Board of Osteopathic Examiners should have a great sense of satisfaction in the very notable victory which has been won. This victory means much to the college, first, because it insures a more friendly and interested board under which the college will operate, and, second, it has, I believe, brought about a more united profession which should mean an increased enrollment and a greater working force in securing the necessary funds from the public.

I am anxious now to see the best possible individuals put upon the Osteopathic Examining Board. I believe that these will be individuals who will hold the college up to the highest reasonable standards of work as regards the examinations which they will impose upon our graduates. I am sure that the policy of the college will be to so conduct its work that its graduates will be able to pass the most severe examination which this or any other board can give. I feel that an increased responsibility rests upon the college to see that no person graduates from its course without having so completely mastered the courses of instruction as to have little to fear from any examination.

We rejoice with all the members of the profession in this fine accomplish-

ment. We believe that it opens up far greater opportunities for osteopathy.

AN APPRECIATION

BY DR. W. W. VANDERBURGH

The profession of the North desires to express its hearty congratulations and thanks to our friends in the South whose magnificent work spelled victory. We knew that our worthy president would make any personal sacrifice necessary to win and we had full confidence in his ability to win, but we have been completely overwhelmed by our tremendous majority in Southern California.

To Lester R. Daniels, our past president, also goes a large share of the credit for our great victory. Lester is entitled to our thanks not alone for his great personal service before and during the campaign, but for his discovery of our able, tireless and loyal campaign manager, Ellis Purlee. Mr. Purlee gave to the osteopathic profession services of a kind that money alone cannot buy. We are deeply grateful to him for all that he did to aid in our splendid victory.

We should remember the old adage, "In time of peace, prepare for war." If the defensive efforts of past years could have been devoted to constructive work, we would now have a college endowed with millions.

We are prepared to ward off any attack that the enemy may make, so let us combine our energies for a better osteopathy, a bigger and better college that will endure forever as a monument to the life work of Andrew Taylor Still.

THE RESPONSIBILITIES OF VICTORY

BY DR. LESTER R. DANIELS

The people of California have by a large majority extended to the osteopathic profession a wonderful vote of confidence. In so doing they have put definitely and directly up to us the responsibility of making good.

We produced during the campaign

tangible evidence in the form of a court decision to show that osteopathic graduates are well-trained physicians. It is now our place to demonstrate to the public by our acts that the court was not mistaken in its ruling. I do not mean to infer that members of our profession have not rendered worthy service in the past; the confidence expressed in the vote of the people shows that they have, but none of us has delivered up to the maximum of his capacity, and no matter how great our success there is always room for improvement.

But how can we pay this obligation which we owe to the public in return for their splendid support? Let me state briefly my idea of how the profession can react to the challenge implied in our victory at the polls.

First: Let each of us solemnly resolve to do our utmost for each and every case that comes under our care, and to this end let us resolve to spend some time each day in earnest study of subjects that will help us to render better service. Let us also form post-graduate clubs in the various communities and study together for the betterment of all.

Second: Let each of us rally to the support of our colleges, particularly our own college, to the end that the profession may grow in proportion to the public need, and that our graduates may receive training of increasing thoroughness.

Third: Let our Board of Osteopathic Examiners maintain a high standard in its examinations and so conduct itself that the public may be amply protected and fairness may be done to all.

Fourth: Let the profession realize its obligation to the public from the standpoint of public service. Let us link our profession up with the people in a way that will enable us to serve them through the medium of free clinics, especially for children.

If we can thus serve the public, by helping to render more fit the coming generation, we will then have proved ourselves worthy of the trust that has been reposed in us.

These obligations, while they are only implied, are nevertheless definite and positive, and we cannot shut our eyes to their living reality. They must be met squarely and discharged as we would pay any other honest debt. Let it not be said of us that "we have been weighed in the balance and found wanting."

As chairman of the clinic committee I desire to state that definite plans looking toward the accomplishment of at least some of these worthy objectives are being prepared and will soon be presented to the profession. I trust that the loyalty of the profession which has carried us successfully through this gruelling campaign to well-earned victory will cause us to "carry on" to the ultimate realization of our ideals of what our profession should be.

WHAT WILL THE MEDICS DO NOW?

By ELLIS PURLEE

It was a great and genuine victory. The Legislature must be watched with bulldog tenacity this year. The medics have something up their sleeves already, if my predictions are correct, and they are dying so hard it is reasonable to expect something from them in the way of legislation to change the existing law. They probably will try to eliminate osteopathy from the Medical Practice Act of 1913. At least we may expect them to do something desperate to hold on.

A SOLAR PLEXUS BLOW

By DR. W. J. MULRONY

The 7th day of November will go down in osteopathic history in California for the great victory we gained through the people of the state for a separate Board of Osteopathic Examiners. It was a glorious day for the

(Continued on Page 37)

DR. GEORGE A. STILL ACCIDENTALLY KILLED

Dr. George A. Still, President of the American School of Osteopathy, Surgeon-in-Chief of the A. S. O. Hospital, and one of Kirksville's foremost citizens, was instantly killed about 10:45 o'clock in the evening of November 23 at his home in Kirksville, when an automatic pistol which he had dropped and was attempting to pick up from the floor was discharged, the bullet entering the center of the left cheek and ranging back into his brain.

The accident followed almost immediately the dispersal of a number of guests whom Dr. and Mrs. Still had been entertaining. Dr. Still was sitting near the fireplace and was exhibiting the weapon, which he had been carrying recently on account of robberies, to Mrs. Still, T. O. Monteith, Floyd Cowan and Russell Laney, the latter two having assisted in the orchestra for the evening. Dr. Still had sustained a broken forefinger on the right hand earlier in the evening, when it was caught in a chest, and this injury might have been responsible for his dropping the gun. As he attempted to pick it up, the injured finger caused him to fumble the pistol, according to Mr. Monteith's statement, and it was discharged before any of the party realized what had happened. Dr. Still pitched forward on his face and died instantly.

It was stated this morning that a few nights ago someone was prowling around Dr. Still's place and he believed they were attempting to steal his automobile. He had related this incident and also stated that he had purchased several turkeys for Thanksgiving and was afraid someone would steal them. He stated he intended to carry the pistol with him to be ready for an emergency. As he was telling the story he reached into his pocket

and pulled out the weapon, which was a 44-caliber automatic.

When the pistol dropped on the floor it is believed the fall caused the "safety" to jar loose and this left it in a position to be discharged easily, and Dr. Still, possibly thinking the safety was on, did not use his usual care in keeping his finger off the trigger.

Dr. and Mrs. Still had been entertaining the internes and nurses of the A. S. O. together with several of the faculty members. Most of the guests had just departed, and the rest were about to leave when the accident occurred. They all rushed into the "banquet hall" and were greatly horrified to see Dr. Still lying on the floor, dead.

The party was one of a series which had been planned by Dr. and Mrs. Still and he had been in his usual happy frame of mind all evening.

Coroner F. L. Bigsby was summoned at once and after questioning those who witnessed the accident stated that it would not be necessary to hold an inquest. He stated this morning that it appeared to him to be purely a case of accidental death due to the difficulty Dr. Still had in picking up the pistol which had become easy to fire from the slipping of the safety catch when the weapon fell to the floor. Dr. Bigsby stated that he examined the wound on his face and there were no powder marks indicating that the pistol was quite a distance away from his face when it was discharged. Despite the fact the weapon was of such a large calibre, the bullet did not go through the back of the skull but remained lodged in the brain.

Dr. Still was the only son of Dr. S. S. and Ella Still of this city, and was

(Continued on Page 13)

PROPAGANDA AGAINST OSTEOPATHIC ACT CIRCULATED BY METROPOLITAN LIFE INSURANCE COMPANY

One of the sensations of the Number 20 campaign was furnished by the Metropolitan Life Insurance Company's propaganda against the bill and a redhot editorial reply printed in the Stockton *San Joaquin Advance*. Stockton is to be congratulated on having a newspaper edited by a man who has the courage of his convictions.

The editorial follows:

METROPOLITAN LIFE INSURANCE COMPANY CIRCULATES LIES ABOUT CHIROPRACTIC AND OSTEOPATHIC BILLS.

The Metropolitan Insurance Company is circulating pamphlets urging the voters of California to defeat the chiropractic and osteopathic bills. These pamphlets state that drugless practitioners (meaning chiropractors) would be allowed to administer opium, cocaine, morphine, and other habit-forming drugs and thereby cause drug addiction to be greatly increased. This statement is a barefaced lie.

Section 7 of the Chiropractic Bill plainly states as follows: "One form of certificate shall be issued by the Board of Chiropractic Examiners, which said certificates shall be designated License to Practice Chiropractic, which license shall authorize the holder thereof to practice chiropractic in the state of California as taught in chiropractic schools or colleges; and also to use all necessary mechanical and hygienic and sanitary measures incident to the care of the body, but shall not authorize the practice of medicine, surgery, osteopathy, dentistry, or optometry nor the use of any drug or medicine now or hereafter included in *materia medica*."

These same pamphlets also insinuate that if the chiropractic and osteopathic bills are passed, the children could not have safe milk, they would get tuberculosis, you would get serious food poison and many would die. Lies and more lies.

What have the chiropractic and osteopathic bills got to do with the State Food Inspector? (Please page Ananias.)

We are inclined to wonder how much the American Medical Association had to pay the Metropolitan Life Insurance Company to make such mis-

leading statements and thereby place themselves in bad repute with the several million advocates of chiropractic and osteopathy.

We also wonder why the State Medical Association doesn't do its own lying.

The pamphlet would further have us believe that the creation of a board of chiropractic examiners and osteopathic examiners would entail considerable expense to the state. As a matter of fact both bills 16 and 20 plainly state that expenses of said boards shall be paid from the examination fees.

We detest LIES and LIARS.

That this editorial penetrated the hide of the insurance company is shown by the fact that a retraction was demanded of the *Advance*. The editor, however, was not intimidated, and on the day before election took a half page in the Stockton *Evening Record* to give greater publicity to the matter under the following large display heading:

ATTENTION! METROPOLITAN LIFE INSURANCE COMPANY, MEDICAL ASSOCIATION AND THE DRUG TRUST!

A Retraction Has Been Requested, But We Stand by Our Statement of Facts!

Below this the original editorial was reprinted, and at the bottom the following comment was added:

"The Metropolitan Life Insurance Company asks for a retraction. There is nothing to retract. The pamphlet issued by the Metropolitan Life Insurance Company is so worded as to tie up the chiropractic and osteopathic measures with the anti-vivisection amendment. The author of the pamphlet has very subtly made it appear that the alleged danger to public health some declare would result from the anti-vivisection measure would be due to the osteopathic and chiropractic measure. The Metropolitan Life Insurance Company knows that these are not true facts.

THE SAN JOAQUIN ADVANCE

San Joaquin County's Weekly,

LAURENCE E. KLUMP,

Editor and Publisher."

Some of the members of the Association were in favor of bringing a suit for libel against the insurance company and also against the "League for the Conservation of Public Health," provided, of course, there were legal grounds for such action. In order to obtain a competent opinion in the matter, copies of the circulars issued by the Metropolitan and by the "League" were sent to Messrs. Crail and Morton, prominent Los Angeles attorneys. Their reply follows:

JOE CRAIL
 Union Oil Building
 LOS ANGELES
 November 20, 1922.

California Osteopathic Association,
 Dr. H. W. Forbes, President,
 Dr. Norman F. Sprague, Chairman
 Finance Committee,
 Los Angeles.

Gentlemen:

We are returning herewith literature issued by the Metropolitan Life Insurance Company and the so-called League for the Conservation of Public Health.

After a careful consideration, we are of the opinion that there is no foundation contained in these documents for a libel suit to be brought at the instance of an osteopathic physician.

Where defamatory matter has no specific personal application and is so general that no individual damages can be presumed, and the class referred to is so numerous that great vexation and oppression would grow out of a multiplicity of suits, a private suit can not be maintained. This rule would apply here, as it would be manifestly impossible for any one osteopath to prove wherein he, individually, had been damaged by either of these articles. An article, to be the subject of a libel action, must be addressed to, or relate to, some person.

Thanking you for the opportunity of serving you, and accepting your thanks in full compensation therefor, we are,

Very respectfully yours,

(Signed) **JOE CRAIL.**
HAROLD C. MORTON.

HCM:GS
 2 Enc.

COMPULSORY VACCINATION LAWS UPHELD

To determine the validity of compulsory vaccination laws, a test case was carried to the United States Supreme Court. This tribunal recently rendered a decision affirming the constitutionality of such laws.

METAPHYSICAL DIETETICS

SOME PRINCIPLES AND RULES FOR RIGHT EATING. Formulated from the Teachings of Viola Mizell Kimmel, B. Sc., B. A. By a Friend. With choice Recipes and Menus by Mrs. Kimmel. 58 pages, multigraphed. Price \$2.00. Published by Viola M. Kimmel, Creighton, Nebraska.

This work endeavors to connect the subject of dietetics with metaphysical theories of vibration. The principal thesis is that "from every standpoint an uncooked diet is vastly superior." The author recommends raw vegetables of every kind, including raw potatoes. She makes statements regarding the physiology of the stomach that are at considerable variance with generally accepted scientific physiology. Much space is given to recipes, and among these are some which read as though they might taste good.

There are so many different theories and ideas regarding diet that a reconciliation of them all is an impossibility. One of the most common-sense courses open to a person who wishes to retain his sanity is to select from each theory that which appeals to his reason and discard the rest.

While Mrs. Kimmel's work would probably be accepted in its entirety by but few osteopaths, it has features that make it worthy of attention.

When you have patients who need sanitarium care, send them to one of the osteopathic institutions whose advertisements appear in The Western Osteopath.

FORWARD STRIDES BEING MADE BY LOS ANGELES COLLEGE

By JOHN ANSON FORD

Substantial evidence of the splendid program which is being followed by the College of Osteopathic Physicians and Surgeons of Los Angeles in its new year of activity, is found in the character of instruction given in the class rooms, in the increased enrollment in the freshman class compared with last year, and in the splendid condition of the College plant. President Edward H. Light has announced that the enrollment this year is 81, as compared with 70 last year. The freshman class represents an increase of 100% over the freshman class of last year. While the total enrollment is not large the College Administration feels that there is every reason for optimism, in view of the increase in new students. Further indication of the growth of the school's reputation is found in the fact that fully three times as many persons sought to enroll as could be accepted under the present entrance requirements.

These entrance requirements are being rigidly enforced. Particularly does this apply to the year of college chemistry, physics and biology. Every student entering the school must have at least one year each of two of these sciences. Arrangements can be made, however, for making up one year of science at some outside institution, in the summer time, at the close of the freshman year.

It is worthy of note that the present freshman class includes several who have already received the B. A. degree. It is expected that the mid-year class which will be matriculated in February will be approximately as large as the present freshman class. Already the College has the names of several prospective students, who are

taking special work in the sciences in some neighboring institution.

The large number of improvements which have been made in the College plant furnish visible evidence of the earnest efforts being made to strengthen the College in practical, material ways. The indefatigable zeal and infinite patience with the large number of problems incident to acquiring the school's present property and reconstructing its three-story building have resulted in an excellent showing. The admirable condition of the school plant, particularly the spacious, well-lighted, well-equipped laboratories, has been the occasion of many favorable comments on the part of osteopaths visiting Los Angeles from the East.

A few days after the beginning of the school year, President Light delivered an address to the student body, in which he stressed the fact that this is an *osteopathic* school, with instruction that is strictly osteopathic. "If there is anyone in our student body who does not intend to become an osteopath on finishing his course," he said in effect, "I advise him here and now to seek some other institution for his professional course." These remarks, it is interesting to note, resulted in a frank conference with one student who admitted to the President that he was only taking the osteopathic course as a means of getting by the State Board, after which he proposed to practice a combination of medicine and other methods of treatment. The student cordially thanked the President for his remarks and said that he realized his mistake in entering the Osteopathic College and desired to withdraw before spending more time there.

While the financial problems of the

College still bulk large, President Light's recent annual report to the Trustees revealed the fact that the financial condition of the school has been materially strengthened. The fact that during the past summer, instead of borrowing money for running expenses, as has been the case in recent years, the College paid off several thousand dollars of indebtedness is an indication of the improved condition. Great care must be exercised in the matter of expenditures this College year, in order to prevent a deficit, but with care the receipts from tuition, clinic and the Emergency Fund, should

equal the expenditures. Particularly encouraging have been the responses of many in the profession, who are generously contributing to the College maintenance. The contributions have been accompanied by expressions of good will and earnest desire that the school be put on a permanent foundation. The cordial manner in which leading osteopaths are giving time in the College class rooms is another indication of the united support which is being accorded the institution. It is these conditions which lead the Administration to feel that the school has a large future.

OSTEOPATHS AS PHYSICIANS

BY DR. HERBERT S. PETERSON.

The accusation is often made, not alone by our prejudiced friends, the medical profession, but by laymen as well, that osteopaths do not create the impression of being physicians. Whether, and to what extent, such an accusation is true, is worthy of thoughtful inquiry. Our prestige with the public is largely determined by the impressions which we as individuals and as a profession make upon our patients and people generally. If such an opinion has been formed of osteopaths, to what extent have we justified it?

Once or more in the career of every osteopath comes the humiliating experience of having a patient say "I want to a real doctor to see what he would say of my condition"; meaning, of course, an M. D. In what respects do we, as osteopathic physicians, differ from the ordinary medical physician, to create such a distinction in the patient's mind? In what respects does medical training differ from osteopathic training?

Herein, perhaps, lies the difference in the finished products of the two schools: The medical student, from the moment he enters college till he

completes his studies, is bulkwarked by a wealth of tradition and a prestige of power over the public that is greatly wanting in the case of the student of osteopathy. His mind is constantly fed on the value of those hoary traditions, and he is ever conscious of the power that his particular profession exerts upon those who are destined to become his meat as he steps out into the field of active practice. Stress is laid upon his preliminary education before entrance into the professional school, and he comes to his medical studies equipped with a certain amount of cultural training that until recently was not demanded of the student of osteopathy. As he steps into the field of practice, he possesses two distinct points of advantage over his osteopathic brother: first, he is an object of public respect by simple virtue of his being a member of the august medical profession; second, he is imbued with the sense of power of his profession over the public mind that begets unlimited confidence in himself. The people take him and his profession for granted, and he rides on the high tide of ancient traditions. Naturally

he develops a certain air of authority and suavity that sets him apart from the common herd, and thus he becomes a distinctive personality. It is this personality that the average layman associates with the medical physician.

Therein lies the difference in the training of the osteopathic student, which may account for the difference in personality between the two schools of physicians in the minds of laymen.

Until the last few years, the entrance requirements of the osteopathic colleges were such as to permit almost any person of reasonable intelligence, whether possessed of much or comparatively little academic training, to take up the work. No traditions of osteopathy as a profession had, as yet, been well established, and no prestige could be gained thereby. While many educated and trained minds were attracted to the profession, the rank and file were people of native ability, spurred on by a worthy ambition for service to humanity. What they lacked in polish they compensated for in idealism and energy, and so became the pioneers and blazers of trails for the profession. As they left the schools, minus traditions, to face a skeptical public, they were compelled to rely upon their own resources to build up confidence in themselves and their chosen profession. Consequently the more rugged elements of their natures were brought out, and their personalities were not molded after any particular fashion. They were entirely different from those that people had hitherto associated with the regular physician.

As yet, it can hardly be said that the osteopathic physician has developed into a distinctive type that can be recognized as such. The particular type of therapy which the osteopath uses has doubtless had some influence in creating the differences between himself and the regular physician, but, nevertheless, he will ultimately win the confidence and respect that the

medical physician now enjoys. If it is true that the osteopathic physician is different from his fellow medical practitioner, is it not equally true that it is just those differences that will finally win people generally over to his particular system of therapy, and that will gain for the profession the prestige that it deserves as a result of the service it has and is rendering to suffering humanity? The profession of osteopathy is still in its infancy, and only as it matures and develops, as has regular medicine, can it expect to win and hold the respect and confidence of the public. But it is making rapid strides in growth and progress, and the time is not far distant when the people will regard osteopaths as physicians in every sense of the word.

NEW YORK CITY JULY 1 TO 7, 1923

**"East is West"
and all the
West is for the East
next summer.**

GOLF NOTE

Dr. Leland S. Larimore of Kansas City recently enjoyed a thrill which comes to but few golfers. He made a hole in one. It is said that the odds are 20,000 to 1 against this occurring. Dr. Larimore has been playing golf less than two years.

Excellent stocks of surgical and sick room supplies are carried by firms advertising in The Western Osteopath. These firms help to make this publication possible. Do you do your part by patronizing them?
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KEEPING OUR HOLD ON HEALTH

Every one wants to be well. It is a natural yearning we cannot get away from. Those who have good health may not be aware of their desire for it, as it is characteristic of human nature to consciously long only for what it does not possess. The sense of need creates the desire which will be keenly in proportion the lack of the thing desired and, generally, only those who are in ill health fully apprehend the vital importance of perfect physical and mental adaptability to the responsibilities of life. One of the unfortunate facts of human experience is the failure of those naturally inclined to good health to concern themselves about retaining their hold of it. Not having been obliged to take pains to get it, they are apt to regard it as something that will always be with them. Only when they lose their hold of it are they aroused to a necessary appreciation of its great importance.

Wise, indeed, are they who, having good health, seek to benefit by the proverbial ounce of prevention that is worth a pound of cure in maintaining it. In this connection osteopathy fits beautifully into the scheme of life, because its comprehensive philosophy takes such reasonable account of the necessary relation between the condition of the body structure and the way in which its various organs will perform their duties. An unhampered communication of nerve impulses and circulation of the blood supply throughout the body is essential to good health, and the existence of this free communication depends upon a normal structural condition of the body. If the body is out of adjustment, out of gear, so to speak, to compare it with a complicated machine, either from disarrangement of the bony structure or clogging of the fibrous channels of distribution, then

will there be some ailment arising from the imperfect activity of some organ.

This is the scientific fact at the basis of osteopathic procedure, and the osteopathic physician after ascertaining the nature of the disorder goes to the root of the matter to discover and correct the structural abnormality that is the primary cause of the trouble. He readjusts the bodily machine, overcomes the interference with the smooth working of the different parts and then the several organs will perform their functions according to the schedule of normal life. Of course when an organ itself is diseased and cannot do its duty because of some degenerative change in its own structure then special treatment is necessary.

But many ailments are due to nothing else than the imperfect functioning or activity of a healthy organ due to interruption in the lines of communication to it. Here is where the ounce of prevention can get in its fine work by forestalling the development of serious ailments. The duty of maintaining health consists in keeping the body in normal form and perfect working condition. The training of an osteopathic physician pre-eminently qualifies him to discover wherein the bodily mechanism may need readjustment and to treat it accordingly. Occasional visits to an osteopath are certainly a wise precaution in retaining our hold on the priceless possession—good health.—*Osteopathic Magazine.*

Are you reading the Nujol advertisements in The Western Osteopath? Some very instructive reproductions of X-ray plates showing intestinal conditions are appearing in these advertisements.

WOMEN'S DEPARTMENT

EDITED BY DR. MARY L. LeCLERE

THE TREATMENT OF CHILDREN

BY DR. JENETTE H. BOLLES

The treatment of children is a subject of great practical importance in the vast field of the healing art. The difficulties in diagnosis are great and it is necessary to give children's cases special study beyond what is learned in a general clinical examination.

It has been said that in studying the different stages of development in children we are in reality acquiring an alphabet which, when once thoroughly mastered, will enable us to read the otherwise obscure language presented to us for translation by the various disorders of the child's life.

The proper method of learning to understand sick children is first to study their peculiarities in health, and follow these symptoms through the different stages of their development. To recognize the abnormal we must know the normal, and learn to work toward the removal of structural and functional defects.

In my opinion, abnormal conditions arising in infants are due in the great majority of cases either to improper feeding or to structural injuries. In the former, the indicated treatment is of course dietetic.

During the first year of a baby's life, the food should be breast milk. Breast feeding, when the mother is in normal condition, provides just the materials adapted to produce proper growth and development. The babe fed on mother's milk is less liable to contract diseases than the bottle fed baby.

One of the most important lessons

the tiny babe must learn is to take the food at regular hours. Upon this habit of regular and systematic feeding depends the health of the baby and the comfort of the mother.

The established rules as to the periods of feeding are as follows:

From birth to sixth month, every three to four hours.

From sixth to twelfth month, every four hours.

The test as to the quality of the food is made by taking the weight of the infant regularly. A normal breast-fed baby gains four to eight ounces a week the first six months, and after that from four to six ounces a week.

As there is no perfect substitute for mother's milk, the question of artificial feeding must be more or less a question of experimentation. That becomes the problem of the individual physician. The transition period, when the diet is changed from exclusive milk to the diet of childhood is a very important time, and much of the illnesses of older children can be traced to errors in feeding and carelessness in regulating the habits of eating.

When called to treat a case of indigestion in a child, the first rule to observe is to stop all feeding as long as there is temperature. Give nothing but water, and in case contractures are found along the spine, a gentle relaxing treatment will give relief. When the temperature is reduced, begin with a lessened quantity of the regular food,

gradually increasing the strength as the stomach tolerates it.

No less important than the feeding is the guarding of the structural integrity of the child's body. Dr. A. T. Still tells us in his *Research and Practise* that it is possible for the mother or nurse, in lifting the babe by catching it under the arms and putting undue pressure on the soft and elastic ribs and spine, to put sufficient strain on those structures to cause irritation of the intercostal nerves and consequent pain. The after-effect of this condition, if not relieved, would be to produce chronic coughs, labored breathing, and various respiratory and digestive disturbances. The treatment for such cases, as outlined by Dr. Still, is as follows:

Place the child with its breast against yours; in order to open the axillary circulation, place your hands under the child's arms, with your thumbs in front of the shoulders. With the points of your fingers feel along the spine to see if any rib has varied from its true position. Cover the spine with your hands and gently work the ribs forward and downward until they are adjusted to their proper place. The success of such treatment will prove universally satisfactory to the mother, the babe, and to yourself.

The Kappa Psi Delta sorority of the College entertained the freshmen women in the accepted manner of typically Kappa Psi Delters the country over, in going after and getting more knowledge. One evening not long after college opened, they descended upon the Westlake Clinical Laboratory and asked questions and studied methods for two solid hours. Miss Rule and Dr. Perry were kept busy answering their questions and can testify to the fact that the College has a fine lot of women who will go out into the field real osteopaths. They have the osteopathic viewpoint and the brains to keep that vision and carry on.

ACTIVITIES OF OSTEOPATHIC WOMEN

"Playground for every child in Lima" is the slogan of the associated organizations of Lima, Ohio, in a movement to enlarge and equip a number of modern juvenile amusement places throughout the city. It is planned to have playgrounds in every section so that no child's home will be more than half a mile from one of them. Dr. Josephine Peirce of Lima, Recording Secretary of the Ohio Federation of Women's Clubs, is head of the Child Welfare Association in charge of the movement. Funds were obtained through public donations and a field day, with 1,500 children of all ages taking part in an exhibit.

* * *

Dr. Josephine L. Pierce was the O. W. N. A. delegate to the Executive Board meeting of the National Council of Women in Des Moines, early in October.

* * *

Drs. Leonora Grant and Ida Rosenkrans of Seattle have been speaking before parents' organizations against a referendum measure which would compel physical examination of school children against the wishes of parents.

* * *

Dr. Roberta Wimer-Ford addressed the University Mothers' Club October 5 on "The Physical Interpretation of Your Child."

* * *

Mrs. Kendall, mother of Dr. Estelle Buck, died at her home in Pasadena, October 31, at the age of 86.

ANNOUNCEMENT

Doctors Ada A. Achorn and Jessie F. Streeter announce that they are located in Rome, Italy, for the practice of osteopathy, and will be glad to care for any patients referred to them. Their address is: Boston Hotel, Rome, Italy.

OSTEOPATHIC GYNECOLOGY

By DR. JENNIE C. SPENCER

Second Article

ANATOMY AND PHYSIOLOGY OF THE PELVIS

In discussing the anatomy of the pelvis we shall review only the points which are of special importance to us in our work. We shall not attempt to invade the field covered by textbooks.

Of first importance is the consideration of the normal position of the uterus. After examining many cases we are impressed with the fact that the uterus may vary greatly both in itself and in its relation to surrounding structures and yet be perfectly normal. The cervix varies in length. In some cases the bony structure is broader and the cervix seems very near the orifice. In others the vagina is long and the cervix seems very high. The angle between the cervix and the body of the uterus is almost lost in many cases; in others it is slightly more than a right angle.

The rule which I have adopted to determine the normal relates not so much to the height in the pelvis nor to the different degrees of version or flexion, but to the mobility of the uterus. This mobility must be lateral as well as upward and downward, and should be obtained without pain, providing the physician knows his pelvic technic and the patient is not hysterically inclined.

One mistaken idea which is difficult to overcome is that of the ligamentous support of the uterus. The term *ligament* is a misnomer when applied to the folds of peritoneum which support the uterus. The round ligaments are the only ones that approach the structure which characterizes ligaments in other parts of the body.

The broad ligaments and the anterior and posterior ligaments are

merely folds of peritoneum. Inflammation causes congestion of the peritoneum and a shortening of these folds so that the uterus is fixed upward, laterally or posteriorly. Careful massage in the sub-acute stages of infections prevents any permanent malposition of the uterus and ovaries.

Chronic contractions of these ligaments do not necessarily mean a marked degree of fibrous infiltration. Many of them are merely cases of chronic congestion. But even in cases where there has been considerable fibrous infiltration careful stretching will bring about greatly increased movement and result in normal functioning.

The real support of the uterus is afforded by the muscles lining the pelvis and those forming the perineal body. The greatest of these is the levator ani, which is properly called the diaphragm of the pelvis. One must always bear this in mind in examining for lacerations. The superficial muscles, the bulbo-cavernosus, transverse perinei, etc., may be torn with very little change in the position of the uterus. But once the levator has been severed there is nothing left to maintain the intra-abdominal pressure, and the uterus will be found sagging in spite of the so-called ligamentous support. We find the same prolapsed condition without lacerations present in cases that lack general muscle tonicity. Neurasthenics seldom have a uterus in normal position.

It is essential to keep in mind the circulation of the pelvis. All of the blood vessels and lymphatics lie between the folds of the broad ligaments; hence the importance of normal uterine mobility. The lymphatics of the

uterus and ovaries discharge into the lumbar glands.

We should also bear in mind the peculiar drainage of the left ovarian vein which empties into the left renal vein at a right angle and the junction is not guarded by a valve. This causes a sluggish flow and a tendency to passive congestion of the left tube and ovary, making them specially susceptible to infection.

Many cases of sterility have been overcome by pelvic massage when there has been found no uterine malposition nor ovarian difficulty, proving that the change in circulation promotes normal function.

The nerve supply to the pelvis is very complicated owing to its large sympathetic plexus. This interlacing with such a large area of the abdominal nerves gives rise to the different ideas regarding bony lesions being the cause of pelvic disorders, whether found in the lumbar or dorsal regions.

From watching the reports of many cases I am convinced that any lesion of the spine from the cervical region down may bear some relation to the pelvis. This accounts for the wonderful results obtained in many cases without the giving of a single bi-manual treatment. It is important that we bear this in mind, as well as the local conditions. The distinctive work of the osteopathic gynecologist is the correction of bony and muscular lesions in the treatment of pelvic disorders.

The structures of the external genitalia are of importance to us, and again we must be reminded that there are many anatomical deviations which are not necessarily indicative of pathology. In examining the labia we find the nymphae of varying shapes and lengths, but we should hardly consider that nervousness is caused by increased size or length of the nymphae any more than we would regard the length of the nose as a cause of nervous instability. When they reach

the size where locomotion causes irritation then it is time to amputate.

The clitoris also has received considerable attention, and all sorts of symptoms have been attributed to it. I feel certain that a clitoris which is giving rise to nervous irritation will be found to be locally irritated and distinctly adherent. Many times the retraction of the prepuce with removal of accumulated smegma will entirely remove the irritation.

The hymen should receive attention whenever the membrane is thickened, and in many cases it requires surgical attention. When such conditions are found in girls, they should be attended to without delay. Nothing is gained by waiting until marriage.

One should never overlook examining carefully for any anatomical defect, but should also bear in mind the many possible variations without implying any pathology.

It must be borne in mind that there is only one function of the female generative tract, and that is reproduction of the species. All of the sex development and all its accompanying complexes are subservient to this one great function.

The discussion of the physiology of the pelvis is divided into three periods: puberty, nubility, and the menopause. These will be taken up in later articles.

The Chicago Osteopathic Hospital Training School for Nurses is now registered in Illinois, and is on the list of accredited training schools of the Department of Registration and Education of the State of Illinois.

Los Angeles osteopaths who own automobiles can get first-class repair work done at the shop conducted by Mr. L. O. Sommers at 915 West Tenth street. Mr. Sommers is an advertiser in *The Western Osteopath* and is entitled to your patronage.

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THE SCIENTIFIC SPIRIT IN EDUCATION

BY DR. ROLAND F. ROBIE

Did you ever read an article or a book that started the ideas fairly buzzing through your head or made you get up and walk the floor through sheer wonder at the thing? Such an article or rather companion articles, recently appeared in the Atlantic Monthly and Collier's Weekly concerning Arthur E. Morgan, an engineer and business man who is trying a new experiment in education at Antioch College in Ohio. I make no apology for venturing to reprint parts of these articles because the faults in our educational system which Mr. Morgan has laid his finger on occur in osteopathic education as well.

Mr. Morgan says in the Atlantic:

"We aim for symmetry of development. Society and the student, and not courses, are the units for which symmetry is demanded. We plan to carry no line of preparation beyond a point where its further extension would mean the elimination of other experiences more important for the development of balanced personality; even though these other experiences lie entirely outside the usual range of traditional college interests. Thus, among the most far-reaching decisions the student ever will make are his choices of a vocation, of business associates, of a mate, of a home and its equipment, of avocations and recreations, of his manner of spending his income. * * * College students are poring over their mathematics and languages, whereas, in these other portentous matters, in most of which they will make decisions shortly after leaving college, they are as ignorant as babes, frequently arriving at decisions based upon the most ephemeral of reasons.

"A fund of information, combined with reasoning power and the habit of diligent study, while they fill the requirements of academic excellence, do not prepare a young man or woman for effective living. Only by actual experience with the real world he is to enter on leaving college can he complete his preparation. Under the Antioch Plan,

while a few of our students spend their entire time at study, most of them divide their time between school and practical work as part of the economic community. To accomplish this, the students are divided into two groups, alternating in periods of five weeks between college and industry. These periods of economic effort are of great advantage in acquainting young men and women with the methods and technique of the calling they may later follow. But other gains are even greater. The student learns by actual experience how much life costs in labor. He learns the range and limits of his own resources, and becomes better able to judge the significance of the difficulties and resistance he must encounter. He tries out his own personality against that of others, and in general 'finds himself,' and the prospect of saving several years that otherwise would be taken up in that process after college."

Doubtless many osteopaths and drug doctors have become aware within two years after graduation of shortcomings in the curriculum of the institution from which they graduated. For example, the osteopath who came to the large city had no idea of the problems incident to such a practice; he had no intelligent reason small town; he knew he had something good in osteopathy but he could not for the life of him see how he could get that information before the people he knew ought to be his patients, while his competitor in the same building with only a year's course was building faster because he was taught the psychology of reaching people. This embryo osteopath hadn't the faintest idea of what use a Chamber of Commerce might be in giving him information about the character of people and of industries and of the future of the place in which he thought of locating. Perhaps good openings were not even listed in the college office.

Our young hopeful could give the State Medical Board facts by the yard

but he had no idea of business customs or forms. Commercial law was as unknown to him as the Greek of the Odyssey and the principles of advertising would find him entirely at sea. Worst of all, his business letter would be unintelligible to any but a handwriting expert and so jumbled in sentence construction that no one could get his meaning.

Now I am not saying that either the medical or the osteopathic college was entirely responsible for this condition; part of the failure was due to lacks in the public school system which further justifies experiments such as Mr. Morgan's. But what can be said of the failure to teach the embryo doctor the necessity of co-operating with his fellows through state and national associations for the advancement of the system which gives him his living? Why not instill into him the militant spirit of the pioneers so that he will live and think and dream osteopathy? Teach him that he is entering no soft snap but a life of adventure as truly as the one Mr. Morgan portrays; adventure because there are a thousand hidden facts to be uncovered in our work and because there are powerful forces constantly at work to discredit osteopathy and kill its schools.

Miss Ida Tarbell says of Mr. Morgan in Collier's:

"What is imperative in this country, he believes, is to replace conformity, imitation—the acceptance of precedent, usage, and tradition as authoritative or necessarily valuable—by the scientific spirit: that spirit that drives men to observe, to pick to pieces, to experiment, to build up in new ways."

This paragraph describes Dr. Still in the motives that governed his life, as truly as it does anyone. From what one may gather about him it was certainly characteristic of him "to observe, to pick to pieces, to experiment, to build up in new ways." It is evident also that osteopathic students

must be picked from among those who possesses such a spirit.

Let anyone familiar with college life turn the pages of an alumni directory and he will soon see the truth of the following by Miss Tarbell:

"Men so trained [in college] are unfit for responsibility; moreover, they come from college shirking responsibility. They seek a job, not to make a job. We are turning out 'hired men,' Mr. Morgan told them, not proprietors. The small towns cry for them—men and women educated to citizenship, eager for service, who will take hold of the opportunities in professions, in industries, in trade in small communities and become leaders; who will challenge the fast-spreading corporation, intent on size, standardization, monopoly, indifferent to rare quality, eager for the kind of men our colleges make—men who will 'fit in,' 'take orders,' who have neither the passion for responsibility, the imagination to see chances, nor the pluck to go on their own and, as long as is necessary, fit their standard of living to their venture."

OREGON OFFICERS

The officers and committee chairmen of the Oregon Osteopathic Association for 1922-23 are as follows:

President, J. L. Ingle, La Grande; Vice-President, L. C. Marshal, Salem; Secretary-Treasurer, C. H. Beaumont, Portland.

COMMITTEE CHAIRMEN: Legislation, J. E. Anderson, Portland; Publicity, C. H. Beaumont, Portland; Program and Social, William Stryker, McMinnville; Clinic, Mary E. Giles, Portland; Public Health, G. E. Holt, Pendleton; Public Education, C. T. Samuels, Baker; Professional Education, L. C. Marshal, Salem; Membership, Eva S. Walker, Portland.

Have you tried the cultures of *B. acidophilus* and *B. Bulgaricus* supplied by the Vitalait Laboratory? They are prepared by experts in a laboratory the equipment of which is second to none, and are sent at frequent intervals to insure freshness.

THE LESION AGAIN

By DR. MARY L. LECLERE

Dr. Joseph Amussen of Santa Monica, in his own laboratories and the laboratories of various universities, has made a special study of the osteopathic lesion. His conclusions as to the pathology of the lesion are somewhat different from any the writer has heard before.

The lesion, according to him, is not a dislocation; it is not a subluxation; it is not primarily an immobilization. Immobilization may or may not take place secondarily. It is a "fibro-molecular strain due to direct or referred injury." When due to direct injury the strain is located primarily in the capsular ligament. When due to referred injury the spinal trouble may start with contracted muscles and early immobilization. He explains the term, "fibro-molecular strain" by using the analogy of a steel wire. The wire can be bent back and forth within a given range and when freed will always spring back to its original position. But bend it a little farther than the given limit, then when freed it will not of itself spring clear back. It is still freely movable but it will not of itself resume its original position. There has been a change in the arrangement of the molecules of the wire at the point of injury.

So there is a change in the arrangement of the molecules of the injured ligament. This change, he thinks, is in the cement-like substance between the fibres of the ligament. Owing to this molecular change the relation of the fibres to one another is more or less changed.

He proved by experiment that the lesion due to direct injury is primarily in the capsular ligament. He lesioned rabbits, dogs, and guinea pigs, then cut all the muscles and tendons about the joint. The lesion persisted. Then he cut the various ligaments about the

joint. Not until he cut the capsular ligament did the bone regain its normal position. Involvement of other tissues about the joint, muscular contracture, etc., is secondary, due to a spread of the inflammatory condition to surrounding tissues, and to referred injury.

The big nerve trunks are not pinched as we used to be told. In fact the primary irritation is not to the big nerve trunks at all. The tiny afferent nerve endings arising in the injured tissues about the joint are irritated by the abnormal conditions there; it may be that these tiny nerve ends are pinched by the malposition of the fibers of the ligament. They carry this irritation into the spinal cord, where it is referred to nerves passing out at the same level to the viscera, to the spinal musculature, and to other structures. If the irritation were primarily to the nerve trunk then degeneration of the nerves would occur only from the point of irritation out to the end of the nerve. But a study of the nerves about a lesioned joint shows that the degeneration involves the whole reflex arc, following the afferent nerves arising in the injured tissues about the joint into the spinal cord and then out along the efferent nerves to distant parts.

Any corrective work which moves the joint does good because movement is the normal stimulus to which the structures about a joint have learned to respond. "Movement substitutes a physiological stimulus for a pathological one." Starling says, "Every effective reaction inhibits every other reaction." Movement improves the circulation through the injured area and starts the reaction on the part of the tissues which is necessary for healing. Therefore, even the unscientific technic of our imitators or the

usual osteopathic habit of twisting the cervicals one way—pop; twisting them the other way—pop, does good. Such movements he thinks also do harm along with the good. A strain on ligaments already subject to strain increases the strain and results in greater connective tissue thickening about them. As in the case of a bent wire, so in the case of the strained ligament specific correction consists in forcing it to retrace in the opposite direction the path over which it traveled in the production of the lesion. A wire is straightened just as easily by a slow, gentle movement as by a sudden jerk. But in straightening the wire the direction of movement and the leverage used are very important. Specific correction gently given causes a reabsorption of the connective tissue laid down around the area.

If the lesion is compensatory to trouble elsewhere; if it is an attempt on the part of the body at physiological adaptation, then movement is the stimulus which excites the reaction on the part of the tissues which enables them to adapt themselves to the new position and to maintain flexibility in that new position. Lumbar lordosis is necessary in a fleshy person. We cannot correct the lordosis; we had better assist the body to acquire all the lordosis it needs and then keep the joints moving until the spinal tissues have adapted themselves to the new position. A structural lateral lumbar curve cannot be corrected, nor can the innominate malpositions which are secondary to such a curvature be permanently corrected; but by moving all the joints involved we assist them to become adapted to the change; we assist the spine to maintain its flexibility in spite of the structural changes which have taken place. In scoliosis such treatment, of course, is not to be given until the patient has reached such an age (twenty-five or thirty years) that the bones are too hard to further change

their shape as increased flexibility seems to encourage such change. If adaptation does not take place the prolonged irritation is likely to result in muscular contracture and adhesions around the joint which interfere with its mobility. A rigid joint gives trouble. The tissues around a rigid joint are deprived of their normal stimulus, movement, and so deteriorate. Circulation stagnates in the tissues around a joint which does not move freely, for two reasons: (1) Flow of venous blood and lymph depend on joint movements; (2) Reflex irritation to the vasomotors causes contracture of the blood-vessels supplying the tissues about the joint.

Because osteopathic manipulation is an art many osteopaths have been very successful who really have no true knowledge of the basic principles underlying their art. After hearing Dr. Amussen make the foregoing statement the writer was interested in reading in the *Journal of the A. M. A.*:

“The practice of medicine will always be an art rather than an applied science; for the benefits of the application of knowledge may be measured by the technical skill and the experience—the art—of the physician.”

STUDENTS DEBATE THE OSTEOPATHIC ACT

Last Tuesday the Science Department of the high school debated the merits of the osteopathic initiative, to be voted on at the coming election. Mabel McPhail and Myrt Phipps argued in favor of the act and Edwin Husson and Guy Steelman talked against it. The debate was decided in favor of the affirmative.—*Exeter Press.*

The foregoing item was the result of the wide-awake activity of Dr. W. L. Nichols of Exeter. Dr. Nichols arranged for the debate and coached the speakers for the affirmative.

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EDITORIALS

VICTORY

The people of California went to the polls November 7 and by a majority of more than 115,000 registered their approval of osteopathy and of our desire for an examining board made up of our own graduates. In effect, the people have said, "We are confident that you are capable of governing yourselves. The arrogant domination of your school of practise by political medical doctors must stop."

Thruout the long fight which led to this victory the osteopathic profession has played fair, and, whenever politics could be eliminated, the decision has been in our favor. Probably the most outstanding case in point was the opinion of Judge Wellborn of the Superior Court of Los Angeles county, handed down as a result of the suit for recognition brought by the College against the medical board. The merits of the case were given fair play, and the court's decision was in our favor.

On the other hand, there have been a number of engagements in which the political machinations of the enemy have determined the result, and in these cases the opposition has made temporary gains. From the time our

legislative committee decided to go to the electorate for relief there was no doubt of the result provided we could place the facts before the necessary number of voters. With politics eliminated, our problem became one of educating the people. Various means were used to this end, but probably the largest factor in our success was the plan of having osteopathic patients and other laymen circulate petitions containing at the top the following agreement:

"The undersigned registered voters hereby agree to vote 'Yes' on the Osteopathic Act, Number 20, at the election November 7, and ask every other California voter to do likewise." Following this paragraph were blank lines providing space for the signatures of twenty voters, together with the address. The back of the petition contained "20 reasons for voting YES on Number 20." Thru the efforts of 300 osteopaths, nearly 9,000 of these petitions were circulated in Southern California, and more than 81,000 signatures were obtained.

The question of to whom the credit should go for the great victory is of secondary importance. The main

point is that we won. Following the triumph of the Allied arms in the conflict with Germany there was considerable discussion as to "who won the war." The fact that hardly any two authorities agreed on the matter was evidence that no one person or group of persons or even any one country was entitled to all of the credit. Superior generalship and the whole-hearted co-operation of everyone under that generalship were, in the last analysis, the deciding factors. So it is in our case. Superb leadership and the "everlastin' team-work of every bloomin' soul" did it. Either one without the other would have availed nothing.

The people have given us our liberty. Liberty entails responsibility. It is now up to us to show that the confidence of the voters has not been misplaced, and that we are capable of carrying the responsibility. This point is brought out in the symposium of "Comments on the Osteopathic Victory" printed elsewhere in this issue. Along the same line is the following editorial taken from the *Sacramento Union* of November 12:

THE NEW MEDICAL EXAMINING BOARDS.

After a fight which has extended over a decade, the newer schools of healing have been given the right by the people of California to establish their own examining boards and regulate the approval of their own colleges. The new board of osteopathic examiners and the new board of chiropractic examiners which were authorized in the recent election provide a freedom of action which neither of these branches has ever known in California and which many of the larger states of the country still deny to them.

Conservative medical men and prominent educators have looked askance at the tendency to decentralize the medical examining authority of the state and predict that a dangerous lowering of the standards which have protected the public against the quack and the faker will follow.

Whether these prophesies will be realized depends entirely on the use which the new boards and their associated professions make of their new freedom. If the chiropractors and osteopaths respond as does the average man to the call of a new trust and responsibility there should be no fears for the future. Where they have been anxious in the past to hold to high medical and ethical standards, they will be doubly anxious in the future to hold even higher standards. They now know that it is their duty to make good and that if they fail there is no one else but themselves to blame.

So long as the osteopathic profession in California continues under the leadership of men and women of the type who have been prominently identified with the Association since its organization, no one need have any fear that we shall fail to show ourselves worthy of the trust that the people have placed in us.

GROW-ELLS FROM ROWELL

Chester Rowell has been one of the most persistent and consistent foes of osteopathy. Throughout the campaign his pen was wielded freely on the side of the opposition. It is too bad that the lime crystalized in Mr. Rowell's middle cerebral artery before osteopathy attracted his attention, otherwise he probably would have been prominently identified with the forward progress of our system of therapeutics. The following comment from him on the election returns is interesting and contains more truth than poetry:

"The tremendous vote against the anti-vivisection bill contrasted with the reverse votes on the chiropractic and osteopathic bills, seems to indicate that the people have a higher regard for medical science than they have for the medical profession."

The truth is that the people realize that osteopathy, the new school of medicine, is more firmly grounded in medical science than are the older schools of medicine.

IDAHO OFFICERS

At the 1922 convention of the Idaho Osteopathic Association, held September 25 and 26 at Boise, the following officers were elected:

President, Dr. R. C. Virgil, Nampa.

Vice-president, Dr. Andrew McCauley, Idaho Falls.

Secretary, Dr. O. R. Meredith, Nampa.

A booklet on the treatment of ear, nose, and throat diseases will be sent on request to the Denver Chemical Manufacturing Company, 20 Grand street, New York City, the makers of Antiphlogistine.

SURGICAL STYLES

Every observer knows that surgeons have a natural prejudice in favor of using a knife wherever there is any reasonable indication that an operation may perhaps be helpful. This prejudice is so strong in many instances that the result is a distressingly long list of operations that had better never have been performed. For a long time when appendicitis was at the height of its popularity, all manner of human ills were attributed to the appendix. Then tonsils and adenoids came more to the fore, and just recently it is to be observed that abscesses under teeth have the call.—FRED C. KELLY, in *Cosmopolitan*.

Drs. W. Ross and Ruth L. Eaton of Oregon City (Oregon) are the proud parents of an eight-pound daughter, born October 25, at Woman's Hospital, Portland, Oregon. The little lady has been named Wilma Ruth.

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EASTERN IDAHO OFFICERS

The Eastern Idaho Osteopathic Society met in the offices of Doctors Parker and Bodmer at Pocatello November 16, 1922, and elected the following officers:

Dr. Geo. A. Aupperle of Idaho Falls, president.

Dr. Vern M. Bodmer of Pocatello, vice-president.

Dr. Jenny M. Gardner of Idaho Falls, secretary-treasurer.

WASSERMAN TEST UNRELIABLE

Though the Wasserman reaction has been extensively employed since 1907 it cannot be said that much progress has been made in unraveling its modus operandi. Some have laid great stress upon the possible interpretation of a positive and negative reaction, but those with a large clinical experience are coming to the conclusion that a negative reaction signifies nothing, and that a positive reaction means no more than the patient has had syphilis. It is now being recognized that the test cannot be used, either as a regulator of treatment or as a test of cure, and that a positive reaction does not necessarily signify that the disease is active and that the patient requires treatment.—J. E. R. McDONOUGH, in London *Lancet*.

"From and after the time of the organization of the Board of Osteopathic Examiners, said Board of Medical Examiners of the State of California, shall have no further jurisdiction, duties or functions with respect to graduates of Osteopathic schools holding or applying for any form of certificate or license and the said jurisdiction, duties and functions shall be assumed and performed by said Board of Osteopathic Examiners."—Section 2 of the Osteopathic Act, adopted by the people by over 115,000 majority.

THE A-B-C OF OSTEOPATHY

BY DR. GEORGE M. LAUGHLIN

[The following is an informal talk given by Dr. Laughlin to the students of the A. T. Still College of Osteopathy and Surgery, as reported by *Atscos*.]

We are going to take up today the discussion of a few of the underlying principles of osteopathy. In fact, I want to discuss chiefly the one fundamental principle which distinguishes osteopathy from all other systems of practice—the thing which makes osteopathy distinctive and separate and in no relation with any other system. You know that there are various theories as to the causes of disease and, as a rule, no matter what system of practice one is following he attempts to treat disease by removing the cause, overcoming the cause. That is logical treatment. Where diseases are treated to alleviate symptoms, it does some good but does not get to the root of the trouble. Therefore, in order to treat disease intelligently we must seek the cause, find it and remove it.

We all recognize that there are some conditions where it is not possible to get rid of the cause and where that is so, we cannot cure the disease. We also recognize that disease in some cases advances so far that even though the primary cause may be removed, it is impossible to cure the disease.

Dr. Still in his early days practiced medicine. Everyone regards medicine as being empiric, that is, a drug is tried hoping that it will do some good. There are many thousands of drugs on the market which are supposed to have some influence on disease but, as a matter of fact, those educated in medicine tell us that not more than a dozen have influence on disease. Many drugs will control symptoms and have physiological action but as far as overcoming disease is concerned, they may be counted on the fingers of one hand.

Osteopathy is based upon a theory. The theory has been worked out and

proven correct as a fundamental principle. Every system of practice that is logical must be worked out in theory to have something to work upon. For instance, you might accomplish good with a simple mechanical treatment, loosening the muscles, massage, etc., but that would not be based upon any theory and would not be logical for you would have no concept of the cause of disease. On the other hand, if you have a theory which you have confidence in and you examine your cases upon that basis and treat them on that basis, then you are trying to do something in a logical way and are treating the disease from a standpoint of reason. Then you seek the cause and attempt to remove it.

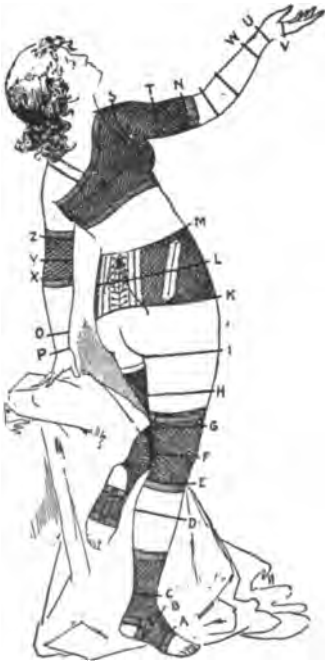
Osteopathy has for its fundamental principle this one thing, that disease is produced by structural abnormalities. When these abnormalities interfere with nerve supply, they interfere with function, for nerve tissue is the master tissue and regulates every function in the body, digestion, respiration, action of the heart and muscles. When you find a structural abnormality, bony, ligamentous or any other kind which interferes with the origination or transmission of nerve impulses, you have the cause of disease. That is the fundamental idea of osteopathy. It is simple, and it is strange that someone did not discover it years before Dr. Still.

The fundamental thing about osteopathy is that it is based upon facts. We have a working theory which we have been able to prove to be correct, not only because we get good results but because we can go into the body, examine it, and find these conditions and then remove them and see the re-

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sult. That is the proof of the theory, and it has been proven by experiments on animals. The underlying principle is that disease is produced and maintained by what we term as lesions, or structural defects which in some way or other impair the origination and transmission of nerve impulses and when they are impaired, immediately there is a reaction, a disturbance in the circulation or a reduction of resistance, the inception of disease is made possible.

It is true that most diseases are at first functional, but later they become organic diseases. In diseases caused by germs, you ask how the disease germs get into the body and produce disease. Every one some time or another is exposed to pneumonia and if every time the pneumococcus is found in the throat one had pneumonia, we would all have it practically all of the time. The same is true of typhoid fever and tuberculosis. It is true that diseases are caused by germs but the germs cannot operate unless the resistance is lowered. That is where osteopathy comes in. If there is reduced resistance, due to lesions, then it is that infections develop. So it is not at all inconsistent to say that osteopathy treats infectious diseases most successfully. It is the most consistent method of treatment that there is.

We talk about "lesions" and I am going to try to tell you what a lesion is, and I am going to make it very simple, just give you the ABC's of osteopathy for that is what we want—the ABC's, not the technicalities, for you can work out your own technicalities; but unless you are grounded in the osteopathic idea, are sold on the idea, you will never make anything else but a dissatisfied osteopath, unwilling to look for lesions, not attempting to remove them, merely giving the patient a "movement cure." I do not want to be misunderstood and do not wish you to believe that mal-

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adjustment is the only cause of disease. There are numerous causes for disease, perhaps a half a dozen or more, in any given case, which all act together to produce disease, but there is one cause that was never taught until Dr. Still taught the idea of structural defect as a producing cause of disease. If it were not for that thing, there would be no excuse for our existence as a system of practice.

What is a lesion? If you look into a dictionary, you will not find there the description of a lesion that I am going to give you, for in the pathological sense a lesion is any pathological change. If there is a leaky heart from a defective valve, from the pathological standpoint, that is a lesion. From the osteopathic standpoint, the lesion is not the disease but the cause of disease. A spinal lesion is any defect along the spine, a bone slipped out, muscle contractures or a condition causing

growth of soft tissue which is capable of interfering with the origination or transmission of nerve impulses. That is what an osteopathic lesion is—something wrong, something out of place, something too tight or too loose, anything of a structural nature which may impair nerve supply. You know we have nerves coming from the spinal cord. We have cranial nerves and spinal nerves. Cranial nerves mostly originate in the brain. If the nerve supply is all right, nutrition is good and there is no disease, for the tissues will be resistant against toxins and infections. Then we get a disturbance in nerve supply by perhaps a slip in the bone. It is not a complete dislocation but a slight slip which you might not be able to see at all by the X-ray. There is a strain, and we get a disturbance of the soft tissue and the result is an overgrowth of tissue.

Souvenir Christmas Edition of Osteopathic Health !!!

The December number of Osteopathic Health will be issued as a special Holiday Number. It will bear an appropriate Christmas cover especially designed for this occasion. It will contain a holiday greeting suitable for you to send as a remembrance to your present patients and to all the names on your Clientele Group.

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CHEAP AT A BILLION

[The following recently appeared as a leading editorial in The Los Angeles Times.]

An eastern philanthropist is offering \$1,000,000 reward for an infallible and permanent cure for any one of the three diseases, tuberculosis, cancer or locomotor ataxia.

Coming from an individual citizen, the offer is munificent. But if the united governments of the whole world offered \$1,000,000,000 for a certain cure of any one of these three plagues they would be getting dirt-cheap the most precious discovery ever made in the annals of human suffering.

Talk about making the world safe for democracy and pouring out treasure like water in the dolorous adventure! Certainly, a fine, ambitious dream—that may some day be realized.

But how about first making the world safe for humanity? How about saving a tithe of the money thrown away on wars to end war and spending it in a fight on the pests that end peace?

Think what it would mean if humanity could be rid not only of the affliction, but—more vital yet—freed from the fear of this sick trinity of despair.

Tuberculosis, from its first velvet-footed approach to its last furious stranglehold, has caused more undeserved suffering, has led to more unaccountable crime, has sapped the wealth of more quietly desperate families, has done more to debilitate humanity from the cradle to the grave than all the tyrannies and anarchies and revolutions and rotten politics and social oppressions which for countless ages have divided us two-footed nondescripts into stupidly staring, hornlocking herds of bellicose rams and bullocks.

Tuberculosis! A million dollars to be able to assure one of its victims that a leaky lung need never lead to the doom of drowning in his own blood.

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Yes, it would be cheap at \$1,000,000 a case!

And cancer—that mysterious, im- placable, secretive, hungry-gnawing, flesh-consuming brute—that steals into the system like an enemy in the night—who knows whence of why or how or wherefore? It may cost this people many millions in the cause of public health to stamp but the self-imposed curse of drunkenness and many mil- lions more to cast forth the more evil devils of the powdered poppy, the capsuled marihuana and the hypo- dermic needle.

Yet a certain cure for the unmerited curse of cancer would go further to promote general health and happiness than all the laws leveled against hu- man folly and despair. It would go a long way toward removing the neces- sity for such laws. Such a blessing could not be reduced to the terms of dollars and cents.

Every man who offers money for any fight against pain deserves well of his fellows. To conquer disease is the only way to wage a war to end war. There isn't enough money in the world to compensate the scientist who will finally and for all time liberate the human race from the horrors of consumption, cancer and paralysis.

Thank heaven money and material rewards do not enter into the solution of this superhuman puzzle. The time will come—it may come today, tomor- row, next year—when some devoted lover of his kind, some rapt soul con-secrated to the cause of health, some ardent scientist consumed with the itch for medical discovery, will let loose on a startled world the carefully kept secret of the three great plagues of humanity.

And when the secret has been dug up, torn forth and exposed to the light of medical science the race will be rid of these three great sources of pain and terror—as the unearthing of the

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cause of yellow fever cast out that ancient demon—as the spread of typhus and smallpox ceased to trouble as soon as their mystery was laid bare on the dissecting table of revealed knowledge.

But the devoted genius who conquers the white plague will not do so, looking for a reward of \$1,000,000 or \$1,000,000,000 or \$1,000,000,000,000. He will not try to capitalize his discovery, any more than the Nazarene would have thought of applying for a copyright for His "Sermon on the Mount."

A SOLAR PLEXUS BLOW

(Continued from Page 12)

onward march of osteopathy, and means much for the people of California. The strangle hold of the medical octopus has been broken.

I was a member of the A. M. A. at one time, but never again. They want an officer in the President's Cabinet and a law to give them absolute control of all matters pertaining to the health of the people.

They will die a hard death. Our California people gave the A. M. A. a severe blow in the solar plexus, but this is only one medical stronghold. The people have beaten them here and they can do it in other states, and eventually the whole country will be freed from the control of political medical doctors.

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(Continued from Page 33)

All of that together constitutes a lesion and interferes with the nerve supply because that tissue impinges upon the nerve. I do not mean to say that where there is a slight bony displacement that the nerves where they leave the spine are pinched by the bone but we get an overgrowth of tissue which produces the obstruction. It is the impingement upon the nerve that impairs the nerve supply and causes a disturbance in circulation and a disturbance in nutrition.

I believe that if we were to discover spinal lesions in their beginning and correct them there would be little disease. If the body is kept in good working condition, very few diseases of any character will develop. Some people make it a practice, even though in good health, to go to their osteopath once or twice a month just to see that they are kept in good condition.

I think I have made it plain what an osteopathic lesion is. Remember that if a patient comes to you and says that he has stomach trouble, that is, has symptoms of stomach trouble, you will make a careful diagnosis to determine the character of the disease, whether it is a cancer, ulcer or some functional disease. That is another point I wish to make. If your patient has disease of the stomach, what can you do for him osteopathically? What do you want to have in mind? You must close your eyes and have a mental picture of the condition of that patient's stomach and then have a picture of the nerve supply to that stomach. Trace the nerves back to their origin, through their sympathetic connections, back through the pneumogastric nerve and treat the stomach on the basis of the osteopathic lesion. Go to the places where the nerves originate, high up in the neck, and then to the splanchnic area of the spine to look for the cause. Direct your patient as to diet so that

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he may help, but unless you treat his back you won't give him osteopathic treatment. We have cured thousands of cases of stomach trouble by simply treating the backbone, adjusting lesions and restoring normal motion. Why do we cure them? Because we restore a normal nerve supply, and nerve tissue is the master tissue; and when it is working all right, everything else is all right under ordinary conditions.

Old Doctor Still used to illustrate it this way, an illustration which, by the way, our imitators have adopted. Let an electric light bulb represent the stomach, the wire represents the cells in the brain and cord. For everything to be functioning properly the dynamo must generate the electricity and there must be no interference along the line or you do not get any light. You may have a good globe and get no light if there is trouble on the wire or at the dynamo. The dynamo must be in good working order, for lesions along the back may interfere with the generative force by way of blocked nutrition. Any place along the line we may have interference with the transmission of the impulse. That is the osteopathic theory in a nutshell and is what you must work on. You must learn to study the human body from the standpoint of a mechanic. Examine the spine carefully to find any restriction of motion, tender spots, proliferation of tissue, subluxations or slipped bones. Find the abnormality, correct it when indicated, and nature does the rest.

Nature is the great physician. When the forces of the body are liberated, diseases, if curable at all, will be cured. That theory is not new. If you go to the real teachers of any practice, they will tell you the same thing. Oliver Wendell Holmes said, "Nature cures and the physician takes the fee." Modern scientific men have demonstrated that without a doubt the cure

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of disease is within the body; is generated within the body. When a treatment is given which tends to help what nature is trying to do, it is good treatment. In osteopathy as in other forms of treatment, injudicious treatment may do more harm than good. Sometimes the bone is out of place and we should not correct the bone because it would do more harm than good. There is where judgment coems in. Judgment is one of the most im-

portant qualifications for any physician. Of course, you cannot use good judgment unless you have a knowledge of the normal human body, of the physiology of the body and a knowledge of the pathology of human diseases. You must know about the diseases with which the body may become afflicted.

The most important essential of a successful physician is to know what is the matter with the patient, not



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only as to his backbone but every part of the body. Osteopathy associates cause with effect and sometimes we find effect first and trace it back to the cause.

Typhoid fever is a good example of a disease caused by a germ. If the typhoid germ is not in the body you cannot have that disease. It lodges in the intestinal tract and produces the disease. Is the germ the only cause? It is not. It is the exciting cause for you do not have typhoid fever without the exciting cause. The same is true of influenza and diphtheria. What has osteopathy to do with typhoid fever? Simply this: if an individual has any trouble along the spine, and most people do, which impairs the nerve supply to the intestines, it results in a reduced resistance in that part of the body. When the germs get to the intestines they will cause the disease only under favorable conditions. The person with low resistance contracts the disease. That is the relation of osteopathy to disease like typhoid. How do you treat it? We know that good nursing is the principal factor in

the treatment of typhoid fever, but you can add to these various things which a successful nurse does and increase the patient's resistance by treating osteopathically, by carefully making any adjustments that may be indicated through the dorsal or lumbar region of the spine. Every physician agrees that medicine has no influence on typhoid fever and nursing is very important. Osteopathic treatment, by the way, is an important factor.

90% of all diseases are functional. That is to say, the patient has no acute trouble, no temperature or infections. If the patient's body could be examined from a pathological standpoint, all organs would be found in normal condition, but still the patient has disease (dis-ease.) He is not comfortable, has symptoms. One of the best illustrations is indigestion. Suppose an individual has frequent attacks of indigestion. There are only three organic diseases of the stomach, cancer, ulcer, and chronic gastritis. Other abnormal conditions are functional diseases. What is the

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cause? There are two forces controlling all functions, one nerve force accelerates, the other inhibits activity. When those two forces get out of balance, we have functional disease. When those two nerve forces to the stomach get out of balance we have indigestion; the secretions are out of proportion. When food is taken into the stomach under normal conditions there is just enough juice to digest it.

Now we have given you an example of disease resulting from an infection and have told you of the relation of osteopathy from the causative standpoint and from the standpoint of treatment to such disease. We also have an example of a functional disease. You will find that osteopathy, if you get the idea, can be consistently and intelligently applied to practically every disease. There are limits, but for any curable disease, osteopathy intelligently applied will work just a little bit better than anything else.

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DEATH OF DR. GEORGE A. STILL

(Continued from Page 13)

born in Eudora, Kansas, on March 12, 1882. He was regarded as one of the best surgeons in this country and had built up a big reputation in every state in the Union. Patients came here from all parts of the country in order to have the advantages of his skill in surgery. He attracted nationwide attention several years ago when he succeeded in saving the life of a young man who had been shot through the heart. He has been connected with the A. S. O. Hospital since 1905 when he became assistant surgeon.

Dr. Still received his surgical education at Northwestern University at Chicago and was a pupil under Dr. Murphy, one of the most famous surgeons in this country. After his graduation he went to Des Moines and later to Kirksville. He became President of the A. S. O. in 1917.—Kirksville *Daily News*.

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WASHINGTON STATE EXAMINATION

The next osteopathic examination for licenses to practice in the State of Washington will be held in Olympia, January 23, 1923. Applications must be on file at least fifteen days prior to the examination. Further information can be obtained from the Department of License, Olympia, Wash.

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In the same valley are four other towns ranging from three hundred to

one thousand population, surrounded by farming and dairying interests, and there is not a drugless or osteopathic doctor in the valley.

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OSTEOPATHY NOT MERELY A THEORY

The medical profession claims that osteopathy is founded on a theory, and that the theory is absurd: therefore osteopathy is absurd.

Fortunately, osteopathy is more than a theory. It is founded on observed phenomena and actual results. Theories were evolved in an effort to explain those phenomena and results. It is of comparatively little importance that a more thoro knowledge of anatomy and pathology has resulted in the original theories being supplanted by others. The results are unchanged. Apples always fell to the ground before Newton's day. The theories by which mankind had explained the phenomenon were unscientific, but that did not prevent the apples from falling. In the development of every true science many discarded theories are left by the wayside.

Only a very small part of the theory

of osteopathy has had to be discarded. The fundamental theory that health depends on a free flow of pure blood; that a free flow of blood depends on non-interference with nerves, or in other words, that irritation to nerves interferes with the free flow of blood, is still as valid now as when Dr. Still first propounded it.

There has been, however, a change in our theory as to what causes the irritation to nerves. The original theory was that a displaced vertebra pinched the big nerve trunks. Our research workers have found that neither anatomy nor pathology could be made to uphold that theory.

Then a lesion was defined as a "partial or complete immobilization of a vertebra in any one of its normal positions." The "partial" had to be inserted into the definition because everyone who takes the trouble to feel



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for movement, finds joints that move and yet are the seat of irritation.

Now comes the third theory: that a lesion is a "fibro-molecular strain due to direct or referred injury." In other words, there is a strain of the ligaments about a spinal joint similar in character to the pathology of a sprained ankle, and the resulting sub-

acute inflammation about the joint irritates the nerves.

It is possible that the last word is still to be said on the subject. In the meantime we know, and the multitudes of people who have experienced its benefits know, that *osteopathy works*.

—M. L. L.

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DECEMBER, 1922

THE WESTERN OSTEOPATH: VOL. 17, NO. 6. DECEMBER, 1922.

Published monthly by the California Osteopathic Association at 796 Kensington Road, Los Angeles. Annual subscription, \$2.00. Entered as second-class matter August 28, 1922, at the postoffice at Los Angeles, California, under the Act of March 3, 1879.

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DR. SENIOR: "Well, what is it?"

DR. JUNIOR: "The old-fashioned poultices—bread-and-milk, linseed meal, and so on—always grow so cold in a few hours as to give one the creeps, almost——"

DR. SENIOR: "Exactly. Go on——"

DR. JUNIOR: "Antiphlogistine, I have observed, retains its heat for as long as twenty-four hours. How do you account for that scientifically?"

DR. SENIOR: "In this way, Doctor. Antiphlogistine, a scientific product, is the result of a working knowledge of Chemistry as well as Physics. The heat-retaining property is due to the chemical reaction which goes on during osmosis between c. p. glycerine of Antiphlogistine and the waters of the tissues. It is constant until full saturation has been reached—which averages about twenty-four hours."

DR. JUNIOR: "I see where you are right in maintaining that Antiphlogistine is not a mere 'poultice'. I had my doubts about it remaining warm for such a long time."

THE WESTERN OSTEOPATH

Vol. 17

December, 1922

No. 6

NEW CALIFORNIA BOARD OF OSTEOPATHIC EXAMINERS APPOINTED AND IN ACTION

The new Board of Osteopathic Examiners provided for by the Initiative Act approved by the people of California at the November election was appointed by Governor William D. Stephens December 30, 1922. According to the law, "The term of office of each member shall be three years; provided, that of the first board appointed, one shall be appointed for one year, two for two years, and two for three years." The osteopaths appointed are: Dr. Harry W. Forbes of Los Angeles, three years; Dr. Norman F. Sprague of Los Angeles, three years; Dr. W. W. Vanderburgh of San Francisco, two years; Dr. Dain L. Tasker of Los Angeles, two years; Dr. Lester R. Daniels of Sacramento, one year.

In naming the members of the Board, Governor Stephens selected from the six highest on a ballot taken by the California Osteopathic Association.

Carrying out the provisions of the law for its first meeting, the new Board met in Sacramento January 8, 1923 and elected the following officers: President, Dr. Harry W. Forbes; Vice-President, Dr. Dain L. Tasker; Secretary-Treasurer, Dr. Lester R. Daniels. Four committees were also named: College Investigating Committee, Dr. Dain L. Tasker, Chairman; Finance Committee, Dr. Norman F. Sprague, Chairman; Credentials Committee, Dr. W. W. Vanderburgh (Chairman) and Dr. L. R. Daniels. Drs. Vanderburgh and Daniels also constitute the Review Committee.

Every graduate of an osteopathic

college practicing in California is now under the jurisdiction of this Board. The following is taken from the first official communication sent by the Board to these practitioners:

The Board of Osteopathic Examiners created by the people of California November 7, 1922, was organized in Sacramento, January 8, 1923.

Because the members of this Board hold their commissions by virtue of a referendum recommendation to the Governor by the California Osteopathic Association, we will take pleasure in designating the Board in this communication, as Your Board.

Your Board is authorized and directed to administer the provisions in the Medical Practice Act relating to osteopathic licentiates.

Its first duty at this time of the year is the collection of the annual tax.

"Every licentiate or certificate holder, subject to the jurisdiction of this board, shall on or before the first day of January of each year pay to the Secretary-Treasurer, the annual tax and registration fee prescribed by law."

This letter is your notification that your annual tax and registration fee is now due and payable to the Board of Osteopathic Examiners of the State of California, Forum Building, Sacramento, California.

Your Board takes this opportunity to call your attention to certain provisions in the Medical Practice Act which we have sworn to administer to the best of our ability. Not only must your Board conduct examinations for various forms of certificates provided in the Act, but it must also administer those provisions relating to the professional conduct of osteopathic licentiates. Among these provisions we wish to call your attention to those

relating to the abuse of narcotics. Your Board will take every means at its disposal to punish any abuse by osteopathic licentiates, of their federal license to prescribe morphine, cocaine, or alcohol. With respect to the prescribing of alcoholic beverages, your Board will not hesitate to initiate revocation proceedings in any case where satisfactory proof is furnished of abuse of this privilege by any osteopathic licentiate.

The people of California passed the Act creating your Board because they believed your profession was entitled to liberty. We are sure that you are anxious to appear before the public under your proper designation. Conditions heretofore existing have effectually concealed the identity of some of us. The passage of the Initiative Act will enable us all to be known as osteopathic graduates and licentiates. Your Board calls your attention to the following provisions respecting unprofessional conduct:

"The use by the holder of any certificate of any letter, letters, word, words or term or terms used either as prefix or affix or suffix indicating that such certificate holder is entitled to practice a system or mode of treating the sick or afflicted for which he was not licensed in the State of California."

Your Board cannot permit any osteopathic licentiate to use a sign or other designation which tends to convey the impression to the public that said licentiate is not a licentiate of this Board or is a doctor of medicine. A physician and surgeon's certificate under the jurisdiction of your Board does not permit the use of the letters M. D.

With reference to any of the matters we have just called attention to, you are invited to correspond with the Secretary of your Board.

It will no doubt interest you to know there are 924 osteopathic licentiates in good standing in California.

Your Board will hold written examinations in Los Angeles in June, 1923, to accommodate recent graduates.

Applicants for direct reciprocity certificates or oral examination will be acted upon whenever a sufficient number accumulate so that the fees will cover the cost of the work required.

OSTEOPATHS TO BE ON COUNTY HOSPITAL STAFF

As the result of a conference held December 12, the Board of Supervisors of Los Angeles County have agreed to the appointment of osteopaths to the staff of the Los Angeles County Hospital, and also to the appointment of osteopathic graduates as interns. A committee of six, made up of three members of the present County Hospital staff and three osteopaths will meet and select the osteopaths who are to be appointed. The physicians representing the hospital are Drs. Percy Magan, Harlan Shoemaker, and F. C. E. Mathison. The osteopaths on the committee are Drs. H. W. Forbes, Dain L. Tasker, and N. F. Sprague. Superintendent Martin of the County Hospital and Dr. N. N. Wood are ex-officio members.

The Los Angeles newspapers of December 13 printed news of the agreement, and according to one paper, "Supervisor J. H. Bean declared that the vote of the people at the last election showed that they were in favor of osteopathic doctors, and therefore the Board of Supervisors concurred readily in the program."

Another paper quoted Supervisor Bean as saying, "I take osteopathic treatments occasionally myself."

"From and after the time of the organization of the Board of Osteopathic Examiners, said Board of Medical Examiners of the State of California, shall have no further jurisdiction, duties or functions with respect to graduates of Osteopathic schools holding or applying for any form of certificate or license and the said jurisdiction, duties and functions shall be assumed and performed by said Board of Osteopathic Examiners."—Section 2 of the Osteopathic Act, adopted by the people by over 111,000 majority.

IMPORTANT ANNOUNCEMENTS CONCERNING THE LOS ANGELES COLLEGE

BY EDWARD H. LIGHT, Acting President

The day to which the friends of the College of Osteopathic Physicians and Surgeons have been looking forward to hopefully, even in the midst of extreme discouragement, seems to have arrived. A united profession in California is backing the Los Angeles college, the Los Angeles County Hospital is not only now open to osteopaths for internship but the seniors in the College of Osteopathic Physicians and Surgeons will have the same privileges of instruction in this hospital as do the senior students of medical colleges located in this county.

It is difficult to express the satisfaction of the Board of Trustees over the fact that this institution is able to place at the disposal of its students the experience and teaching ability of the entire osteopathic profession in Southern California. The adding to the already strong faculty of recent years of the names of Doctors Forbes, Spencer, Tasker, Bowling and Turney, speaks well for the quality of instruction of the future. When there is added to this most important fact the excellent equipment which is provided in the newly completed home of the college and the wonderful opportunities now open to our students for hospital and clinical training, we feel that at last the Los Angeles college is able to offer to prospective osteopathic students of the west the kind of an osteopathic training which the founders of the college and those who have through the years sacrificed time and money in behalf of the institution have so long sought.

The passage by initiative act of the law establishing a separate board of osteopathic examiners not only facilitates the operation of a high-grade osteopathic school but

has made possible many things which are of extreme importance to the college. It is the very definite purpose of the Board of Trustees to require high-grade work on the part of all students who intend to graduate from this institution.

By recent action of this board the following announcements are possible: Beginning February 1, 1923, graduates of high schools who desire to become osteopathic physicians may enroll in the pre-osteopathic college science courses in this institution and secure here in one year the college work in chemistry, physics and biological science required for entrance into the freshman year of our osteopathic course. This arrangement makes it possible for graduates of high schools instead of attending some other college or university, to secure this pre-osteopathic training in the same institution as that in which they later secure their four years of osteopathic training. We are confident that the giving of these courses in our own institution by instructors of our own choosing will enable us to give our students a course in college science which is of fully as high a grade as that now secured by our entering students elsewhere and one which will far better fit them for the work of a physician than the courses now given to our students in other institutions. The students enrolling for this work will complete all of the required work in chemistry, physics, and biological science of pre-osteopathic grade and will be ready to enroll as freshmen in our osteopathic course in September of 1923.

Beginning in June, 1923 the College of Osteopathic Physicians and Surgeons will operate on the quart-

erly basis, giving instruction throughout the entire year in osteopathic courses. This plan permits the student, if he so desires, to complete the present four-year course of 5035 hours in less than four college years. The advantage to the student who so desires to thus shorten the number of months over which his osteopathic course extends without in any way decreasing the quality of that course is self-evident. Many things which are of great advantage to the student are possible under such a plan which are beyond the range of possibility on the present semester basis of operation.

By action of the Board of Supervisors of Los Angeles County, the Los Angeles County Hospital, one of the largest and best county hospitals in the United States, is now open to students in the senior year in this institution for instruction and observation.

Our senior students will have the wonderful opportunity of being instructed in this large and well-organized institution by osteopathic physicians who are members of the staff of this hospital. The location of the college, immediately across from this hospital, gives the students of this institution unsurpassed opportunities for hospital training. It is doubtful if any medical or osteopathic college anywhere is able to offer its students better hospital advantages than are now open to the students of this institution.

The co-operation of every member of the profession in sending to this institution those who are interested in the study of osteopathy and who have completed either a high school course or the high school and college science work is desired. The date of enrollment for both the sub-freshmen and freshmen classes is January 31, 1923.

MENTAL ADJUSTMENT

BY A PATIENT

One of the avenues of success in the treatment of functional disturbances in the body has been followed by some osteopathic physicians with marked results. It is being noted more and more that when a patient is troubled over a crushing experience, little can be accomplished until the mental disturbance has been removed by careful reasoning. The medical man rarely considers this and so lacks the sympathy which the osteopath usually gives.

The physician has been known to materially help a patient by directing his or her thought along the lines of our spiritual nature as associated with the mental. Because of the threefold nature of the human being, the spiritual and mental must always be more or less affected in conjunction with the physical; and unless mental conditions are met in a constructive way, the physical help alone, while of great

importance will not bring a complete cure.

If more emphasis were placed on this aspect of scientific treatment the standards of living would be raised to a higher plane and cases of this type would receive greater help than if treated in the usual manner.

I went to a Los Angeles osteopath for treatment after having sought help from several other physicians in the East with small results. I was encouraged to relate my experiences during the last few years. The osteopath took time to carefully weigh all conditions and experiences before telling me that one holding high ideals could still hold to these ideals even though crushed to the earth in spirit, and that such a one could still walk with head up and could look life squarely in the face, trusting in the promised strength, pressing boldly forward, forgetting the past. It is hardly necessary to add that this mental adjustment accomplished as much or more than the adjustment of bones or other parts of the body.

OSTEOPATHIC GYNECOLOGY

By DR. JENNIE C. SPENCER

Third Article

PUBERTY AND THE MENOPAUSE

Puberty

The study of the development of the female generative tract from the embryonic stage to its completion is of great interest. From birth until the adolescent period the pelvic viscera develop only in proportion to the other body structures. At adolescence the ovary is no doubt the first organ to be aroused to its particular work and the ovarian internal secretion probably causes the change in the circulation to the pelvis. From the added blood supply to the pelvis comes the enlargement of the uterus. The ovarian internal secretion probably also stimulates the filling out of the skeletal muscles and the growth of the mammary glands as well as other glandular activity. The thyroid is noticeably larger during this period.

It is important to remember that each girl is a law unto herself, and from the standpoint of symptoms, no set rule can be laid down as to just what is a normal adolescence. It will be normal for one individual to have gradual circulatory changes giving rise to a hypersecretion of the glands of the uterus long before the menstrual flow develops. Leucorrhœa is a normal manifestation during this period.

In some cases the menstrual cycle regulates itself to every twenty-eight days from the beginning; in others it will be months establishing a regular cycle. I have known cases which did not attain any degree of regularity until after the birth of the first child. As a rule, however, there is a certain regularity about any irregularity. A menstrual flow every five or six weeks with regularity is not indicative of pathology.

One case stands out in my memory as distinctive in this regard. I delivered the woman of her third child, and she told me she had never had but one menstrual period each year from the time of puberty, yet she gave birth to normal children with normal labors.

The severity of the symptoms during the adolescent period depends upon the power of adjustment of the individual to changes in circulation and increased nervous and glandular activity.

The periods of depression are due very largely to circulatory changes. The changes taking place in the framework of the body tend to make the girl conscious of herself, and that is never a healthful state of mind. I am inclined to think that we as physicians have been making a mistake in excusing the girl at this age from gymnasium and other physical activity when an increased amount of physical exercise would be of great benefit.

In some cases mental strain of any kind should be avoided. Whenever the child becomes conscious of mental confusion, which is present to a greater or less degree in all cases, the mental work should be decreased for a time.

The emotions play such a large part in the symptoms found that we must guard against the over-sympathetic mother and the unsympathetic brothers and sisters of the family. Many times a change of environment works miracles.

Dr. Kelly in an article on this subject advises against the study of music during the period of adolescence, giving a number of cases in which it arrested normal development.

This period seems the best time to develop the home-making talent and arouse the maternal instinct in the young girl. Housekeeping in every department should be taught during these years. The care of the infant—dressing, feeding, etc.—should be a part of every young girl's education and there is no better time to give such training than at this period. It is much better for her, both physically and mentally, to lighten her regular school work and supply this.

Again and again the question is brought to me: "When do these girls need treatment and when should we let them alone?" That is no doubt the thing that has puzzled every thoughtful physician. No one wishes to impress the girl with the idea that a normal development is an abnormal condition. Yet we wish to help the child adapt herself to this change in her organism.

A thorough physical examination should be given, keeping in mind the glandular and circulatory changes that must necessarily be present.

Thyroid gland enlargement is sometimes painful. Neck treatments will help this symptom. Intercostal pains from mammary congestion will be relieved by dorsal treatment and lifting of the ribs. Sacral backache and leg ache can be materially lessened by treatment. The wise physician will not stop all exercise but will advise more out-of-doors and longer hours of sleep.

Disturbances of digestion with accompanying sick-headaches are no doubt circulatory in origin. Good abdominal treatment with dietary changes, giving plenty of the coarse breads with vegetables and fruits, will help to lessen and shorten the period of this distressing symptom.

The young girl should be taught that there is no necessity of her going to bed during her menstrual period. A

dullness and feeling of lassitude would indicate that longer hours of sleep should be taken. A warm tub-bath in a warm room will be found beneficial and refreshing during the period. The old idea that bathing during the menstrual period was a dangerous procedure has been disproven long ago.

The thing which should be avoided during the menstrual period is nervous excitement. Physical exercise that is not overtaxing will be found to give relief from depression and other nervous symptoms.

There should be no severe pain during menstruation. Dysmenorrhea is an indication of something wrong. One thing which has impressed itself on me is that there are more cases of congestive dysmenorrhea caused by *under exercise* than from *over exercise*. I have observed marked improvement in girls after one month of gymnasium or physical culture work.

We have not mentioned the skin changes that are found during the period of adolescence. We find acne in many girls, sometimes so severe as to be called eczema. General treatments, regulation of the diet, and plenty of out-of-door exercise will help this condition. Bathing the face in lime water will often give relief. Avoid all astringents or bleaching creams that cause dilation of the capillaries. This is one of the circulatory disturbances and nervous control of the superficial circulation is lacking, therefore any extreme dilation of the superficial blood vessels causes them to remain permanently enlarged.

We must be ever on guard against giving the girl any cause for anxiety regarding her condition. These girls are very conscious of their physical being and extremely alert to any remark that refers to their health or their physical development. Fear must not be implanted if we wish them to reach their best. All questions regarding themselves must be carefully answer-

ed, encouraging them to ask more, for this is the time to avoid the "sex complexes" which the psycho-analyst talks about.

The period of growth and maturation of the female generative tract is on the average five years. After this time the body should have adjusted itself to the changes and there should be no great disturbance at each menstrual cycle, unless the adaptation has been arrested by some pathologic condition.

The Menopause

The average time between the end of the adolescent period and the beginning of the climacteric is thirty years.

The atrophy of the pelvic viscera often occurs earlier in those who have not borne children, yet there are cases of women who have borne several children and complete atrophy is found before the age of forty.

The changes that take place in the pelvis are the reverse of those occurring in the development stage. The symptoms are often the same but the difference in age makes them more severe at the menopause. The glandular are just as marked. The ovaries atrophy and the mammary glands are also replaced by connective tissue. This connective tissue is deposited along the ducts of the glands, often causing cystic tumors which are freely movable and are not malignant. The physician should be very cautious about making a diagnosis of malignancy, for surgery necessarily means trauma and a scar must form in the healing of the wound and the body cells have a greater tendency to run riot during this period of danger. The less trauma we produce in our effort to assist nature the better off our patient is.

The thyroid will often be found enlarged and painful.

In most cases the menses become irregular, frequently the cycle being at first shortened, coming every two

or three weeks, with the flow darker in color and often more profuse. This gradually subsides and the periods become farther apart. The last of the menses is often without the color of blood and is merely a leucorrhœa that continues for several days at a time.

Other cases do not change the cycle but the flow becomes less and less until it disappears entirely. In a few individuals the menses disappear suddenly: these are the cases that often suffer the most annoying symptoms.

The changes that take place in the uterus are similar to those described as occurring in the mammary glands. The infiltration of connective tissue along the path of the blood vessels and lymphatics gives a nodular feel to the uterus. The cervix is at first soft and spongy to the touch. Later it becomes hard and anemic with the external os showing a much deeper color. This gives rise to the erroneous idea of erosion while it is the normal appearance of the atrophied cervix. The uterus is often found soft and spongy just before the menstrual period.

Gradually the ligaments shorten and the uterus straightens out and is found high in the pelvis. Later as the muscles of the vagina atrophy it often tends to prolapse and in some cases is found right down on the perineum.

Attending the changes in the pelvis we find the abdomen distended and the chest apparently flattened because of the atrophy of the mammary glands. This change is accompanied by a rapid increase in flesh in some individuals, while others lose flesh quite as rapidly. The disturbances of digestion are caused by the dilation of veins and lymphatics in the abdomen. The slowing of digestion gives rise to the gas pains that nearly every patient complains of. These pains occur in the chest as well as in the abdomen. They are accompanied by palpitation of the heart and a feeling of suffoca-

tion. The woman is often sure she has heart trouble.

Vasomotor changes produce the "hot flashes." The feet and hands may be puffy from the same cause. Some times the feet swell till the patient can scarcely wear shoes. Nervous headaches or congestive headaches are very frequent.

As a result of these circulatory changes we find a depressed mental state which often reaches melancholia. The physical discomforts produce an extremely anxious state of mind often leading to attacks of hysterical weeping.

Mental confusion, loss of memory and restlessness is found in nearly every case, in fact these symptoms are so constant as to be diagnostic of the approach of the menopause even before any change in the menses has been noted. Nerve energy is low. Attacks of insomnia are frequent. Vertigo is often complained of, especially when the patient attempts to rise from a recumbent position. These symptoms are no doubt caused by the change in the general circulation, the sluggishness of venous and lymphatic drainage and glandular inactivity.

In many cases nerve pains occur. These are often described as attacks of neuritis. Whatever the name given them, they should be recognized and the patient's anxiety relieved. I know of no time when the alarmist can do so much harm as at this period of a woman's life. She can be encouraged and helped into years of useful life, or she can be made into a complaining irritable invalid, a curse to herself and to everyone around her.

This is my first advice regarding treatment: Know the changes that take place in the body during this period. Make a physical examination and determine whether there is organic pathology present or only functional changes. We should not turn the patient away with the remark

"you are just going through the change." She needs encouragement if nothing else.

If there is ever a time when the much talked of "general treatment" should be given and thoroughly given it is during the menopause. In the college clinic the schedule we arranged for these cases was two treatments each week for a period of two months (unless pelvic pathology was present, then for a longer time), followed by one treatment a week for a period of three months. If the patient showed good improvement we then dismissed her, to report again in three months. This schedule was often repeated three times during the climacteric. The patient was permanently dismissed after the uterus was well atrophied and there had been no menstrual period for one year. No bimanual treatment was given unless the uterus was in abnormal position or other pathology was found.

General spinal treatment from occiput to coccyx was given. Rotation of the spine, traction: all movements to keep the spine flexible. Abdominal kneading to help overcome the congestion and encourage normal peristalsis. General pelvic treatments, the deep massage of the lower abdomen with the knees flexed, the kneading of the muscles of the legs, stretching these same muscles by straight traction with gentle rotation. Flexing the leg on the abdomen with the same careful rotation. This is to help equalize the general circulation. The cervical joints must be kept freely mobile and all lesions should be corrected. The treatment to the neck helps the insomnia, mental depression, vertigo and the nervous headaches by keeping the muscles relaxed and venous drainage increased.

The patient should have a well mixed diet with plenty of "roughage," such as coarse breads, raw vegetables (celery, cabbage, lettuce) and fruits in

plenty. The drinking of plenty of water is important. The bowels must be kept active. At times it may be necessary to advise the use of saline cathartics, but care should be taken not to form the cathartic habit.

Plenty of out-door exercise is essential, and here has been the greatest stumbling block of all in our outlined treatment. Women find all manner of excuses why they cannot take time for a walk or to do some gardening. But I feel that there is nothing which helps more than this very thing. Women who have the out-of-door habit suffer much less during this period.

Warm baths are also helpful in overcoming the hot flashes and other circulatory disturbances.

The physician should make careful investigation as to the cause of each symptom, for the patient is anxious about herself and when she is confident that she is receiving proper attention it gives her a feeling of security. The philosophy of "growing better day by day in every way" is excellent when accompanied by good general treatments given by a conscientious and efficient osteopathic physician.

THE VALUE OF OSTEOPATHY

BY DR. CHAS. D. FINLEY

Clothes do not make the woman nor does the appearance make the physician but they help a lot.

The medical doctor who has an elaborately equipped office and more or less mysticism in his Latin prescriptions charges big fees and the people pay.

The largest cult of our imitators gives short treatments, charges good fees, and is making money.

The practitioners of mental therapy treat their patients over the telephone and collect their "five bucks per."

The osteopath makes the most thorough diagnosis and gives the most scientific course of treatment and is rewarded with a larger percentage of good results. He charges for his services a comparatively small fee. In comparison with other methods of treatment his services are worth many times more, yet he gets many times less.

The average D. O. probably does not treat over ten patients a day and in so doing he strains and twists his own body and soon comes to that place in life where his own earning capacity approaches the vanishing point.

A great many of our physicians are going into other fields because they

find it easier money. Many osteopaths are taking up a new method of treatment which history may eventually class as suggestive therapeutics. It would certainly be most regrettable if this movement should reach such proportions (as it appears to be doing in the East) that we will be unable to refer our patients to the Eastern D. O. with any assurance that they will get osteopathic treatments.

Why do osteopaths make this sudden exit from our profession to this mythical course of treatments? It is because they get from \$15.00 to \$75.00 for the examination of a drop of blood; and the machine which does it will give the same result whether the drop of blood is placed in the machine or not and whether the wires are cut or not! After this wonderful examination they get \$5.00 a treatment and they can have one machine running in a room, often treating two or more patients at a time, without effort.

Can you blame the D. O. for leaving hard work and small pay to take up with this flapper which enables him to get 20 times the money without any work?

Let us try to explain this and find a reason for it. An immense amount

of publicity has been given the new treatment. It is so well advertised that it brings a great many patients and will continue bringing them for some time yet to come, but should we take the risk of having our profession discredited by running after this "will-o'-the-wisp?" And when the bottom drops out of it who will be hurt? The promoters will have the money and the osteopathic profession will have a black eye because part of our members have been chasing a pot of gold at the end of a rainbow. What is the remedy?

He who has not enough respect to keep his person tidy and presentable cannot expect others to think any differently of him than he does of himself. If you have not been able to see your wonderful work and the benefit from it in comparison with competing systems, it is because you have not taken time to investigate. What YOU need is a good course in efficiency. If you will establish your fees on a scale graduated according to the patient's financial standing and his ability to pay for your services, you will not only be in a position to more than "eke out an existence," but will be able to lay aside something for a rainy day. The old time M. D. developed this one idea of charging in proportion to the man's ability to pay. It has been accepted by the general public as being fair and right, and it is fair and right. Why shouldn't the best system of treatment this world knows adopt this method of charge and save its members from chasing the "almighty dollar" from other angles?

It is true that money is not the only consideration that the doctor should have in his practice; but he should keep in touch with every movement for advancement in his community. Being looked on as a leader, he must have an income sufficient to enable him to live as he should.

LET US KEEP THE FAITH

BY DR. MARY L. LE CLERE

We promised the public that if they would give us our own Board of Examiners we would maintain our present high standards of education. The public gave us a remarkable vote of confidence. Now it is up to us to make good, and it is not going to be an easy task. There are many osteopaths who have not been able to get into California before who will now expect to be let in. There are osteopaths in the ranks who do not approve of the present high standards. Our board will be between two fires. But we must keep the faith or else we know that we are unworthy of the confidence which the public has in us. It were better to have never had the public confidence than to have it and lose it.

Our schools need students and there will be the temptation to lower the bars a little in order to get a lot of them. But in the long run it is quality, not numbers, that will put osteopathy where it belongs. After watching the students who were in school with me I do not believe that youngsters just out of high school are mature enough to take up such a course. Of course there are exceptions, but on the whole they are not mature enough mentally to grasp the work as they should; and not mature enough physically to settle down to the steady grind that such a course requires. There was a great deal of criticism of many of the younger students because they did not take the work seriously enough. My sympathies were always with the youngsters. I felt they were simply and unreasoningly obeying nature's protective instincts. If it was to be a choice between flunking or settling down to a grind that was a strain on more mature men and women, they would flunk. Who can say that their choice was not the wiser one?

C. O. P. S. WINS FIRST PRIZE IN PASADENA TOURNAMENT OF ROSES

The float entered by the College of Osteopathic Physicians and Surgeons in the annual Tournament of Roses parade held New Year's Day in Pasadena was awarded first prize in Class G, for floats other than civic or commercial.

The Los Angeles Times of January 2 devoted over two pages to the Tournament, giving a brief description of each entry in the parade. Under the heading "Osteopathic College," the C. O. P. S. float was described as follows:

"'Nanki Poo,' entry of the Los Angeles College of Osteopathic Physicians and Surgeons, depicted a Japanese garden scene from the 'Mikado.' Among thousands of pink and white carnations, roses and asparagus plumosis, arose a snow-capped peak. Several characters from the opera were presented beneath a flower-covered

Photographs by Harold A. Parker, Pasadena.



Bess Magid, F. M. Hildreth



Left to right, Winnie Fleming, Lillias Armour, Bernice Harker, Beth Harter

pergola. Out-walkers bearing Japanese lanterns on bamboo poles and two gaily trimmed rickshaws completed the entry. On the float were Miss W. A. Fleming, Miss L. Armour, Miss F. E. Whittell, Mrs. B. H. Harter, Mrs. M. Purtell, Miss Bess Magid and Miss

B. Harker. The men on and surrounding the float were N. C. Litt, C. W. Johnson, L. D. Crain, L. H. Heacock, W. H. Stevens, J. C. Bell, C. R. Purtell, F. M. Hildreth, J. H. Painter and Dr. Meredith T. Waterman, who was in charge."

A GOLDEN OPPORTUNITY

BY DR. F. P. MILLARD

President of the National League for the Prevention of Spinal Curvature

Spinal Curvature Week, March 12 to 17 (inclusive), offers a golden opportunity to establish a number of new clinics. We have received letters from many presidents of state osteopathic associations, and so far they have all been most enthusiastic.

This special week is most significant, and if handled properly, will continue year after year, and eventually all of the mothers in North America, wherever osteopathy is known, will become interested in having their children's spines examined through the information they will receive during this special week.

Any number of circulars can be printed. All of the various journals may contain articles, and, most important of all, the doctors in each town and city should have a public lecture given one night during the week, in which doctors from neighboring towns and cities may be invited to address the audience.

Let us enter into this with a whole-hearted spirit, as it means more to osteopathy than possibly any one thing that has happened in a long time. It is a novel idea, and we are fortunate in putting it across before the Posture League or our imitators had a chance to think of it. We will make this week so well-known that it will become established on such a permanent basis that although every other week

during the year is taken up by some organization, we will have our SPINAL CURVATURE WEEK established in the minds of the people so that the newspapers will stand back of us. This means a better generation in the near future; a stronger race of people; less nervousness, insomnia and mental disturbance; and better students in our schools and colleges.

Here is a golden opportunity for any amount of publicity, and it depends upon each osteopath practicing to secure ethical publicity and attract the attention of the mothers to the fact that there is a possibility that their children may be growing up with spinal curvatures. This connects up with the idea we gave out last year, that all children should be examined twice a year. Eventually, we are going to have established in the schools a Scoliosis Department, where children will be handled much the same way that the dentists are handling them.

Rally around this idea! Stand by your state president, and you will find that you will have established yourself much better in each community if, through Spinal Curvature Week and the Best Rib and Spine Contest that is being put on, a number of new clinics are added to our list.

Dr. Swope is doing wonderful work, and we want to help him in every possible way.

SPINAL CURVATURE WEEK

March 12 to 17

We have Cancer Week, Tuberculosis Week, Health Week, Safety-First Week, Fire Prevention Week, etc., etc., so why not have Spinal Curvature Week? Why not, by spoken and printed word, do everything possible to eradicate spinal curvature, of which there are many millions of cases in children of school age in the United States alone?

With this thought in mind, The National League for the Prevention of Spinal Curvature has named the week of March 12 to 17 as Spinal Curvature Week. During this week an effort will be made to educate the public in the causes, means of prevention, and proper treatment of spinal curvature. This campaign of education will, for the present, include the United States and Canada and probably the British Isles. Later it is hoped to extend it to other lands.

If the profession will get behind this movement an enormous amount of good can be accomplished for coming generations as well as for the children of today. The effects of the movement are bound to be cumulative. Let every osteopath enthusiastically enter the movement and do all he can to arouse his lay friends to the seriousness of spinal curvature and associated spinal conditions, and to the possibility of greatly reducing if not completely eradicating the number of victims of this preventable deformity. Remember the date—March 12 to 17—Spinal Curvature Week.

A. G. WALMSLEY, D. O.,
Secretary of The National League for the
Prevention of Spinal Curvature.

Bethlehem, Pennsylvania.

WOMEN'S DEPARTMENT

EDITED BY DR. MARY L. LECLERE

A LETTER FROM THE PRESIDENT OF THE OSTEOPATHIC WOMEN'S NATIONAL ASSOCIATION

Dear Osteopathic Women's National Association Member, Cordial Greetings:

May I give a few suggestions for the coming year's work?

MOBILIZE: Just preceding your general State Osteopathic Association meeting with all your women present, your O. W. N. A. unit should have a session or two. Luncheon perhaps and a program, too, including reports from the latest National Convention, reports of your local delegates who have attended conventions of other organizations, reports from the delegates to clubs with which you are affiliated, pertinent discussions and definite plans for the coming year's work. This cultivates the civic responsibilities of all members, develops the philanthropic, professional viewpoint, the forward-looking, impersonal vision.

ANALYZE: Know each woman, her fine strong points, her accomplishments, her affiliations, her preferences, the work she does best.

ORGANIZE: Have an election, perfect your organization, giving no one an office as a "courtesy" or an "honor" but select with reference to ability for a particular work, thus insuring *efficiency*.

VITALIZE: After committees have made a thorough survey of the locality, discussed the greatest needs of your women and children, and by majority vote, decided upon the thing you *want most* to do, inspire, enthuse,

encourage and insist, that your women *do* the things expected of them. May I urge each member, to write during the year at least *two* timely articles, upon subjects in which she is most interested? Making these articles as nearly perfect as lies in her power, to thus insure her being able to speak on short notice, before any organization. Procure invitations for each other to speak before clubs. "*Team work plus individual effort*" is our slogan—if persistently carried out, we will accomplish much.

UTILIZE: Carrying the slogan "*team work to the finish*" members will forward for our use in *The Osteopathic Magazine* and *The Western Osteopath* articles, talks, papers on Keep Well Centers, Nutritional Clinics, Adult Hygiene, Maternal Care, Community Health Projects, etc., and other pertinent and timely things, from their own observations and study.

NATIONALIZE: *Increase Membership.* We need every woman physician in your state, every wife, mother, sister, sweetheart and daughter of our brother physicians, and all interested philanthropically inclined women of the community. Experience has proved that the physician's wife and the married Doctor of Osteopathy, if a mother or retired from practice, often make excellent delegates to the P.-T. A. or Child Welfare Club.

CRYSTALLIZE: Unity of action and purpose. Think what we could accomplish, if all our women had a definite constructive program and followed it in each state, for the best things locally and nationally for women, children and the home. Whenever practical, it is most beneficial to have on your general program some public health phase, utilizing both men and women, as in Baby Conferences, Better Back Contests, etc.

FRATERNIZE: Continue to urge your women to affiliate with Women's Clubs and other groups of women, thereby increasing their adaptability, their contacts, their professional activities, and their usefulness; and incidentally giving them opportunities to impress their viewpoints on many with whom they come in contact.

FAMILIARIZE: Please select for your Press Chairman a bright, alert, prompt, unprejudiced woman, with a "nose for news" and a facile, reliable pen, to report your women's activities to your local press and to the O. W. N. A. Press Chairman. Please keep your state President informed of all your good speakers and their best talks. Report news the day it happens—giving accurately dates, names, places and subjects discussed, in short, everything pertinent.

Items must reach the Journal editors before the FOURTEENTH of each month, if desired in the current issue, hence the necessity for dispatch in mailing them to the OWNA Press chairman. Will your press chairman paste in her scrap book ALL printed programs, and all newspaper items of public activities of her women, individually and collectively?

From extra copies of newspapers send clippings to the OWNA Press chairman and to me, also keep us fully informed of all your activities,

elections, plans of work, accomplishments, etc. Many large organizations regard the press chairman as having the most important committee; ranking even higher than the Program Committee. It is impossible to over estimate the value of timely constructive, judicious publicity—and your press moulds local sentiment regarding your activities. "Reporters are born, not made." A tactless press chairman is an extremely hazardous experiment.

BLANKS: For Constitutions, Application Blanks, etc. write Dr. Josephine Pierce, Savings Bank Bldg., Lima, Ohio. For Health Conference Blanks and Baby Conferences, write Dr. Jennette Hubbard Bolles, 1457 Ogden Street, Denver, Colorado.

Hoping you will write me freely and often, I am, with abundant good wishes,

Fraternally yours,

[Signed] ROBERTA WIMER FORD, D. O.

President.

Hoge Bldg., Seattle, Wash.

WHAT ONE WOMAN DOES FOR OSTEOPATHY

By DR. HARRIET M. DOOLITTLE

Some of the women who are doing big things for osteopathy are not within the ranks of the osteopathic profession. Miss Birdie Colwell of Pomona, Editor of the Women's Column of the "Bulletin," is one of these. In the two years or so during which she has held this position she has never let pass an opportunity to give osteopathy a splendid write-up. Every time I have gone to the Osteopathic Woman's Club (and I was quite regular in attendance last year) she has called me up and asked for a full report of the meeting which she published with favorable comment. digitized by Google

She gave excellent reports of the two lectures which Dr. Brigham gave before the Woman's Club of the Christian Church in May and June. During the A. O. A. Convention last summer she asked that I give her a report every evening of all the doings of the women's organizations, which she published.

During our campaign she kept the subject before the people of this valley in many a clever way. The day before the election she published a very good resume of Dr. Forbes' campaign talks.

I am sure all osteopathic women will join me in extending hearty thanks to Miss Colwell for all she has done for osteopathy.

BUILD UP THE SHORT LEG

BY DR. GERTRUDE L. GATES

My associate, Dr. E. T. Parker, and I have come to the conclusion that nearly everybody has some structural defect which needs to be remedied by building up one leg or the other. Please understand that I am speaking of structural defects, not of mechanical irregularity. We are daily finding out the very great value of correcting these structural defects. The benefits are marked all the way from head, ear, eye conditions to asthma and pelvic disturbances.

When dealing with a chronic backache, hip ache, leg ache, or pain in either side in iliac region, first ascertain and correct spinal and innominate lesions which will always be present.

Then determine the texture and development of both limbs, especially of the thighs. Have the patient in the dorsal position with knees flexed; see if they line up evenly. Lay a book across the top of the knees: if the legs are normal the book lies straight but if they are not, the slightest deviation from the normal will be shown by a

slight angle of the book. This is due to structural defect (as Dr. Edmiston of Los Angeles has clearly demonstrated) and the one and only remedy is to build up the short leg by using a heel pad within the shoe, or by building up the heel of the shoe.

Test out your patient to see how thick a support is required. Stand him squarely on the floor; put a thin magazine under the short leg and keep adding more if needed until the patient stands "perfectly comfortable" according to his own statement.

Alternate with this method first under one foot, then the other, until you see what gives the real support and relief.

[*Editor's note.* — The above article should furnish incentive for an interesting discussion. Would you meet the situation as Dr. Gates does, or would you assist the spine to adapt itself to the structural defect by freeing all the spinal and innominate articulations? Do you think it safe to assume that the structural difference in the two legs is always primary or might it be secondary and an attempt on the part of the body to compensate for structural variations higher up, such as structural spinal curvature? If it is secondary what do you think might be the result of interfering with the body's attempts at compensation? Let us have your opinions.]

PARAFFIN IN HERPES ZOSTER

The use of paraffin to relieve the pain of herpes zoster is described by a Dr. Fox in the *Journal of the A. M. A.* for December 9. "The new method was reserved for those suffering from pain severe enough seriously to interfere with sleep. * * * * The best results were obtained by a daily application of the paraffin, it seldom being necessary to continue the treatment for more than a week. In even the

severest cases the applications of the paraffin gave almost immediate relief and were regularly followed by more or less freedom from pain for twenty-four hours and by a complete night's rest. * * *

"The technic of treatment consisted simply of spraying the melted paraffin with an atomizer on all the cutaneous lesions and covering such areas with a generous layer of absorbent cotton, held in place by bandages. In a few cases the paraffin was applied by cotton swabs, an equally efficient, although slower and less convenient, method. When fresh applications were made, the previous layer of paraffin was gently removed. The form of paraffin used was parresine. * * * When applying the new coat of paraffin to the lesions care should be taken to remove the old layer gently, avoiding possible rupture of the vesicles. This can generally be accomplished with ease. If the old layer tends to be too adherent it should be allowed to remain in place and a fresh coat sprayed on the surface."

A FEW QUESTIONS

Is the primary purpose of manipulative treatment stimulation or inhibition, or is it normalization?

If it is stimulation or inhibition then the advocates of specific treatments are right. "Find it, fix it, and let it alone" should mean, adjust a particular place and quit.

If it is normalization then there can be no objection to putting the whole spine into the best possible condition. "Find it, fix it, and let alone" then means normalize the spine and let nature do the rest.

What is the actual pathology present about a lesioned joint and in the tissues reflexly connected with it?

Is it not strange that students graduate from an osteopathic school without ever having heard about pathology

of the typical osteopathic lesion? It puts a great strain on a student's faith to tell him that the old theory of pressure on nerves by misplaced bones is ridiculous and then to leave him up in the air as to what does happen. It is not the teaching of medicine and surgery that makes poor osteopaths but the lack of teaching of osteopathy. Osler was right when he said "Those who know the most about drugs use them least."

To be sure, Adami and McCrae tell us nothing of the pathology of the spinal lesion; but the bulletins of the A. T. Still Research Institute tell us a great deal: not all we want to know, perhaps, but enough to give us a reason for the faith that is within us.

Dr. J. S. Amussen by combining the picture of the pathology given by the Research Institute, a knowledge of Adami and McCrae's chapter on inflammation, and his own theory of the lesion gets a very reasonable and understandable result. Given a strain of the ligaments or a reflex injury, there follows a subacute inflammation (if acute it is more apt to clear up of itself by exciting active reaction) in connective tissue which, being a low-grade tissue, reacts by proliferation. The injury is referred over the reflex areas to high-grade tissues such as viscera and spinal musculature which respond with high-grade inflammatory reactions characteristic of those tissues and corresponding in degree to the degree of the injury.

DEATHS

Dr. Lena Lee Hansen of Ukiah died suddenly December 4, of cerebral hemorrhage. Dr. Hansen graduated from the Los Angeles College of Osteopathy in 1913 and went to Ukiah with her husband, Dr. J. A. Hansen, about eight years ago. She was forty years old. Besides her husband, she is survived by one daughter, aged four.

HERE IS YOUR CHANCE AT THE COLLEGE OF OSTEOPATHIC PHYSICIANS IN LOS ANGELES

Get behind the
movement for a
larger osteopathic
College at
Los Angeles.

Read the
extremely
important
announcement
herewith.

Four important announcements:

CLASS FOR SUB-FRESHMEN: Beginning January 1st, 1923, graduates of high schools who become osteopathic physicians may enroll in osteopathic college science courses in this institution here in one year the college work in chemistry and biological science required for entrance into the first year of our osteopathic course. This arrangement is possible for graduates of high schools instead of some other college or university, to secure osteopathic training in the same institution as they would later secure their four years of osteopathic training.

FOUR QUARTER SYSTEM: Beginning January 1, 1923, the College of Osteopathic Physicians and Surgeons will operate on the quarterly basis, giving instruction throughout the entire year in osteopathic courses. This plan permits the student, if he so desires, to complete the present four-year course of 5033 hours in three college years.

Registration date for Fall Term
Sub-Freshmen (Pre-osteopathic)

WRITE TODAY FOR

College of Osteopathic Physicians and Surgeons

721 South Griffin Avenue

(Opposite City Hall)

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HOSPITAL FACILITIES: By action of the Board of Supervisors of Los Angeles County, the Los Angeles County Hospital, one of the largest and best county hospitals in America, is now open to students in the senior year in this institution for instruction and observation. Our senior students will have the wonderful opportunity of being instructed in this large and well-organized institution by osteopathic physicians who are members of the staff of this hospital. The location of the College, immediately across from this Hospital, gives the students of this institution unsurpassed opportunities for hospital training.

AN EXCEPTIONAL FACULTY: This institution is delighted to be able to announce further additions to the already strong teaching force of the College in the persons of Dr. R. W. Bowling and Dr. Dayton Turney. The faculty of this institution, comprising as it does, men and women of national reputation as osteopaths and as teachers of osteopathy, together with the opportunities provided in our Clinic, the City Obstetrical Service and the County Hospital, is able to offer to prospective students of Osteopathy an unusually satisfactory course.

men—January 31, 1923
(Science Work) January 31, 1923

ALL INFORMATION

Physicians and Surgeons

(Hospital)

Los Angeles

The Western Osteopath

Published Monthly at 796 Kensington Road, Los Angeles, by the
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Official Organ of the Western Osteopathic Association
and of the Osteopathic League

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DR. C. B. ROWLINGSON, Managing Editor

KEEPING THE OFFENSIVE

Everything moves. Nothing stands still, and that which does not go forward goes backward. To use the words of Browning, "Progress is the law of life," and that which fails to observe this law is headed for death.

Since that June day in 1874 when the brain of Andrew Taylor Still gave birth to the ideas from which osteopathy has evolved, our system of healing has continued to advance. The speed of its advance has varied thru the years, and many difficulties have been encountered, but its onward march still continues. The early pioneer osteopaths who received instruction from the Old Doctor at first hand absorbed more or less of his enthusiasm and militant spirit. They went out over the country and blazed osteopathic trails in the face of opposition which in many cases amounted to persecution. Had they not had the courage of their convictions, osteopathy must have perished.

Historically speaking, half a century is a short time; yet within that period osteopathy has grown from an idea in the mind of one man to a branch of the healing art numbering its practi-

tioners by the thousand and its adherents by the million.

James Harvey Robinson, in his recent book, "The Mind in the Making," says: "Man is not naturally a 'progressive' animal. He shares the tendency of all other animal tribes just to pull through and reproduce his kind. * * * Mankind is lethargic, easily pledged to routine, timid, suspicious of innovation. That is his nature. He is only artificially, partially, and very recently 'progressive.'" Against this general lack of progressivism, against this lethargy and suspicion of innovation, as well as against rival systems of treating disease, osteopathy has been compelled to struggle. In spite of all opposition, it has developed and spread until it now enjoys some form of legal recognition in nearly every state in the Union.

In California, legal recognition several years ago reached the point where any osteopath who fulfilled the requirements was granted a physician and surgeon license, with rights of practice equal in every respect to the rights accorded the graduates of regular medical colleges. The Board of

Examiners which granted this license, however, was a mixed Board, made up of eight drug doctors and two osteopaths. This might not have been a bad thing for our profession had it not been for the prejudiced acts of the drug doctors on the Board. Comprising as they did, four-fifths of the membership of the Board, they held the balance of power; and the rulings of the Board on osteopathic matters were not the rulings of the Board as a whole, but the rulings of the eight drug doctors. The intolerance of the regular medical profession toward osteopathy and all things osteopathic was reflected in the acts of these eight representatives. They disapproved all osteopathic colleges, and refused to allow osteopathic graduates to take the examinations for the physician and surgeon license. When compelled by court order to approve the osteopathic college in California, they still disapproved all colleges outside the state.

The Medical Practice Act as passed by the Legislature is a non-partisan law, but it was administered by a partisan Board in a manner calculated to harass our profession in every possible way. Our attempts to obtain relief were thwarted by politics and conditions became more and more intolerable, until at last we were driven to make an appeal direct to the people through the initiative.

On November 7 the voters of California went to the polls and by a majority of 111,000 gave us an independent Board of Examiners made up entirely of our own graduates. This Board has already been appointed by the Governor and is now functioning.

To regard this as the end of the fight would be but a Utopian dream to be rudely shattered by the regular medical profession at the first opportunity. That the victory, however, will result in a benefit to our profession which will not be confined entirely to California, is unquestioned. The

echoes of "the voice of the people" will be heard throughout America, and will have a salubrious effect on osteopathic legislation.

One of the immediate local benefits growing out of our victory at the polls is the opening of the Los Angeles County Hospital to osteopaths. Not long ago a mother took her child to this hospital, suffering from a serious acute illness. She knew the superiority of osteopathy over regular medical methods of treating the disease from which her child was suffering, and she asked the hospital authorities to place her child under the care of an osteopath. The authorities, to use the vernacular, "hit the ceiling." As soon as osteopaths begin to serve on the staff and as interns, incidents of this kind will have a happier ending.

Ferdinand Foch, generalissimo of the allied armies, consistently advocated the principle that battles are won by the side that is on the offensive. He applied this principle in France in 1918, with the result that the allied nations were saved from German bondage. Osteopaths applied the same principle in California in 1922, with the result that osteopathy in this state has been saved from medical bondage.

We won the battle by taking the offensive. Between battles we must be ever on our guard, remembering that "eternal vigilance is the price of safety." Only by keeping the offensive can we win future battles.

Dr. C. W. Young of Grand Junction, Colorado, has moved to Palo Alto, California, so that his sons may attend the Leland Stanford, Jr. University.

Dr. Frank Davidson of Eugene, Oregon, is now located at 2214 Reservoir Street, Los Angeles.

Dr. W. E. Waldo of Seattle has recently installed new diagnostic X-ray equipment.

A FEW POINTS IN CLINICAL PATHOLOGY

By ANN E. PERRY, D. O.

Most physicians in the field are anxious to be right up to date on the best methods of diagnosis and to use every available means to arrive at a diagnosis, but sometimes they are at a loss to know just what to do, or how to go about getting the information desired. Following are some points that may be of value:

Getting blood for the diagnosis of acute appendicitis:

The doctor is far from his office, perhaps it is the middle of the night, he has no blood pipettes nor dilution solutions with him and if he had it is doubtful if he would be in sufficient practice in the minute technic of handling them. To be prepared for such an emergency, the physician should always carry in his bag a small vial of potassium oxalate powder or crystals and a glass syringe for drawing blood. When the emergency arises, all he has to do is to place a crystal or two of the oxalate in the dry syringe, attach the needle, and draw one or two cubic centimeters of blood into it. Detach the needle, close the opening with a bit of adhesive and hurry away to the laboratory. The technician will now be able to make the dilution for the white cell count, free from clots, and make the smears for the differential count, these being the two tests needed for the information desired.

Technic for making smears in the office:

Always keep on hand clean slides ready for use. In making smears make several; never less than two, and three are preferable. This allows the laboratory the use of several different stains if desired. Make smears thin; simply touch the slide with the infected cotton applicator, smearing it around over an area of about one-half

inch by an inch on the middle of the slide, taking care not to contaminate the edges of the slide. Let the slides dry before placing them together. In this way you are sure of making good smears that are safe and easy to handle. Sometimes a drop of pus is placed on a slide and another slide dropped upon it, and allowed to dry. This method is very unsafe to handle, as it contaminates the edges of the slide, the smears are too thick and the slides stick together, making it not only a disagreeable task to separate them, but often a dangerous one.

Technic for sputum:

Small, wide-mouthed jars are good containers, and they can always be obtained from your laboratory. Early morning sputum is the best for diagnosis.

In having an examination made for tuberculosis it is well to remember that it is as necessary to have the sputum examined in the wet as well as the stained smear. In this way the elastic fibres, Curschmann's spirals, and Charcot-Leyden crystals so very valuable in diagnosis, are not overlooked. In many cases of tuberculosis with lung destruction going on, wherein it seems impossible to find and demonstrate the bacillus, the elastic fibers will be enough to establish the diagnosis of some destructive lung disease. These latter examinations must always be asked for by the attending physician, otherwise the laboratory will simply make the routine stained smear for the tubercle bacillus.

Technic for the collection of a twenty-four hour specimen of urine:

Instructions for the physician to have ready to give his patient:

Decide upon a suitable hour to begin saving the urine.

Void urine at that hour and do not save it.

Beginning with the first voiding thereafter and continuing until the following day at the same hour, save every voiding in a clean, covered vessel.

After the final voiding at the end of the twenty-four hours, measure the total quantity, mix it well, and take out a four-ounce bottle for the laboratory. Label the bottle carefully with name and total quantity voided in twenty-four hours.

These instructions typed or printed should be kept on hand. They save time and a lot of repeated explaining.

Miscellaneous Points

In blood tests for the anemias, remember it often takes examination after examination before a diagnosis can be established. There is no such thing as blood diagnosis at a glance; it takes time, technic and a lot of study.

In drawing a diagnosis from the Wassermann test, the best authorities in the country today consider only a four plus Wassermann as positively diagnostic of syphilis in all new untreated cases. Known syphilitics under treatment may run a one, two, or three plus, and these of course are logical exceptions, but all Wassermans that are one, two or three plus, not treated, are non-syphilitic, and the positive reaction is due to something else.

Before any kind of surgery is undertaken, the bleeding time or the clotting time or both should be ascertained for the patient.

Often a severe case of bleeding can be prevented by the adventitious use of some gelatin. The reduced clotting time can be temporarily raised by the use of gelatin before an operation. I will not go into the details of this as it might be construed as boosting a product, but the instructions are easily obtained.

From time to time this laboratory has had reports of ameba being found in urine, and in one case we found an organism in a specimen of urine that resembled ameba. The diagnosis could not be positive, as the specimen was old enough to be cold and there was no movement. We were extremely doubtful as to the probability of ameba infection in the bladder and regarded their presence in the urine as the result of contamination. We wrote to an eminent authority about the findings, and his reply was that he had never in his experience found nor heard of ameba in the urine other than from an outside contamination. Knowing these things, osteopaths who read this article can guard against such contamination in any suspected cases when they give collecting instructions to their patients.

ROUGH-HOUSE MEDICINE

Dr. John N. Mackenzie, a distinguished physician and surgeon, a throat specialist at Johns Hopkins University, Baltimore, Md., in an address before a medical association some time ago, declared that the operation on the tonsils was a "surgical insanity," and gave his reasons in detail, the chief point being that the tonsils are very important and useful organs; and that there was no more occasion for removing an inflamed tonsil than an inflamed eye. In fact, I would sooner have an inflamed eye removed in my own case than to lose my tonsils. His address was printed in a leading medical journal under the title of "Massacre of the Tonsils," and was greatly admired by bedrock hygienic students.

But what shall we say of the "Tonsil Clinic," the wholesale removal of children's healthy tonsils? Of all rough-house medicine, this strikes me as being the roughest and most irrational of all procedures.—Charles E. Page, M.D., in *Pharmaceutical Advance*.

NEW YORK CITY OSTEOPATHS ANNOUNCE PLANS FOR 1923 A. O. A. CONVENTION

By DR. GEO. W. RILEY

At the first meeting of the Osteopathic Society of the city of New York this fall, President Edward B. Hart officially announced that the American Osteopathic Association had voted to hold its next, the twenty-seventh convention in New York City. He further announced that the Osteopathic Society of the city of New York would make provision for housing and entertaining the convention. Dr. George W. Goode of Boston, president of the American Osteopathic Association, was present, as was also Dr. H. L. Chiles, for years secretary of the association and recently its treasurer and now a trustee. After much discussion and following the advice of these two officials, the society selected the week beginning July 1 as the time for holding the convention.

Following this action a resolution was passed providing for the selection and organization of a Committee of Arrangements, and by unanimous vote of the society, Dr. Cecil R. Rogers was selected chairman of this committee, Dr. L. Mason Beeman was selected secretary, and Dr. George H. Merkley treasurer.

The other members of the committee are the trustees of the Osteopathic Society of the city of New York: Dr. E. B. Hart, president, W. D. Fitzwater, secretary, J. B. Buehler, Edward Albright and C. J. W. Beal, together with the chairmen of the various sub-committees. These sub-committees are twenty-three in number, and included in their personnel is practically the entire profession in greater New York, together with a large number of up-state members, as well as some from New Jersey and Connecticut.

These committees are sufficiently large to handle expeditiously all the

numerous duties assigned to them and are now busily engaged in formulating plans for their various fields of work.

Judging by past experiences it appears that one of the most important and difficult duties devolving upon local committees has been to find hotels with rooms and halls of sufficient size and number to accommodate the annual conventions. The New York committee faced no such difficulty. Their great problem was to choose one from the large number at their disposal. After careful consideration of the many conveniences offered by the several competing hosteleries, the committee unanimously selected the Waldorf Astoria for convention headquarters.

The twenty-seventh annual A. O. A. convention approaches with these two unsurpassed advantages:

(1) Its location: New York city, the metropolis of America.

(2) Its headquarters: The Waldorf Astoria, one of the most widely known hotels in all the world.

The fame of the hotel, however, is not its chief advantage. That rests upon its adaptability for our convention purposes. The entire first floor is at the disposal of the convention committee. Never has the association had such a wealth of halls and rooms for its use as it will have next July, and all on the one floor, reached by four groups of elevators and three stairways.

Dr. F. P. Millard, chairman of the Program Committee, has nearly completed the greatest program ever offered to the osteopathic profession. Dr. Millard and every physician attending the convention will be delighted beyond measure at the arrangements

and conveniences for the presentation of the program. There will be no crowding, no shortage of section rooms. Every convenience will be available on a scale commensurate with the importance and size of the convention. And all of this without a dollar's expense to the committee or the association.

This brings us to the question that is uppermost in the mind of every osteopath today. What is going to be the expense to me to attend the New York convention? Here is another reason that caused the committee to vote for the Waldorf Astoria. The management made a flat rate of \$5 per day for single room and bath, and \$8 per day for double room and bath. All

rooms of the entire hotel are subject to reservation by osteopaths at these rates for the convention period. No other hotel in the United States can duplicate such conveniences and accommodations for such a rate for convention headquarters, and what is more, the management, including Mr. Hamilton, "Oscar," and every other member of the staff, is keenly interested and anxious about our pleasure and comfort.

Therefore, osteopaths from sunrise to sunset, from the sheep-covered plains of Montana to the cotton fields of Texas, New York invites you to attend your convention next July, and promises a New York effort to satisfy your expectations.

CLINICS

BY DR. F. P. MILLARD

[The following is taken from Dr. Millard's newly-published book, "Practical Visions." This book will be reviewed next month.]

For years we have felt that the wisest thing a young physician can possibly do is to establish a clinic in connection with his work.

Were I to go to a new field to practice, either in a small town of two thousand or over, or in a large city, the first thing I would do would be to establish a free clinic, or assist in one already established.

Let us discuss the psychological side of it, as well as the relief side, and see if we cannot prove that work in a clinic is of more value to you than you would ever dream of, unless you had undertaken the task before. We would not call it a task. It is not only a pleasure, but most refreshing, and we have learned more about infantile paralysis, scoliotic conditions, and various forms of nervous disorders, from St. Vitus dance to convulsions, than we have in any other way;

in fact, I never did really understand the possibilities in treating infantile paralysis until we established a free clinic where we had from eight to ten infantile paralysis cases at a time, along with a much greater number of scoliotic cases.

Personally, I find it a tremendous tonic to conduct a clinic. For years we held it three times a week. We now hold it twice a week, Tuesday and Saturday mornings. We commence at 8 o'clock. While it is necessary to rise an hour earlier, in order to be at the office a little before 8 o'clock and welcome the children as they come, yet think of the mothers who have to rise, dress, wash, feed, and bring their children to the clinic, and likewise be here at 8 o'clock.

We have possibly as large a clinic during the length of time, as you will find anywhere. Forty-eight in one hour and fifteen minutes is not uncommon, and unless we have forty or more, we are not satisfied at all.

Imagine the tonic effect on a doctor when the mothers bring their children to have them treated, because they have seen other children cured of a similar trouble. Imagine the thrill that goes through a doctor when he realizes that he is taking off braces, crutches and casts, from those who have been shackled sometimes for life at the suggestion and hands of the orthopedic surgeon.

To me, there is no greater pleasure in life than conducting a free clinic, and I am frank to say that had I sufficient money, or if some one would endow me sufficiently to pay my expenses the rest of my days, I would treat one hundred children free, twice a week, as long as I was physically able to do it. This would take about two hours and a half each day, and thanks to specific osteopathy, the results would compare with those of any orthopedic institution in the land, and without a single instrument or cutting in any manner, restoration would be made, through the nerve centers that control the circulation that supplies the cord sections, as well as giving stimulus to the motor impulses as they leave the spinal cord.

There is no comparison between what an orthopedic surgeon can do and what osteopathy can do. True it is that an orthopedic surgeon has work to do that manipulation alone cannot do; that is, there are a certain number of cases, such as talipes in its various forms; but when it comes to muscle transplanting, or tendon shifting, in order to bring about strength and motion in the withered limb, I am sure that any good osteopath will take case for case with any orthopedic surgeon and without cutting in the least, make restoration in a greater number of cases than the orthopedic surgeon will do by his transplanting method.

Then again we have cases of scoliosis in every form conceivable, even to kyphosis and Pott's disease, which we

hesitate to take, and refer them to the orthopedic surgeon, and we are not so sure that the orthopedic man will do much better than nature herself has done.

In the earlier stages, the orthopedic man will accomplish much, but there comes a time, even in a child's life, when it may be wise not to interfere unduly with certain conditions. However, I would trust a case absolutely in the hands of any of our good osteopathic orthopedic surgeons, and in the above references, for comparison's sake, we have invariably referred to orthopedic surgeons of the older school, who are not trained along osteopathic lines, who have never had the osteopathic vision, and who know little or nothing about even a sacroiliac lesion. We are proud of our osteopathic orthopedic surgeons. They are trained to know the osseous framework from a different standpoint than that of the older school. They are quite familiar with the fact that adjustment will correct lesions, and that osseous lesions cause a great deal of the trouble in the human framework in most of the various diseases.

So, it is always a pleasure to send cases to an osteopathic orthopedic surgeon, after having tried osteopathy first; that is, the manipulative part, or adjustive work, such as Dr. Still longed to talk about and loved to demonstrate.

I like to think back on pleasant things; I like to forget unpleasant things. There are a few things that we can recall that stimulate us, and one of these precious things is the memory of the Old Doctor; the time when he dwelt among us physically, and when people flocked from all over the country to be restored to health.

Never will I forget that memorable day when the Old Doctor, sitting in the back yard, was approached by a mother from Colorado with her little child in her arms, beseeching the Old

Doctor to make a physical restoration. Without getting out of his chair, the Old Doctor took the child on his lap, and in less than a minute's time stood the child on the ground, and the child walked.

Who else in the world at that time could correct a femoral lesion, or luxation, complete, in that the head of the femur was entirely out of the acetabulum; and who but a Still, at that time, could so thoroughly understand the mechanism of the hip joint that, by a single twist, without any assistance, he could replace the head of the femur in the socket and thereby make the child normal again from a mechanical standpoint?

The Old Doctor did not always use a treatment table. He was known to back a patient up against a fence; put him on the sidewalk, or the station platform and correct his lesions, and in some instance, take away the crutches.

* * *

After the clinics each morning, you feel as if you are limbered up and ready for a day's work. Forty-five patients will take no particular strength out of you, if you are thoroughly imbued with the osteopathic spirit. If you are absolutely anxious for children to be restored, for a better generation from a physical standpoint, you will take hold of these children with a zeal that will equal that of panning gold or washing diggings in a placer mine.

My understanding of a true osteopathic physician is one who is so imbued with the spirit of osteopathy that he will live it, talk it, dream it, and when he sees a case where there is mechanical malalignment, will not be able to hold himself until he can get hold of that case and make physical restoration.

If you are not connected with a clinic, start one immediately!

OSTEOPATHIC INTERPRETATION

BY DR. L. E. PAGE

Facts are facts and truth is truth. Facts and truth, however, are subject to various interpretations. The facts upon which medicine and osteopathy are based are practically identical. Anatomy, physiology, chemistry, and pathology furnish the ground work for two divergent systems of practice. The same text books are used in the training of both medical and osteopathic students. Why, then, the difference in methods of practice?

It is altogether a matter of interpretation of the same set of facts. The greatest difference of opinion is in regard to infectious diseases. The medical man believes in producing a passive immunity by the use of serums whereas the osteopath believes in depending upon active immunity by stimulating the protective mechanisms of the body. The facts of bacteriology uphold both practices. But clinical evidence has convinced the osteopath that the facts concerning the production of an active immune process are of more practical importance than the facts concerning passive immunity brought about by the use of serums.

This is an example of the osteopathic interpretation of a given group of facts. Every science studied in the osteopathic course from chemistry to diagnosis and surgery consists of a body of facts which must be osteopathically interpreted. The secret of osteopathic interpretation is to remember that the whole osteopathic concept centers around the idea that disturbance in structure precedes disturbance of function. In other words the structure of the body must be in perfect adjustment for perfect function. Clinical processes in the body depend upon the structure of tissues and upon the integrity of the apparatus which brings new material to

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the cell and takes away the waste material formed by metabolism. We say that disease starts in areas where the local resistance has been lowered by the many causes of disease. By that we mean that there has been a disturbance of some part of the body structure connected with the diseased part. The first principle of diagnosis and treatment will be to find and fix such disturbances of structure as would interfere with the diseased area.

This dominant idea of osteopathy must be appreciated by the student early in his career if he would become osteopathic in his thinking. He will find that even as a freshman he can interpret the facts of chemistry, anatomy, histology, and physiology in such a way as to bring out their osteopathic significance so that he will know why these subjects are considered an essential part of an osteopathic training.

Facts are facts but some are of

more relative importance than others. Look for those facts that will best agree with osteopathic ideas, not forgetting that we cannot change facts to suit anyone's ideas of osteopathy but that always we must adjust our ideas of osteopathy to proven facts.

UTAH MEETING

At the recent annual meeting of the Utah Osteopathic Association, it was decided to hereafter hold the annual meeting in June so as to be in harmony with the A. O. A. The officers elected to serve for the remainder of this year are as follows: President, Dr. Mary Gamble; Vice-President, Dr. Grace S. Airey; Secretary-Treasurer, Dr. Alice Houghton.

The program for the meeting included reports of the Los Angeles Convention by Dr. Houghton and Dr. Gamble, and a talk on the Electronic Reactions of Abrams by Dr. Airey.

THE 1923 CORTEX

The students of the College of Osteopathic Physicians and Surgeons are enthusiastically at work on the 1923 college annual, "The Cortex." The editorial staff is composed of Howard M. McGillis, Editor; Winnie A. Fleming, '23, Assistant Editor, and Grace Beekhuis and Lawrence Berlier (both '24), Art Editors. The business staff is composed of Donald F. Saylor, '24, assisted by N. C. Litt, '24, and Herbert Stotenbur, '24.

A recent announcement by the staff states:

"We are going to attempt to make the 1923 Cortex the biggest, livest and most interesting publication ever sent forth from the confines of an osteopathic institution. Truly, this may appear to be a rather broad statement, and it may even approach egotism on our part; but in all sincerity, it is our firm belief that the "Annual" to be published in April will be a welcome adjunct to the library of every osteopath.

"Now, we will do our part, but we must have some co-operation from the men in the field. Especially must this be so this year as we want to herald osteopathy far and near. It will help you and it will help the college."

The price, \$1.50 a copy, is so low that every osteopath can afford one or more, and orders should be sent at once.

SUGAR AS FOOD

Sugar is not detrimental to the teeth, says Sir James Crichton-Browne, well-known British physician, who, in an address before a recent grocers' convention in England not only made this statement in defense of sugar, but also carried the war into the enemy's country with the further assertion that perhaps sugar more than any other article of food tends to promote

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the flow of saliva in the mouth "than which nothing could be more conducive to the preservation of the teeth in a clean state." Sugar is also an aid to digestion, Sir James pointed out, promoting the flow of gastric juice.

The Australians were the finest physically of all the peoples engaged in the World War, according to Sir James, who voiced his conviction that there is a direct relation between the physical development of a race and the amount of sugar it consumes. The Australians, he showed, consume more sugar per capita than any other people in the world. He also called attention to the Danes, who, also of excellent physique, are heavy sugar eaters, as are likewise the people of the United States and the United Kingdom. Certain nations of Southern Europe which consume relatively little sugar and who are less notable for physical development were cited by Sir James in support of his theory.—Los Angeles *Times*.

A VACCINATION TRAGEDY

BY DR. MARY GAMBLE

Mr. A., Dr. B. (an M. D.) and Mr. C. are neighbors in Salt Lake City. Mr. A. employed Dr. B. to vaccinate his three little boys. At the same time Dr. B. vaccinated his own little girl. Mr. C. refused to have his little girl vaccinated. In a few days one of the little boys began to feel languid; his arm was badly swollen down to the wrist, and he showed a temperature of 102 degrees. Next day the temperature was higher and he slept most of the day. The following day he became paralyzed. Later his temperature jumped to 104 and he became unconscious. A doctor was called who ordered him to the hospital but gave no hope.

At the hospital lumbar punctures were made at three different times, fluid was extracted and taken to the

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laboratory for examination. The doctors did not make any positive diagnosis, but said it might be infantile paralysis. On the evening of the day the patient entered the hospital Mr. C. prevailed upon the parents to call me to work in conjunction with the M. D.'s of whom there were several. The M. D. in charge that night consented, and a treatment was given; but the M. D. who came in the morning refused to allow me to give osteopathic treatments.

In the afternoon the M. D. was dismissed and I was called again. I gave treatments that day but the patient died at seven the next morning. I might add that when the M. D. was dismissed the father was told that he would have to get permission from the staff to leave the child in the hospital if an osteopath treated him, which of course made the father very angry. The superintendent, however, had a more kindly heart and allowed the child to remain without the consent of the staff. I signed the death certificate in the afternoon and gave vaccination as a contributory cause.

About a half hour afterwards the secretary of the State Board of Health called me on the telephone and asked me what proof I had that vaccination caused paralysis. I told him that I certainly was not responsible to him for what I put on a death certificate, that I was a licensed physician and could use my own judgment about it. He used all the pressure within his power to have vaccination taken off, because he said it would keep ignorant people from being vaccinated. Finally he said he would take steps to make me prove that vaccination caused paralysis. Later in the day the City Board of Health called me and requested that the change be made which was again refused. A few days later an employe of the City Board brought the certificate to my office and again re-

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quested that the change be made which of course was not done.

The little daughter of Dr. B. showed at the same time a temperature of 102 degrees and a tendency to be sleepy. The doctor was much alarmed and sent the remaining tubes of the vaccine out East to be analyzed and later reported that there were no foreign germs present. If these are the methods used by all state boards in the country we can easily see why vaccination statistics seem to have such overwhelming records in their favor.

OZONE VS. NITROGEN PEROXID

Dr. Benjamin Moore, of the National Institution of Medical Research, has been telling a London *Daily Chronicle* representative that it is not ozone, but nitrogen peroxid, which deserves all the credit that has hitherto been given to the former. He states that ozone is found only about five miles above sea level; the compound occurring in atmospheric air and elsewhere at lower altitudes is really nitrogen peroxid. Hitherto it has been supposed that this was formed only during occasional thunderstorms, but research has proved that it is produced by the action of strong light, and is present in freshly fallen rain or newly formed dew; and if the water stands the nitrogen peroxid is converted into nitrates, but on re-exposure to strong light peroxid is regenerated. By means of a powerful mercury light nitrogen peroxid is now being produced in the laboratory, and in a dilution of 1-50,000 it is being used experimentally at two of the chief London hospitals for disinfecting rooms and clearing bacteria from the nasal passages. Nitrogen peroxid is a powerful disinfectant, and is likely to be of the greatest value as a protective agent against air-borne diseases. Dr. Moore is con-

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"For many years I have persistently combated innovations and they have continued to innovate without regard to my attitude," grimly confessed old Philander Foggy. "Long ago I denounced in no uncertain tones the blue-glass cure which was raging at the time, and everybody was cured by it until they turned to some other foolish fad. I derided the first electric lights, but they came to stay, and, in fact, I wouldn't be without them at any price. I scoffed at the phonograph, and now the number of them is as the sands on the seashore.

"I sneered at the appendix, and not very much later it removed from my midst a relative I had been supporting for several years. I contended that if Providence had willed that men should fly through the air they would have been equipped with wings and

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tails, and now airplanes are a common sight going by hundreds to and fro and occasionally down. I laughed sardonically at golf, and it is played under my very nose by men whom I respect, as well as others. Lately I have railed against the wireless telephone as a transitory toy and a piffing piddle, and only last night my fourteen-year-old nephew gave us all a chance, by means of a contraption he had made out of his own head, a mess of wire, and so forth, to hear a fine concert six hundred miles away.

"I have battled to the last ditch for my opinions, and the world has moved on just the same. My life has been to a large extent devoted to viewing with alarm and being unalterably opposed, and all I have accomplished has been mildly to amuse my fellow citizens. So now I guess the only way in which I can cut any figure is to turn right around and point with pride to, and heartily indorse, everything I can't prevent. It has taken me quite a spell to realize that I can't spank the whole world, but I have finally found it out."

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QUACKERY IN THE PROFESSION

And now, not to give the regular members of the profession a swelled head, not to convey the impression that I believe that all regular physicians are saints and geniuses, I will say that unfortunately this is not the case. Unfortunately there is quite some ignorance in the regular ranks and no small amount of quackery also.

Only the other day—and when I say the other day I mean just yesterday—a patient came to me for advice. The advice he was seeking was: should he submit himself to an operation or not. I often get patients seeking just that advice. I have the reputation of being a careful conservative man, and that when I advise an operation an operation is inevitable. The man was suffering from impotence; he was treated by a general practitioner without any benefit. Then he was sent to another doctor who called himself a specialist in sexual disorders, who treated him for another month and then said that he could not do anything for him with treatment, but he needed an operation, for which he would charge him two hundred and fifty dollars, and which would cure him. It was then that the man came to me for advice. There was *absolutely nothing* to operate for in that man. With the most charitable inclination I cannot imagine what the doctor wanted to operate for.

This is quackery, this is charlatanism of the most deplorable sort. And when I see or hear of a thing like that, I do not feel justified in lashing the quacks outside of our ranks so very viciously.—WM. J. ROBINSON, M. D., in *Medical Critic and Guide*.

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NATURE'S REMEDIES

[The following appeared as the leading editorial in the *Medical Review of Reviews* for August. While everyone will not agree with all of the views expressed, it will be admitted that the article is a thought-impelling one.—C.B.R.]

If by remedies we mean agencies which restore health, then all remedies are Nature's remedies; for no cause can produce an effect but in accord with natural law. The fact is, we cannot get away from nature. If health is a natural process, so is disease. If life is natural, so is death.

We cannot restrict the term "natural" to those processes and phenomena which are advantageous to us, and characterize unpleasant or injurious phenomena as "unnatural." For instance, we cannot say that the fire in the stove which warms us or cooks our food follows the laws of nature while the fire which burns our house transgresses those laws. Every fire, whether it benefits or does damage, acts in accordance with natural law. So with the axe which I am swinging; it acts in accord with natural law just as truly if it slips and cuts my foot as if it cuts the stick at which I aim. Whether an event or an act is beneficial or the opposite, it is yet an example of nature at work. If, because of the presence of a fly in the food which I am eating, the food comes back within a few minutes to my great distress, the regurgitation is just as

much a natural act, though not so common, perhaps, as is the passage of the food into the intestines.

Sometimes we speak of breaking nature's laws, but that is an impossibility. If I take a dose of strychnine, I may go through a siege of violent contortions and die. My actions and symptoms after taking the fatal dose merely exemplify nature's law. In that sense there can be no remedies but natural remedies.

But in this article the term "natural remedies" is used in the special sense of being instinctive. The wounded animal licks the injured place. It may not know why it does this; that is, it may not know that the process is curative. The originator of hydrotherapy, or rather the man who popularized it observed that when certain animals were wounded, they held the injured member in cold water. He believed that nature had taught them this remedy, and reasoned that what was good for animals would also be good for man. And on this observation and reasoning was developed the great system of treatment originally known as "water-cure," later as hydrotherapy.

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From "Diseases of the Digestive System," by Anthony Bassler, M.D., F.A.C.P. Published by F. A. Davis Co., Philadelphia.



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Mothers not infrequently rub the head or the hand or the knee of the child that has had a bump, while saying, "There now, Johnny, it is all well." And Johnny goes off with a smile. Instinctively mama has practiced massage and psychotherapy, and both these measures have had their effect in relieving the distress of the little fellow.

We grown-ups use massage and psychotherapy for much more serious conditions, but the principle is the same. One measure acts directly on the tissues, causing certain mechanical changes, and perhaps certain reflex

changes; the other, acting through the mind, sets up processes which make for the ease and welfare of the patient.

Probably in every treatment, whether by massage or hydrotherapy, or by the administration of drugs, there is always more or less mental influence, something akin to the "There, Johnny, run along, it doesn't hurt any more." The patient's faith, focused on this, that, or the other supposed remedy, regardless of the merits of the remedy itself, exerts a strong influence for cure; and so even patent medicines, animal magnetism, and other appar-

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ently absurd measures may, through the patient's mind, have a powerful curative influence.

On the other hand, there are conditions which mind cure will not reach. No amount of mental influence can help a person who has taken an overdose of laudanum. No spinal adjustment, nor hypnotic suggestion, no "absent treatment," nor anything other than something that will eliminate the drug from the system and antagonize the effect of the opium will avail anything. And this is but one example of a large number of conditions in which a correct diagnosis and proper treatment are absolutely essential. Anything less will mean the loss of the patient.

"Natural remedies," as the expression is used in this article, are the common heritage of civilized and savage, of human and animal. Often such remedies have a remarkable healing influence, even to the saving of life; but for certain conditions, of which the laudanum poisoning may serve as

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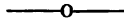
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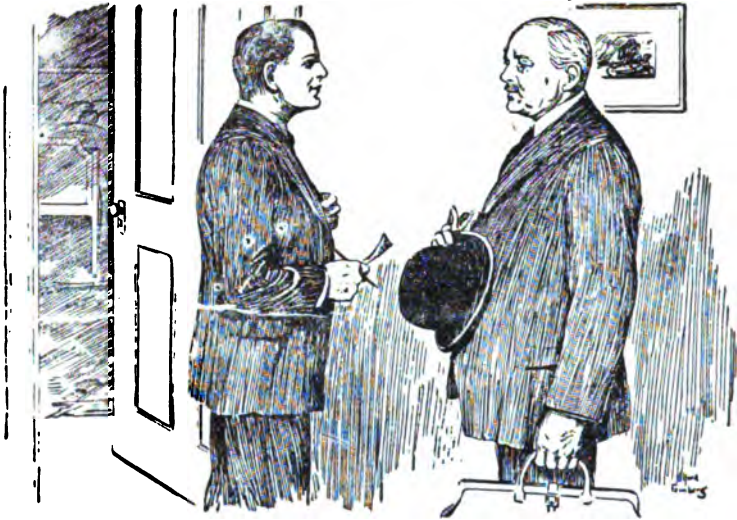
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No. 7

HAS ABRAMS DISCOVERED A NEW FORM OF ENERGY?

BY HARRY W. FORBES, D. O.

President of the California Osteopathic Association and President of the California Board of Osteopathic Examiners

Ancient soothsayers percussed and palpated the abdomen in order to tell the past and foretell the future of their clients. This practice passed into oblivion many centuries B. C. Our anatomical terminology contains a word which was contributed by these primitive fortune tellers, but all else concerning their theory and practice has passed away. The word *omentum* (to foretell by omens) is a reminder of the fact that the abdomen would give up its secrets to those who were instructed in the art of percussing its anterior surface. Has Abrams rediscovered this ancient art? Is the omentum to live again in all its pristine glory?

Mesmer and mesmerism are almost forgotten. He cured thousands. His treatment room contained a vat containing all kinds of metal junk. Leading from this vat to stalls which were arranged around it were wires. The patients placed the terminals in contact with the affected part and were healed. Magnets were also employed with magical results. The cures continued until some unfeeling skeptic demonstrated that the same cures could be made with pieces of wood shaped and painted to resemble magnets. Abrams' treatment room is almost an exact reproduction of Mesmer's. Is the healing energy the same? Mesmer failed to demonstrate the flow of any kind of energy from

his vat. Will Abrams demonstrate a current of any kind of energy through his diagnostic or therapeutic apparatus?

Soon after the discovery of electricity, Dr. Elisha Perkins of Pomfret, Connecticut, conceived the idea that this agency could be used to cure illness of many kinds. He constructed an instrument composed of a strip of copper and one of zinc joined at one end and separated at the other. By stroking the body the two free ends would come together and electricity was supposed to be produced. He cured hundreds. His fame spread. Perkins' tractors were used in many cities. Institutes were formed. He was induced to open an institute in London. Generous London patrons raised a large endowment in order that the poor might have the benefit of this wonderful treatment. Alas and alack, a hard-headed Englishman, Dr. Haygarth, constructed an instrument of wooden strips painted to resemble copper and zinc and demonstrated the same cures. The charm was broken. It was not electricity at all that effected the cures. The institutes were closed. The practice passed into oblivion and suffering mankind forgot its sorrow over the loss of Perkins' tractors in its joy over the next charm. Will some one imitate the Abrams box and demonstrate the same results, or has

Abrams really discovered a new form of energy that will destroy disease and its causes without injuring health and its causes?

The search for an external healing agency has continued throughout the centuries. Many panaceas have been announced. People will flock to a "cure." To avoid the causes of disease and pursue the causes of health is not always easy or pleasant. To be "cured" without going to the trouble of reforming one's mode of living is an attractive lure.

Living bodies continue living by means of their own activities. From birth until death the living body must react to the mechanical, chemical, electrical, thermal and photic agencies in its environment. The body always tends to react to these agencies in the way it should react in order to continue living. No agency, influence or energy other than one of these has been demonstrated to affect or in any way influence living matter. Every stimulus thus far discovered belongs to one of these five energies. Magnetism is a well-known energy. Many experiments have been made in an attempt to produce reactions in living matter with it. All have failed.

What energy flows through the Abrams apparatus? Those who use this apparatus say that it is a new kind of energy. It is not contended that the energy is mechanical, electrical, chemical, thermal, or photic. Inasmuch as no physiologist has heretofore been able to produce reactions with any other than one of these five energies, the claim that a new stimulating or reaction-producing energy has been discovered must be strong in proportion to the improbability of the truth of the claim. It may well be that a new energy has been found. It may be that this energy will cause

reactions in living matter. It may be that these reactions to this newly discovered stimulus will restore health.

The truth or falsity of Abrams' claims cannot be settled by argument. Evidence, not argument, is necessary to settle the question.

The burden of proof is on those who claim that a new reaction-producing energy has been found. What proof is offered? What other kind of work will this energy do besides causing reactions in living matter? All of the other energies which influence living matter have other demonstrable effects. They can be transformed into one another. If this new energy has no other effect than that of producing reactions in living matter, it is different from all the others. What proof of vital reactions is available? Will a muscle-nerve preparation react to it? Will the unicellular organisms react to it? These experiments are simple. Have they been made?

It is claimed that this energy will cause destructive reactions in pathogenic microorganisms, cancer cells, sarcoma cells, etc. Will it destroy these living cells in a test tube or on a culture media? Will cancer tissue exposed to the Abrams apparatus be so altered that it will not grow when transplanted? Will tubercle bacilli treated by the Abrams apparatus not grow when later they are injected into a susceptible animal?

These experiments are simple. Have they been made? If so, why is the evidence not offered by the proponents of this new "cure"?

The only evidence that is offered is the clinical records of "cures." Many genuine recoveries are reported. Is it necessary to assume a new energy to account for the "cures"? It is poor science and not good common sense to hypothecate a new energy to

explain results when they can be explained without it. The "cures" of Mesmer, Perkins, Hahnemann, Weltmer, Dowie and others were genuine. It is easier to believe that E. R. A. "cures" are of the same kind and due to the same cause as these than to believe that a new energy has been found. Evidence is needed to establish the fact, and no evidence is offered. Will it be?

NOTICE TO E. R. A. PRACTITIONERS

Opinion is divided as to the merits of E. R. A. It is obvious that so long as this condition exists, the new system is at a disadvantage.

One of two things will happen: either E. R. A. will be vindicated, or it will be branded as a fake and go the way of all fakes. There is no middle ground.

Dr. Forbes has sounded the call for evidence to prove the truth or falsity of the claims made for E. R. A. The Western Osteopath is ready to print evidence on either side. Both sides are entitled to a hearing, but this does not mean that argument is wanted. Proof is needed. "Proof is not a statement of truth, but evidence of the truth of the statement." (Ruxton.) Send *proof*, and it will be printed.

C. B. R.

The old school of medicine still persists, and to anyone who knows really by experience, as I do, the difference between the two, it is a wonderful fact, when you contemplate the enormous superiority of the osteopathic theory, compared with the old school, that there is any school left on earth, and yet there is, and it not only persists, but day after day it becomes more arrogant and more tyrannical and bolder in its invasions of natural human rights.—*Charles Edward Russell.*

Osteopathy is either one thing or the other. It is either right, or it is wrong, and if it is right, then why not go the limit with it?—*Charles Edward Russell.*

WHEN THE BABY LAUGHS

You are being advertised to. When the sun shines, when the flowers bloom, when dinner sends out its inviting aroma—when any one of a thousand things happen to attract your attention, you are being advertised to.

The purpose of any advertisement is to attract your attention and arouse your desire; to tell you what is new and good; to guide you to something you ought to have; to make you happier and more comfortable; to save you money and make life easier for you.

So, read advertisements. They will give you the latest ideas and improvements.

Advertisements are daily records of progress. They are the reports to you of manufacturers who work for you, telling what has been accomplished for your benefit. Take advantage of them.

Reprints of Dr. Jennie Spencer's article, "From Milk to Mixed Diet," may be had at one cent each from Dr. Inez Smith, 1120 Hollingsworth Building, Los Angeles. You should give one to every patient who has a baby.

APOSTATE OSTEOPATHS

By WARREN B. DAVIS, D. O.

Will some osteopaths ever learn that when a man goes to an osteopath he goes to get an osteopathic treatment?

A Texas woman who has been under the care of a real osteopath for several years in her home state, came into my office yesterday and asked if I could and would give her a real osteopathic treatment.

Shortly after coming to Southern California six weeks ago she went to a D. O. who gave her hot packs on her chest and back and then gave what she called a light massage. Not being satisfied with this treatment, she went to another D. O. This one gave her "a nice spinal massage" and handed her some medicine to take home. She next went to a D. O. who turned out to be an "E. R. A. specialist." He wanted her to have her case diagnosed and treated a la Abrams.

In other words, this woman found that three of the first four California D. O.'s with whom she came in contact were not real osteopaths. These three either never acquired the osteopathic concept or, if they did, had strayed from the fold.

Perhaps the experience of this woman was exceptional, but people often come into this office and ask if they can get a real osteopathic treatment, showing that they have been fooled before and given a substitute.

The opportunity osteopaths now have in California is the greatest ever given our profession, and the only question is, Will the D. O.'s live up to the expectations of the people? The people who go to osteopaths want osteopathy and good common-sense advice as to diet and living. If a man really wants pills, let's send him to a pill doctor; if he wants hot baths, send him to a Turkish bath; if E. R. A., let him go to an E. R. A. practitioner; but let every D. O. remember that what the people expects of us, and what they come to us for, is *straight osteopathy*. The better osteopathy we give them, the better for the patient and the better for us. In my opinion, if a man wants to practice E. R. A., it is none of our business, but if he is an osteopath, and holds himself out to the public as such, then we *are* interested. I heartily agree with the Missouri Osteopathic Board, which passed the following resolution:

"Whereas, The so-called E. R. A. system of diagnosis and therapeutics is not claimed by its representatives to be osteopathic, is not taught or indorsed by any of the associated colleges of the A. O. A., such practice should not be engaged in by any osteopath under the name of our beloved profession, osteopathy."

Let me tell you osteopaths that your profession, and your business, and your mission on this earth, are most seriously threatened this minute. * * * You are being undermined by your own people, absolutely undermined, and if this process continues, there will be no osteopaths left upon this earth.—Charles Edward Russell.

OSTEOPATHIC GYNECOLOGY

By DR. JENNIE C. SPENCER

Fourth Article

DISORDERS OF MENSTRUATION

DYSMENORRHEA

Dysmenorrhea is defined as painful menstruation. This brings up the question, "What is painful menstruation?" Pain is experienced by some individuals with less structural change than will be found in others. As one physician has said: "Some nervous systems register more quickly than others." I feel that this is very true in a large number of cases of dysmenorrhea in which we find no structural changes to account for the pain present; but if there is any pain, even in these sensitive individuals, it is not a normal menstruation.

The only structural change that causes dysmenorrhea is the infantile type of uterus: that is, an undeveloped organ. Various other changes, such as malpositions, pin-hole os and polypi, have been given as causes, but we have found these conditions in so many cases where there is no pain at menstruation that it is evident they are not of themselves a cause of dysmenorrhea.

The infantile type of uterus is in some cases largely cervix, in other cases the entire uterus is small, and always it is more or less fixed in the pelvis. When the uterus is slightly more developed it will be ante-flexed and limited in movement. In a few cases this lack of development has manifested itself in the endometrium to the extent that the exfoliation of the epithelium takes place *en masse* rather than the normal shedding. In some we find the flow very scanty, in others a menorrhagia is present, while in a few cases there is a history of a slight flow midway between the periods. There is seldom pain at this time. This mid-period flow is no doubt an attempt on the part of nature to establish the normal cycle. It has been suggested that the internal secretory glands are at fault in these cases. I am convinced that this is true in most instances, but to find the fault is the problem.

The old classification of dysmenorrhea into congestive, membranous, neuralgic, and ovarian, is a good one in that it indicates the pathologic changes present.

The cause of congestive dysmenorrhea is most often systemic. Frequently no structural change of importance occurs until the case is of long standing. In some instances the uterus will be found ante-flexed. It is not the ante-flexion, however, but the congestion that produces the pain, and the congestion is caused by constipation, nervous exhaustion, indiscretions of diet and lack of exercise.

One outstanding change in the theory as to cause of congestive dysmenorrhea is the discovery that too little physical exercise is more apt to cause this condition than over-exercise. Some years ago a physical culturist called my attention to the fact that we rarely found dysmenorrhea in girls who took an active part in swimming, tennis, basketball and other athletic activities. Dancing did not apply for, as she said, they did not have the same chance for fresh air as in the out-of-door sports. I immediately ordered more exercise for a number of cases that were under my care at the

time, with most satisfactory results. The fault of girls is the spasmodic exercise taken. The gymnasiums in our schools are doing wonders to overcome this.

In the last few years my plan has been to give these girls a thorough examination, correct any lesions present and then send them to the gymnasium.

Membranous dysmenorrhea is a term applied to cases in which the membrane is shed *en masse* or partially so. Neuralgic dysmenorrhea signifies severe pain which occurs with a degree of regularity. It may be at the end of the period, between periods, or before the flow starts. The onset of the menstrual flow does not give relief as it does in the congestive type. These varieties are most often indicative of arrested development of the generative tract. Two case histories may be of interest:

No. 1—Age 17 Years. No organic lesions found in the general clinic, but a number of spinal lesions were recorded. These were treated and mostly corrected when the case was sent to the Gynecological Clinic. The history given there showed slight improvement after two months of general treatment. The patient had had all of the children's diseases with no complications, except for a severe case of measles in her fourteenth year, after which she was very nervous and anemic.

Menses began in the fifteenth year with severe pain from the first. Membrane shed at each period. Periods occurring irregularly from five to seven weeks apart. Severe pain lasting from twenty-four to forty-eight hours, relieved after expulsion of the membrane. Scanty flow.

Bimanual examination found a small straight uterus with very little lateral movement. Ovaries were not palpable.

Bimanual treatments were given twice a week, stretching the lateral ligaments and massaging the uterus. General treatments were continued with emphasis on the general pelvic work, including extension to spine and lower limbs, spinal rotation and careful kneading of the abdomen from five to seven minutes. The treatment given during the period to relieve pain was hot sitz bath lasting for twenty minutes with water kept as warm as patient could tolerate. Heat was always soothing. The rectum was dilated manually, no instruments being used. Steady pressure in the lumbar region gave greatest relief. This case was treated ten months before the membrane disappeared and the discharge became more normal. Pain did not entirely disappear until after twenty-two months of treatment. All together thirty-one months of treatment were given, covering a period of nearly three years. At the end of that time the uterus was normal in size and position. The patient has since married and given birth to two children, and she reports normal deliveries.

No. 2—Age 21 Years. A case of traumatic neurosis, with right side of body almost completely paralyzed. Several months of general treatment was given with marked improvement in the paralysis.

The case was sent to the Gynecological Department on account of severe neuralgic dysmenorrhea. History showed menses began at fourteen years of age, but with no pain until after the injury. Patient complained of two days of intense pain with scanty flow.

Bi-manual examination found a fixed ante-flexed uterus of the infantile type. Two bi-manual treatments a week were given. Lateral movement was

obtained after several months. The dysmenorrhea was relieved after the third month. Treatments were continued once a week for several months and the uterus became freely movable and the flexion was entirely lost as the uterus increased in size. General treatments were given as they are in all of these cases. She had no treatment other than manipulation.

My reason for giving these cases records is that they have been the most marked examples of arrested development with the two types of dysmenorrhea that have appeared in our clinic.

Ovarian dysmenorrhea is the term used to signify pain in the region of the ovaries. It often extends down the leg on the same side. It is frequently accompanied by nausea and vomiting.

The pathology in these cases seems to vary from a general pelvic congestion to a chronic peri-ovariitis. The uterus in the first case is surrounded by a soft "doughy" mass of engorged lymphatics and veins. Hydrotherapy will be the first aid in these cases: copious douches taken in the recumbent position. At least three should be given before bi-manual treatment is started. The uterus should be gently lifted and a careful massage given not lasting over half a minute to begin with and not oftener than twice a week. Thorough spinal and abdominal treatment should accompany this procedure. One large douche between treatments can be continued for the first two or three weeks. The bi-manual treatment can be increased until a minute to two minutes of massage is given, lifting forward, stretching lateral ligaments and massaging same. There is rarely any malposition of the uterus, only a tendency to prolapse from its increased weight. These cases respond rather quickly as a rule.

The cases of peri-ovariitis are of more chronic type with greater structural changes. The uterus will be found laterally fixed. The ovary is enlarged and usually misplaced downward and backward, sometimes almost behind the uterus. The muscles of the lumbar and sacral region will be tense and painful when touched. They have frequent attacks of lumbago. One case observed recently had a rectal tenesmus which was so painful that bowel evacuations were almost impossible.

Lesions of the innominates and the lumbar region are nearly always present.

Douching is of very little assistance in the treatment of these cases. Bi-manual treatment is used from the beginning, the first object being to obtain lateral movement of the uterus. Do not over-treat these cases but watch carefully to see that you have no congestion following the treatment. Connective tissue can be stretched up to a certain point. Beyond that we will find that more connective tissue is formed and we defeat our aim at freedom of movement. After watching a great many clinics I am sure that this is why we often fail to get the best results. We are not watchful enough of changes taking place in the pelvis. It takes long and tedious practice to develop eyes in our finger tips, but that is essential in the treatment of pelvic disorders.

This type of dysmenorrhea is slow of recovery and it is not possible for us to obtain perfect movement of uterus and ovaries, but we can relieve the pain at menstruation and other symptoms. Many of these cases after they are dismissed have to have occasional treatments to keep the circulation of

the pelvis normal, for once it has been seriously disturbed it is more easily upset afterward.

An exceedingly large proportion of cases of this type follow surgery: appendectomies, suspension operations of the uterus, and other laparotomies. Many follow childbirth where there have been severe cervical lacerations. Nature's repair of the injury necessitates the infiltration of scar tissue and results in a fixed uterus and appendages.

Summing up the treatment of dysmenorrhea, it depends largely on the pathology found how rapidly the cases are relieved. Some are helped after a very few treatments and the regulation of the patient's habits. With others it may take months of treatment to help nature overcome the difficulty. There is no quick and miraculous way to stretch connective tissue. Circulatory changes that have been months forming will take months to return to normal. Lesions of the spine may take some time to adjust in one case, while in another it is but a few moments' work. If we form a clear mental picture of nature's methods of bringing about healing and really help instead of hindering, then we become real physicians.

**Wherever osteopathy seems to fail, it fails because (if it has a fair chance, I mean), it fails because of lack of diligence, lack of knowledge, lack of application or lack of faith on the part of the practitioner.—
Charles Edward Russell.**

A NEW DANGER

By C. B. ATZEN, D. O.

Chairman, Bureau of Legislation,
A. O. A.

In a number of states the American Medical Association is initiating a new plan of legislation, with the purpose of securing control of the members of the healing art, by an indirect method, namely, by means of a lay board to be appointed by the Governor.

This lay board is to pass upon the preliminary educational qualifications of all candidates wishing to enter the State as practitioners of the healing art.

In addition to passing on the preliminary educational fitness of the candidate, this lay board is likewise to determine the fitness of the candidate in the basic sciences of anatomy, physiology, pathology and chemistry.

Every candidate must secure passing grades from this lay board before he will be permitted to submit his credentials to the Board of Examiners, and the bill provides that no Board of Examiners is permitted to grant an examination to a candidate who is not in possession of a certificate of fitness from the lay board.

On superficial reading, such a bill will appeal to disinterested law-makers, and it can be presented with telling effect.

However, the joker in the bill is the fact that it is impossible to secure lay members for this board. Therefore, the members of this "lay" board must be professionally trained individuals and must be secured out of the profession trained in these basic sciences.

You can readily see that this is an indirect method of getting control and has a very serious element of danger in it, if the joker is overlooked.

HOW TO RECOGNIZE ACUTE PURULENT MASTOIDITIS

By DR. W. V. GOODFELLOW

[Presented at meeting of the Los Angeles Osteopathic Society, December, 1922]

I have been asked to discuss with you a subject of the greatest importance to every one in general practice, particularly at this time of year. The fact that most discharging ears, especially in children, terminate favorably, or run into a chronic state which does not seriously impair the efficiency of the individual, should not blind us to the fact that every such case has the possibility of being or becoming a case of acute purulent mastoiditis.

It is exceedingly difficult to prognosticate what case of acute purulent otitis media will respond to ordinary treatment and what one will go on to an involvement of the mastoid cells. Adequate, early treatment for these conditions can and should be given by the general practitioner, and such treatment in the early days will be an important factor in avoiding mastoid involvement. What, then, is adequate treatment of a case of acute purulent otitis media? When should the general practitioner call counsel? And what are the outstanding diagnostic features of mastoiditis which indicate positively the necessity for surgical intervention? I shall endeavor to answer these questions in detail, asking your indulgence if I say many things with which you are familiar, in the hope that I may draw a word picture which will be so indelibly stamped upon your memories as to be of use to you in the next ear case upon which you are called.

Symptoms of these cases are too well known to need repetition, but two subjective symptoms are of such great diagnostic value as to need discussion. (1) *Pain* is one outstand-

ing symptom which is seldom absent in purulent involvement of the middle ear and mastoid region. Occasionally a child is ill and gives no definite sign of where the discomfort is, and the presence of pus upon the pillow or in the external auditory canal of the ear is the first indication of ear involvement. This, however, occurs but rarely; in the case of a tiny infant, the hand to the ear, pulling at the pinna, turning the head to that side, all should be evidence of pain and the possibility of ear involvement. Fortunately, in an infant, the external auditory canal is short and the drum membrane easily seen. In any case of obscure diagnosis in an infant, an examination of the ear is indicated.

In older children and adults, the patient can usually be depended upon to tell the character and location of pain which characterizes these cases. Occasionally, in the case of a worldly wise child of from six to twelve or fourteen years, knowing of the possibility of surgical work or painful treatment in cases of ear involvement, you will encounter a denial of the presence of tenderness and pain, even though great suffering is being endured. Such cases are baffling, and are only cleared by direct examination of the external auditory canal and drum membrane.

(2) *Deafness*. No middle ear or mastoid involvement is present when hearing is normal. The determination of normality of hearing is ascertained by subjective tests and, therefore, may be subject to error. In doubtful cases, however, particularly of furunculosis of the external audi-

tory canal, hearing tests may be very useful in conclusively locating the trouble in the external auditory canal and not in the middle ear. The presence of deafness, together with abnormal drum membrane findings, aid in making a positive diagnosis. In cases where pus is present, deafness is marked.

In practically all cases, both subjective symptoms, deafness and pain in the ear, lead you to make an examination.

I was recently called out of the city a considerable distance to operate a mastoid case upon which the diagnosis was said to be positive. The symptoms were pain, fever, loss of appetite, general malaise, extreme tenderness over the mastoid, some redness and swelling about the ear and a history of previous ear trouble. Upon examination, however, I found a normal drum membrane, normal hearing, a greatly swollen external auditory canal and a typical case of furunculosis of the external auditory canal. No mastoid operation was done and the patient made complete recovery inside of a week.

What are we to look for, then, as diagnostic signs in ear involvement? Appearance of drum membrane. Absence of cone of light upon the drum membrane. Inflammation. Acute myringitis is evidenced by a bright red inflammatory zone, varying from a red streak along the long handle of the malleus, to an area covering the entire drum membrane. Bulging of the drum membrane is indicative of impounded fluid. It is not always easy to see this bulging, but when it is possible, it is an indication for a paracentesis. Sometimes the bulge is limited to a third or half of the drum membrane. Pain is usually relieved by paracentesis and, if it is done early, the structure of the drum membrane

is conserved, healing is facilitated, and a permanent perforation is usually avoided. It is highly desirable to do a paracentesis in preference to waiting for the drum membrane to rupture. This allows the early evacuation of pus before it has been crowded back into the mastoid cells. This puts the responsibility for early action in these cases upon the general practitioner. Things to be looked for then, in otitis media, are absence of the cone of light, inflammation of the drum membrane, bulging of the drum membrane. Subjective symptoms: deafness, pain.

If the mastoid region is involved, pain will be more severe and extensive, involving the whole side of the head. Tenderness will be marked, although, in some cases, confined to the area directly behind the external auditory canal or at the tip of the mastoid. Sometimes it is entirely absent. Bulging of the posterior or superior wall of the external auditory canal is a valuable diagnostic sign and indicates quite invariably the necessity for operative interference. This bulging usually takes place at the point of junction of the external auditory canal with the drum membrane, and appears to convert the drum membrane and external auditory canal into one continuous wall. It is exceedingly difficult to outline the drum membrane in these cases, and to know whether you are looking upon the canal wall or the drum membrane. Stiffness of the neck is due to involvement of the sterno-mastoid muscle which attaches to the tip of the mastoid bone. This is usually present only when the mastoid is implicated.

Sub-periosteal abscess: This is a most valuable diagnostic sign when present, and indicates the necessity for immediate operative interference. It produces a characteristic deformity

or swelling under and behind the pinna which tilts the pinna forward as though it were dislocated forward and outward.

Facial paralysis indicates an invasion of the facial nerve or its coverings and operative intervention should be immediate.

Meningeal irritation, characterized by the symptom-complex of that condition, should hasten operation. These symptoms may appear early in some cases, chief among which are mental aberrations or loss of consciousness, muscle twitchings, opisthotonos, projectile vomiting.

Laboratory findings: Blood count should be made early and often in these cases; leucocytosis is always present in varying degrees, from 11,000 per c.m. to 35,000 or 40,000 c.m. Erythrocytes are invariably reduced in number, the usual count being between three and four million: below three million indicating an extreme condition. Hemoglobin is usually drops as low as 40 per cent. Urinary findings are concerned chiefly with the presence of albumen and casts. Nephritis is a frequent accompaniment of mastoiditis and should be watched for carefully. It is one of the danger signals and indicates the necessity for surgical intervention. X-ray is a most valuable adjunct in diagnosis, but must not be depended upon as an absolute indicator for operative intervention. I could recite several cases where x-ray findings indicated the presence of a mastoid involvement, but in which the patient made a good recovery without operative interference. It is also possible to show radiographs of cases in which cell walls appeared to be intact, and upon operation pus was found in those cells. It is therefore important to check the radiographic findings with

the laboratory work and the physical findings, before concluding that operation is indicated.

Treatment: In acute myringitis with pain and beginning deafness, the most valuable and only local treatment needed is hot fomentations 20 to 30 minutes at a time, with constantly increasing heat. This does not mean an electric pad or hot water bottle. No irrigations of the ear are indicated in this stage and nothing should be instilled into the ear unless pain is severe enough to demand a few drops of an opiate. Thorough elimination, alkalization, dietary regulation, and the intake of plenty of fluids are indicated. If pain continues, fever rises, and the drum membrane becomes badly discolored and bulging, paracentesis should be done without delay. Following this, the above treatment should be supplemented by gentle irrigation of the external auditory canal, two or three times a day, with warm sterile sodium bicarbonate solution. The instillation of a saturated solution of warm boric acid is then indicated.

If drainage is free pain disappears and temperature subsides, the treatment is adequate. If pain returns and discharge becomes scanty, and fever arises, a second paracentesis is indicated. If discharge remains free and profuse, pain continues, and fever remains high, and tenderness over mastoid persists, it is to be assumed that the mastoid region has been invaded. This is not an indication for operative interference, but indicates the necessity for counsel, and especially for the presence of a trained nurse upon the case. It is my conviction that, no matter how competent the parents, relatives or friends may be, a trained nurse is absolutely essential, and may often times be the means of preventing serious complications.

Careful search for the primary focus of infection should be made early in these cases. It is a recognized fact that nearly all cases of middle ear and mastoid involvement in children and young adults arise from infection in the tonsil and adenoid region or sinuses. In adults we find a reasonable number of cases secondary to acute sinus involvement.

Some remarkable recoveries have taken place in cases where all evidence indicated the necessity of operative procedures where, instead of operating the mastoid, sinuses were drained or tonsils and adenoids removed. The deciding diagnostic points in connection with operative interference must be evaluated in each individual case. Operative interference, however, is generally indicated by the following signs: Positive radiograph. Leucocyte count high, 18,000 or more; red cell count low, 3,500,000 or less. Extreme tenderness; external auditory canal wall bulging; a sub-periosteal abscess behind the pinna, discharge profuse; nephritis; facial paralysis; meningeal irritation. These are signs of pent-up pus in the mastoid cells. When one is sure that pus is present in the mastoid cells, operative interference should no longer be delayed.

It must be remembered that four very important structures lie in close proximity to the mastoid labyrinth: the cranial contents, the facial nerve, the lateral sinus, and the semi-circular canals. The cranial contents are separated from the mastoid cells by a very thin plate of bone, sometimes no thicker than the cell walls of the mastoid cells, and not infrequently the pus finds its way through this wall into the sub-dural spaces. Indications of meningeal irritation should be carefully watched for, and when present should be properly evaluated. The facial nerve, which supplies the muscles

of expression upon that side of the face, is usually housed in a firm, bony canal, which is partially or completely surrounded by mastoid cells.

Occasionally this nerve is exposed directly to the pus in these cells, therefore evidence of facial paralysis should be carefully watched for. The sigmoid portion of the lateral sinus, which drains the cranial cavity of venous blood, forms the inner and posterior limiting wall of the mastoid region. Invasion of this large blood vessel, producing a thrombosis, is a serious menace to the life of the patient. The horizontal, semi-circular canal, produces a ridge on the inner wall of the first maxillary cell, which is termed the maxillary antrum. Fortunately this structure is rarely invaded by pus. Considering the importance of these various structures, and the possibility of a serious outcome if they become involved, it is readily seen how absolutely essential it is to evacuate the pus early.

Discussion of operative treatment of these cases is not a part of this paper, neither would it be interesting except to state that the removal of all mastoid cells and their contents, is essential to proper recovery. There is a tendency to less radical procedures, so far as the contents of the middle ear and eustachian tubes and wall between the middle ear and mastoid region are concerned. If the technique in removing all of the infected cells is complete and thorough, painful after-dressings, consequent upon the use of the deep drain and packing, should be avoided by the use of the blood clot dressing. This not only makes the after-dressings less painful but leaves cosmetic results which are highly desirable. This procedure is indicated in acute and chronic cases alike. Success depends almost wholly upon the adequacy of the operative procedures.

COMMENT FROM OTHER STATES ON THE VICTORY IN CALIFORNIA

A TREMENDOUS VICTORY

By GEO. W. GOODE, D. O.

President, American Osteopathic Association
Boston

The people of California have spoken. Their opinion was expressed on the Osteopathic Act by way of the initiative by nearly 112,000 majority. It was a tremendous victory and a decisive one. A vigorous fight was made by the osteopaths and their friends. The victory manifests that any issue dear to the hearts of the people arouses an intense interest, and when left to them they will decide in the right way. The people have thus shown their independence and reasserted their love of constitutional liberty.

The vote on this question is generally regarded as one of great significance. It is only a prelude to what is to happen in other states in the not far distant future.

The people of California have registered a vigorous protest against the policy of the dominant school, notwithstanding the influence used to oppose the initiative.

All friends of osteopathy throughout the nation should be grateful that the attitude of California has established a precedent. It simply shows that the people can be trusted with their own.

Hats off to California.

AN EFFECTIVE WEAPON

By ASA WILLARD, D. O.

Missoula, Montana

The victory in California is indeed cause for general rejoicing among our people, and felicitations are certainly due the California folks who worked so untiringly. The interest in the fight and help of the profession at large in backing up the California folks was good to see.

In California the growth and development of osteopathy and its recognition by the public will be greatly advanced and the beginning of a new era of osteopathic rebuilding and expansion will be inaugurated for the school. All this will be helpful to the profession as a whole, and the victory will hearten our forces and give us prestige all along the line in the legislative contests for professional independence and fair opportunity this winter. Had we lost in California, the politico-medics would have stressed to the limit that the people had turned us down when we appealed to them. Having won, the endorsement of the people provides us with an effective weapon for use in other states.

A GREAT FORWARD STEP

By H. M. WALKER, D. O.

Fort Worth, Texas

The recent victory of the osteopathic profession in California is a very emphatic illustration of what may be accomplished when an aggressive campaign of public education is waged in behalf of osteopathy.

The public is usually willing to vote a square deal for osteopathy whenever and wherever it is adequately presented to them.

The California osteopaths did not wait for disaster to overtake them. In a united effort they carefully laid plans, counted no sacrifice too great to carry them out, and as a result we witness a great forward step for osteopathy in California.

THE PUBLIC IS WITH US

By C. B. ATZEN, D. O.

Omaha, Nebraska

Chairman of Legislative Bureau, A. O. A.

The victory by means of the initiative in California is proof conclusive

to an observant mind that if we properly educate the public in advance of any legislative undertaking, public sympathy will in most instances be with us, for this overwhelming victory in California is purely and simply the result of having educated the voters of the state to understand the situation, so that they can exercise their rights as citizens and judge the question presented to them on its merits.

It is victories such as the one that has been accomplished in California that will give our profession an opportunity to grow and develop and to prove to mankind the real worth of the osteopathic idea, for how can we hope to serve our clientele to the full scope of our ability when we are not permitted by law to do the things which we are capable of doing?

Therefore, whenever legislation is undertaken, let this California victory teach us to educate the lawmakers in advance, for this cannot be done successfully during the heat of the legislative session.

But the one thought that stands out more clearly than any other is the fact that the public is with us in every case if our cause is clearly placed before the intelligent voter. For that reason, there is no justification on the part of our profession to weakly submit to unjust treatment in the administration of state and national laws, but we owe it to our own self-respect, and in justice to our profession, to fearlessly claim the right to growth and development for the good of mankind.

A WONDERFUL VOTE OF APPRECIATION

BY C. D. SWOPE, D. O.
Washington, D. C.

The splendid victory in California was won through public education. This result is another undeniable

proof that whenever the people are consulted about things pertaining to medical regulation the answer will be for freedom and justice and a complete defeat of selfishness and egotism of any one school.

Now is our opportunity for service; this is our opportunity for development.

In the flush of victory we must not be unmindful that this vote was cast for osteopathy. Nearly fifty years of experience has proven the truth of the principles of 1874. Let us not fail our friends, following this wonderful vote of appreciation.

I am jubilant, I am happy, but, should we attempt to confuse the public mind, or carry to suffering humanity a substitute for our established system of practice, then victory is turned into defeat.

PUBLIC CONFIDENCE BY A. G. HILDRETH, D. O. Macon, Missouri

The California victory through the ballot stands as one of the great incidents in the history of osteopathic progress. No matter whether the initiative there carried with it privileges just as they should be, or created a law that is all we want or not, this fact stands out above all else: the people of the state of California by a great majority have confidence enough in the osteopathic profession to want them to have what they believe to be best for the profession and for humanity.

With this result there can be no question as regards public endorsement of the osteopathic system of treating disease. Sometimes we hear our pessimists and calamity howlers predicting immediate destruction of this great system of ours. If these people who are continually finding fault would but gather inspiration from this great victory in California and

imbibe a little, at least, of the confidence which the public has in us, our greatest battle would have been fought.

CERTIFIED RETURNS OF OFFICIAL COUNT OF VOTES ON OSTEOPATHIC ACT

Since our last issue, the official count of votes cast at the election of November 7 has been announced. The figures have been certified as correct by Frank C. Jordan, Secretary of State. The vote by counties on initiative measure number 20, the Osteopathic Act, was as follows:

| County | Yes | No | County | Yes | No |
|--------------|---------|--------|-----------------|----------------|----------------|
| Alameda | 39,155 | 40,082 | Mono | 65 | 72 |
| Alpine | 8 | 14 | Monterey | 2,778 | 2,758 |
| Amador | 367 | 1,047 | Napa | 2,235 | 2,891 |
| Butte | 3,657 | 3,759 | Nevada | 780 | 1,632 |
| Calaveras | 431 | 916 | Orange | 12,982 | 4,446 |
| Colusa | 1,581 | 988 | Placer | 1,861 | 2,406 |
| Contra Costa | 5,176 | 5,824 | Plumas | 393 | 462 |
| Del Norte | 185 | 394 | Riverside | 8,584 | 3,080 |
| El Dorado | 886 | 985 | Sacramento | 13,956 | 8,108 |
| Fresno | 10,087 | 15,062 | San Benito | 840 | 1,243 |
| Glenn | 1,869 | 1,266 | San Bernardino | 12,613 | 4,347 |
| Humboldt | 3,547 | 4,123 | San Diego | 20,976 | 7,362 |
| Imperial | 3,660 | 1,418 | San Francisco | 41,089 | 64,443 |
| Inyo | 1,098 | 676 | San Joaquin | 9,220 | 7,378 |
| Kern | 9,122 | 4,899 | San Luis Obispo | 2,957 | 2,577 |
| Kings | 1,720 | 2,736 | San Mateo | 3,863 | 5,017 |
| Lake | 472 | 791 | Santa Barbara | 4,958 | 3,098 |
| Lassen | 643 | 923 | Santa Clara | 10,949 | 11,503 |
| Los Angeles | 154,526 | 57,105 | Santa Cruz | 3,912 | 2,973 |
| Madera | 1,462 | 1,232 | Shasta | 2,021 | 1,609 |
| Marin | 3,034 | 4,330 | Sierra | 159 | 243 |
| Mariposa | 179 | 389 | Siskiyou | 2,004 | 2,121 |
| Mendocino | 1,516 | 2,860 | Solano | 3,907 | 4,224 |
| Merced | 2,136 | 2,240 | Sonoma | 5,705 | 6,658 |
| Modoc | 643 | 760 | Stanislaus | 4,900 | 5,182 |
| | | | Sutter | 920 | 1,308 |
| | | | Tehama | 1,703 | 1,519 |
| | | | Trinity | 241 | 406 |
| | | | Tulare | 7,984 | 6,504 |
| | | | Tuolumne | 887 | 1,101 |
| | | | Ventura | 4,162 | 2,026 |
| | | | Yolo | 1,745 | 2,388 |
| | | | Yuba | 1,316 | 1,305 |
| | | | Totals | 439,775 | 327,819 |

Every disease that it is pretended can be cured or benefitted by putting poison into the human system can be very much better treated by osteopathy.—
Charles Edward Russell.

COLLEGE and ALUMNI DEPARTMENT

C. O. P. S. NEWS

K. GROSVENOR BAILEY
College Editor

Manifestly, this is a first attempt. There are many ways of improving this college section. One of the best methods is active support from the profession. We guarantee to act as clearing house for news, if the alumni, and alumnae, and all who are interested in any phase of our work, will contribute.

Exams are over. With the opening of the new semester, Mrs. Lillian Harris, the newly-elected president of the Students' Association, assumed the duties of office. Under her capable administration the Student Council, in behalf of the Student Association, have under consideration the promulgation of policies which, if pursued, must be of real benefit to all concerned.

As this issue goes to press the plans of the Athletic Committee for a dance, February 16th, are being pushed vigorously.

The affair is scheduled for the evening of February 16th. Tickets are on sale wherever there is a student of C. O. P. S. The proceeds are to be used for the construction of a tennis court and the erection of basketball standards on the college grounds. Since the "cement campus" of the downtown location is a memory, and since the new site at Mission Road and Griffin avenue affords ample space for recreation, this enterprise deserves the

hearty support of every one interested in the growth of the only osteopathic college west of the Rockies.

Every one who wasn't there missed a good time. Dr. and Mrs. Louis C. Chandler invited the whole outfit, regardless, to come on out Garvanza way January thirteenth and help warm up. So the fifty that could get there were there, and mightily enjoyed the process of housewarming a the roomy residence on Mt. Washington Drive. A rousing vote of thanks was accorded the host and hostess, to which they graciously responded with a "come again."

Notable among recent Friday Morning assemblies have been those of January 12 and 19. The first date was filled by Dr. Morgan, head of the Chemistry Department of the University of California, Southern Branch. His able discourse on the need for both the theoretical man and the practical man embodied the elements of a liberal education. Dr. Morgan chose to speak mainly from his own illumined standpoint, that of the chemist. It was his province to speak convincingly and withal entertainingly of the aid which the theoretical has rendered the practical, and of the methods by which the practical has spurred the theoretical to further theory, a process which has served to push the frontiers of the known farther and farther into the unknown. Many students in the college took their premedic work under

Dr. Morgan at Southern Branch. To them and to the profession he has shown himself to be pre-eminently a scholar, and by his broad-minded friendliness has proved his hearty interest in osteopathic success.

The assembly of the following week was given over to Dr. Allen, the Dean of the Premedical Department (U. C. S. B.), a colleague of Dr. Morgan. Dr. Allen, whose interests have a zoological trend, described and interpreted the results which he obtained in original experiments. His efforts were concerned with experimentation as to the cause and effect of internal secretions. His subject, the tadpole, lent itself remarkably well to the demonstration of the results which he tabulated and explained so interestingly in the course of his talk.

To Dr. Allen, as to Dr. Morgan, we extend a unanimous invitation to visit us again, and to both, through these columns, we send this card of thanks.

The registrar's office comes to our aid with the following personals:

Added to the college register as published for the fall semester, 1922-23, are twelve sub-freshmen, and five freshmen B.

E. I. Anderson returns as a sophomore.

Gordon Hatfield comes back as a sophomore A.

Harold Perry has signified his intention of completing another semester as an upperclassman.

J. C. Knowlton, George Hazeltine and Robert Rough are planning to take the first examination to be given by the new California Board of Osteopathic Examiners.

Two new full time science instructors have been added to the department. They are Mr. Ralph Benton and Mr. Lloyd Hulburd.

Attorney Chas. E. Hobart will con-

duct the course in Medical Jurisprudence.

Drs. Dayton Turney, R. W. Bowling, Curtis Brigham, Harry Brigham, T. C. Young, Royal Crist and Walter V. Goodfellow have been added to the college faculty.

The eye, ear, nose and throat clinic, which has been maintained as a post-graduate clinic at the San Fernando Building, has been removed to the college. This department has been conducted as a means of training those specializing in eye, ear, nose and throat, and has had the personal supervision of Dr. T. J. Ruddy.

The work of the department is to be carried on as heretofore and with the possibility of future enlargement. The complete equipment which has been installed in the new location facilitates the care of all eye, ear, nose and throat work of a surgical nature, and consequently tonsil, adenoid and sub-mucous operations are everyday occurrences, and are performed at minimum cost to the patients.

Mrs. Pauline Wood, who has been with the department for a year and a half, has given up her work with the clinic, much to the regret of everyone concerned. Miss Margaret Simonds is the new assistant.

AMONG THE ALUMNI

Until such time as C. O. P. S. can support an independent college publication it is to have the use of a few pages in the Western Osteopath. A part of this college department is to be devoted to the alumni.

This is your chance to get in touch with your old friends and schoolmates to whom you have been too busy to write personal letters. And the way to do it is to send items about yourself to this department. Where are you located? Are you in active

practice? Have you a specialty? If so, what is it? Do you know any news about any other alumni?

Send all items for this department to Dr. P. T. Collinge, 311½ S. Spring street, Los Angeles.

Have you changed your address? If so, have you notified the college or the secretary of the alumni association?

Dr. Grace Shank, L. A. C. O., June, '14, is located at 1133 Lincoln avenue, Anaheim, California.

Dr. Inez Smith, L. A. C. O., June, '14, is located in the Hollingsworth Building, Los Angeles. She is president of the California branch of the O. W. N. A.

Dr. Selma Wilson, P. C. O., June, '10, has retired from practice on account of her health.

Dr. Barbara McKinnon, P. C. O., June, '06, has been ill in Boston.

Dr. C. H. Phinney, P. C. O., June, '01, has given up his Los Angeles office and now confines his practice to Eagle Rock.

Dr. Mabel Thurston, P. C. O., February, '10, is president of the Woman's Osteopathic Club of Los Angeles.

Dr. Gwladys Morgan, C. O. P. S., January, '15, has returned to her home in San Diego after a six months' trip to England, Wales and the Continent.

Dr. Mary E. Wright, C. O. P. S., January, '15, who is practicing in Santa Ana, recently announced the removal of her offices to 408 Walnut street.

Dr. John A. Comstock, C. O. P. S., June, '15, is Curator of Entomology and Scientific Director of the Southwest Museum, Los Angeles.

Dr. Gwendolyn Thomas, C. O. P. S., June, '16, is now Mrs. L. V. Bowen. She has retired from active practice and is living in Santa Rosa, California.

Dr. Estelle K. Buck, C. O. P. S., June, '16, is National president of Delta Omega Sorority. This is the first time a president has been chosen from among the graduates of this college.

Drs. John and Mary Gatton Guyton, C. O. P. S., June, '17, have offices in the Bradbury Building, Los Angeles.

Dr. Elsie Marshburne Haigler, C. O. P. S., June, '18, is located in Orange, California.

Dr. Edward Abbott, C. O. P. S., June, '18, has offices in the Black Building, Los Angeles. He is president of the Associated Alumni, also one of the faculty of C. O. P. S.

Drs. Wade and Zora Painter Morris, C. O. P. S., June, '19 and '20, are building a new home in Los Angeles.

Dr. Edith Steinberger, June, '20, recently married Dr. Albert Weston, June, '17.

Drs. Jack and Gladys Anderson Crandall, February, '20 and June, '20, are practicing in Ashland, Oregon.

Dr. Thelma Milnes, June, '20, is now Mrs. Max Holtz.

Dr. Ella Kamphefner, June, '20, was married last summer to Mr. Carl E. Scofield, a Y. M. C. A. worker in China.

Dr. Grace McCleery, February, '19, has been ill for some time.

Dr. Zelda Sheldon, February, '20, has given up practice because of poor health. She expects to start soon on a trip around the world.

Dr. Floyd Hanes, February, '21, is associated with Dr. A. B. Cliff, in Pasadena.

Dr. Lorenzo Whiting, June, '21, was married recently. He is with Dr. Louisa Burns, in the Consolidated Realty Building, Los Angeles.

Dr. Edith Badillo, June, '21, has been very ill in Honolulu.

Women's Department

UNDER THE DIRECTION OF CALIFORNIA BRANCH
OSTEOPATHIC WOMEN'S NATIONAL ASSOCIATION

Send material for this department to
DR. MARY L. LE CLERE, 116 East Colorado Blvd., Eagle Rock, Calif.

PROPHYLAXIS AND TREATMENT OF NAUSEA AND VARICOSE VEINS IN PREGNANCY

BY DR. ROBERTA WIMER FORD

Morning sickness of pregnancy is practically always accompanied by a retroflexed uterus. After giving a general relaxing spinal treatment, the patient is requested to turn on her left side while the doctor, standing at her back, inserts the forefinger of right hand into the rectum and gently pushes the uterus forward. Patient then turns face downward, and keeps that position several minutes.

Patient is instructed to eat small quantities of food often, perhaps every three hours while awake. This food is to be salty and a bit greasy, such as raw chipped beef, crisp bacon, hot salted popcorn, fried ham, and crisp smelts; but only one food should be eaten at a time.

Patient is also instructed whenever nausea is felt to go immediately and lie face downward. The patient's cooperation in this is usually insured by explaining the cause of the distress to her with the aid of an anatomical chart. She then knows that the physician's request is not arbitrary, but is based on sound reasoning.

At the first visit of the pregnant woman we take a calendar and check up each day on which she would have begun flowing, in each month, if her present condition had not occurred. Then we mark the two days preceding the normal beginning day, the be-

ginning day and the two following, drawing a circle around these five days in each of the months before her term of pregnancy is finished. On these days she will not stand in a receiving line, nor for fittings, will not do heavy washings or ironings, take long motor trips, walks, or any other strenuous exercise. Much to her surprise, she finds that by thus programming her activities she accomplishes more in twenty-three days of the month than she did all month when ignoring these dates. It also insures a stronger and happier baby.

We make it a rule to put the feet high at least twenty minutes in the morning and as many in the afternoon. Patient lying on her back on a couch, without pillow under head, she puts feet and legs on a pile of pillows on the foot of couch. After patient discovers how much better she feels by doing this, it is easy to induce her to do many things lying down which hitherto she stood or sat to do. She can assist in children's spelling lessons, plan her day's menus, listen to her husband's reading, and do many other things just as well lying down as sitting.

Following delivery, she spends the first ten days by being face downward half of the time. She shifts to suit herself, face down, then on side, face

down then other side, thus insuring her a perfect and speedy drainage of the uterus, and she recoups her strength without any backache, and most likely her next pregnancy will find the uterus in such normal position that there will not be any nausea.

From a health standpoint, it is not wise to encourage the pregnant woman in regarding herself as a martyr, a privileged character or a despot; nor to concur with her in her belief that she should demand and receive homage and special consideration from all her family and the entire community.

She is entitled to ordinary kindness and civility, of course, and must use good judgment and a little more than horse sense in caring for herself during this period, but we must *not* encourage the exalted idea nor develop any invalid tendencies.

It is the physician's duty to maintain the mother in a normal condition mentally as well as physically during and after parturition.

Much of the dread, most of the fears, and practically all of the discomforts of pregnancy can be obviated by osteopathic treatment, plus candid, sensible explanations, truthful answers, illuminated by the use of colored anatomical charts and the skeleton.

In more than twenty years' work I have never had varicose veins develop in a pregnant woman, nor a case of nausea that did not yield in from three to nine treatments if directions as given here were followed.

Reprints of Dr. Jennie Spencer's article, "From Milk to Mixed Diet," may be had at one cent each from Dr. Inez Smith, 1120 Hollingsworth Building, Los Angeles. You should give one to every patient who has a baby.

VAGINAL EXAMINATIONS

Report on Talk Given by Bertella K. SKINNER, D. O.

"I cannot understand the reluctance of many doctors to make vaginal examinations. I think that is where the medical men fall down in obstetrics. They don't make examinations and don't know the condition of their patients. I make lots of vaginal examinations. I have never infected a patient yet. Of course, I wear sterile gloves and use the ordinary precautions. I never make rectal examinations. If we are afraid of colon Bacilli, why dilate the anus and run the danger of bringing them down with our finger?"

When the pregnant patient first comes to me I make a vaginal examination to determine the presence of tumors and other intrapelvic conditions. Then if all goes well I make no local examination for seven or eight months. After that I make a vaginal examination every time she comes into the office. In this way I discover conditions that no external examination could possibly show. For example, a patient came into my office at six and a half months. She had had a slight discharge of blood, but no pain whatever. When I made the usual external examination everything seemed to be normal. Then I made a vaginal examination, and found the cervix fully dilated and the bag of waters right at the opening. I took her immediately to the hospital and put her to bed, for I knew that just one pain would break the bag and the baby would quickly follow. She stayed in bed four days without a pain. Then the cervix closed. Two weeks later she delivered a seven-months' baby, which lived. Had I not put her immediately to bed, she would have delivered a child which could not have lived.

I have made so many examinations and am so familiar with the feel of all the landmarks that I know immediately what the conditions are. I have stood waiting for the delivery room in the hospital and heard medical doctors after five or six examinations confess to one another that they did not know what the position of the baby was.

By making early examinations, I discover in time any abnormal position and by correcting it, avoid the necessity for instruments. If the head is not engaging yet I turn the baby by working from the outside.

I first decide how I want the baby to turn and then attempt to turn it by steady, patient pressure. You know if you keep pushing a sleeping person he will turn over without waking. So if you keep pushing the baby in utero he will turn over to get away from the pressure.

When I have him in position I put a tight abdominal binder on the mother and pack in towels in such a way as to hold the baby in that position. The pressure always feels good to the mother and she likes it.

A mother called me up and said that her daughter had had a hard pain in the night. She thought it should have accomplished something, but felt that it did not, and she was worried. The mother thought it foolish to bother me, but thought I had better come and relieve the daughter's mind. That ineffectual pain meant nothing to the mother, but it meant a lot to me. I made an examination and found the ear presenting at the opening. The head was bent over in such a position that she could not possibly have delivered the baby. I turned it with steady, insistent pressure, then made another vaginal examination. This time the sutures presented as they should. I put on the binder and

packed in the towels to hold the child. A few days later she had a normal delivery.

These conditions must be discovered and remedied before caput succedaneum develops and makes diagnosis impossible.

If the head has begun to engage before I discover the abnormal position, I immediately have someone give the patient anesthesia and I insert one hand clear up into the uterus, and, assisting with the other hand on the abdomen, gradually work the baby up and around into normal position. In the hospitals they tell me I am the only doctor who ever changes the baby in this way. In the home, where I had no one whom I could trust to give a surgical anesthesia, and when I had a multipara with a large abdomen and uterus, I have persuaded her to let me insert my arm clear up into the uterus and turn the baby without any anesthesia whatever. I sit on the edge of the bed and tell her that I want to put in an arm which is not as large as the baby which is to come down, and that it will save her a great deal of pain later. After I get into the uterus I tell her I am not going to move my arm now, and hold it perfectly still. After she relaxes I then begin to work around and turn the baby.

I am so familiar with the feel of the cervix that I can usually tell the mother almost to a day when she will deliver, whether in thirty days or in six days. One primipara had been married on the seventh of September. She did not menstruate again. They figured that she was due on the twenty-second of June. When the time came she had no symptoms of labor. They were worried and sent for me. I made an examination, and from the condition of the cervix and also from the position of the maximum heart

sound I knew she was due in ten days, and so told them. A week later I made an examination and told them she would deliver in three days. She did.

During the second stage of labor I always keep my hand in the vagina and by steady pressure on the uterus help the head come through the cervix. If the cervix catches on a prominence, such as the occiput, I gradually work it back. By this help I avoid many cervical lacerations, and the mothers can actually feel that they are being helped. Often if I leave the patient a moment she begs me to come back and help her some more. They feel that the pains accomplish more when I am working with them. M. L. L.

JANUARY MEETING OF WOMAN'S OSTEOPATHIC CLUB

The Woman's Osteopathic Club of Los Angeles celebrated its thirteenth birthday on Tuesday evening, January second. Dr. Daisy Hayden, one of the former presidents of the club, presided at the meeting. Dr. Helen Cunningham, who was the club's second president, cut the birthday cake, decorated with thirteen birthday candles.

Six of the ten past presidents were at the meeting and gave short interesting talks.

Dr. Lillian Whiting, the third president of the club, gave the following interesting case history: A woman seven months pregnant. Severe and constant pain in right side, extending down into the thigh. Could not sleep. Could not retain anything on stomach. At second month of the pregnancy she had pain at intervals in the right side. A local examination showed the right ovary and tube enlarged. Ectopic pregnancy was suspected, but the men-

strual symptoms of such a condition were absent. After two or three days the pain ceased and the pregnancy seemed to be progressing normally.

Examination at time pain reappeared: No temperature, pulse normal. Urinalysis negative. Blood count showed no more than ten or twelve thousand leukocytes. Patient vomited a great deal of green stuff, so that stoppage of the bowels was suspected. It was hard to get a cathartic to stay down, but finally succeeded in getting castor oil and carmin through so that the carmin was discharged from the rectum.

The family were not satisfied with palliative treatment and wanted surgery. A surgeon was called in consultation. Leucocyte count was now seventeen thousand. The surgeon advised continuation of the palliative treatment.

Palliative treatments: Hot compresses over right abdomen. Return flow into rectum of soda water. Two or three osteopathic treatments a day.

The extreme pain lasted about one week. In two weeks the pain had entirely subsided and pregnancy seemed normal. Labor is expected soon.

In the discussion of Dr. Whiting's case, Dr. Jennie Spencer suggested that the rising uterus might have stretched an old scar and the disturbance caused thereby resulted in a local peritonitis.

Dr. Grace Shilling, the club's sixth president, told of a case in which there was pain similar to that described by Dr. Whiting. The woman refused to consider surgery. Dr. Shilling washed out the bowel with enemas, then filled it with olive oil, which was retained, the patient lying with hips elevated. In a day or two she passed what looked like a bird's nest, but proved to be an accumulation of walnut skins.

Dr. Shilling said that when caruncles have been removed and a recurrence threatens, she aborts their development by pinching them while they are no larger than a pin-point, with forceps.

Dr. Clara J. Stillman, eighth president of the club, related the case of a woman who came to her with glaucoma. She gave a history of having had her eyes examined for glasses by several oculists. Following one of these examinations in which a mydriatic had been used, the pupil of one eye did not recover from the mydriasis. To antagonize this effect a miotic was used. Miosis was produced, but again the pupil did not recover, and glaucoma followed. When the patient came to Dr. Stillman she was entirely blind in the affected eye.

Treatment: Manipulation directly on the eyeball twice a day until it began to soften, then once a day. Then eyes were tested for glasses. The patient gave history of being very hard to fit. Notwithstanding the numerous fittings she had had, her eyes continued to give her trouble. Dr. Stillman made fifteen tests. She tested them at 6:30 in the morning, after a hard day's work, and at every conceivable time; then finally prescribed the glasses. The patient, whose business is retouching photographs, has been able to continue the work without further discomfort.

Dr. Stillman stated that she has never used atropine. She believes the eyes never fully recover from its use.

Dr. Stillman was president during the war, and during her term the club raised \$42,500.00 for Liberty bonds.

Dr. Inez Smith, president of the California branch of the O. W. N. A., gave a short talk, in which she set forth the aims of the State officers for the year. "We are concentrating our

efforts on two objectives," she said, "both of which are to be carried out through the Woman's Department in the Western Osteopath. One is to maintain contact with the women who are isolated in small towns and who consequently do not have the privilege of talking over their problems with other osteopathic women. If you have any ideas which may be a help to other women, if you think your solution of any problem may be a help to another, write it up and send it to Dr. LeClere, editor of the Woman's Department.

"Our second objective is to publish articles which may be reprinted in pamphlet form and given out by the doctors to their patients. The secretary now has on hand reprints of Dr. Jennie Spencer's article, 'From Milk to Mixed Diet,' which should be given to all mothers of babies. These articles, of course, must be written in language which the layman can understand. Dr. LeClere will be glad to receive any such articles which you can send her."

Send in your questions about that difficult or puzzling case. Maybe some of our women can answer them.

MARY L. LECLERE.

SEATTLE NEWS

Dr. Lydia Merrifield is acting as official delegate from the Osteopathic Women's Club of Seattle to the monthly Federation meetings, which consist of representatives from 43 clubs.

A Reciprocity Day was given by the West Side Improvement Club, at which the president of each of the clubs told of the activities of her own club. Dr. Leanora Grant represented the Osteopathic Women and gave a history of the Seattle Branch, also its relation to the national organization.

(Continued on Page 33)

The Western Osteopath

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Official Organ of the Western Osteopathic Association
and of the Osteopathic League

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C. B. ROWLINGSON, D. O., Managing Editor

SEEING OURSELVES AS OTHERS SEE US

O wad some power the giftie gie us
To see oursel's as ithers see us!
It wad frae monie a blunder free us,
And foolish notion;
What airs in dress and gait wad
lea'e us,
And ev'n devotion!

—*Robert Burns.*

An unusual opportunity for some osteopaths to see themselves as others see them is offered by the address of Charles Edward Russell before the Osteopathic Society of the City of New York in December and printed in full in *The Osteopathic Physician* for January.

Mr. Russell contracted sciatica as a result of exposure in 1889 while reporting the Johnstown flood for the New York Herald. For fifteen years afterward he was a living test-tube for the whole list of internal remedies prescribed by drug doctors. None of these gave any permanent relief, and he finally arrived at the stage where he hobbled around on crutches.

Then he began to hear about osteopathy. At first he didn't pay much attention, but after a time his friends

became so insistent that he try osteopathy that he finally decided to do it in order to keep them quiet. He went to an osteopath in New York City and was cured.

Since that time Mr. Russell has gone to osteopaths whenever anything has been wrong with his body. His career as a journalist, author and student of social economics has taken him from Maine to California and to foreign countries. He has been treated by many osteopaths. His long experience in journalistic work has trained his powers of observation and matured his judgment. For these reasons his opinions carry unusual weight, and we wish that some of the statements he made in his address before the Osteopathic Society of the City of New York could be burned into the consciousness of every apostate osteopath in letters of everlasting fire.

Mr. Russell opened his address by saying that a condition has arisen "that calls for a word of warning to be said to the osteopathic profession, and the duty of saying it has been laid upon me. Therefore, if I say

things that surprise and perhaps wound you, bear this in mind: faithful are the wounds of a friend, for my debt to osteopathy and to osteopaths is so great and so inextinguishable that I could not possibly refuse to say any word that might be for your benefit."

Mr. Russell sketched briefly the history of the "regular" school of medicine from the time when powdered spiders were a sovereign remedy down through the blood-letting and calomel epochs, and then he told how osteopathy came into the world "like a great spirit of light breaking into a prison house where mankind sat fast bound in the misery and iron of pills."

Following this, Mr. Russell submitted the four propositions on which his warning is based.

"First, osteopathy is a system of medicine. It is not glorified massage. It is a system of medicine, competent, right, well founded and efficient.

"Second, every disease that it is pretended can be cured or benefited by putting poison into the human system can be very much better treated by osteopathy.

"Third, there are many diseases that can be cured by osteopathy which the 'old school' men can not touch at all, can not benefit in any way.

"Fourth, wherever osteopathy seems to fail, it fails because (if it has a fair chance, I mean)—it fails because of lack of knowledge, lack of application, or lack of faith on the part of the practitioner. * * *

"Let me tell you osteopaths that your profession, and your business, and your mission on this earth, are most seriously threatened this minute. * * * The very foundation walls of your whole professional structure are being undermined and cut right out beneath you; * * *

you are being undermined by your own people, *absolutely undermined*, and if this process continues, there will be no osteopaths left on this earth. You think that is an extravagant statement. It is not, because, believe me, the human race is not going to continue to be subjected to the absolutely unreasonable, bloody, resultless operations and experiments of those who believe the human body to be a test tube. Impossible; there is going to come emancipation from the damning drugs, and if you osteopaths have not the courage and the fidelity to stand by your principles to the end, some other school will come along and do it. * * *

"There will come another school that will have the courage and resolution to go through with this thing to the end, and succeed the osteopathic school. Now, you think I am talking to you of exaggerations. I am not. When I first began to be a patient of osteopaths, and for some years thereafter, no osteopath that I was treated by, in any part of this country, from Portland, Maine, to San Diego, California, ever once suggested that I should take a drug. Within the last few years (four, to be exact) I have been astounded and disgusted and disheartened by the steadily increasing number of osteopaths to whom I resort, that advise me to take some kind of internal medicine."

At this point in his address Mr. Russell produced a memorandum which he had kept of the drugs which osteopaths have tried to prescribe for him in the last four years. Included in the list were calomel, castor oil, asafetida pills, sodium bicarbonate, pepsin, ginger, charcoal, aspirin, magnesium citrate, and podophyllin. "Osteopaths at different times recommended to me this collection of poisons, to restore my health," he said as he finished reading the list.

When he told these apostate osteopaths that his New York City osteopath always fixed him up without any drugs, they almost invariably replied, "Well, I don't know how he does it!"

"To the calomel man and the castor oil man and all the rest of that tribe I say it is *your business to know how he does it*," said Mr. Russell, "and if you won't take the trouble to make the effort to find out how he does it, then you cannot practice with success, that's all, and if you keep on, you are going to drag your profession right down off the pedestal into the ditch."

We wish it were possible to say that the profession in California has been spared from this sinister pollution of the osteopathic stream. We wish we could say that here in the Golden State no osteopathic Esau has sold his birthright for a mess of pottage. But it would be useless. The article by Dr. Davis in this issue on "Apostate Osteopaths" shows that no such condition exists.

At a recent meeting of one of the California local societies an excellent talk was given by one of the members on the osteopathic treatment of pneumonia. When he had finished, the subject was thrown open for discussion. The first member to speak stated that pneumonia is largely a self-limited disease; that no kind of treatment has much effect, altho *he had found digitalis to be of some service!* Shades of Andrew Taylor Still! Surely the Old Doctor would have turned over in his grave had he heard that.

Mr. Russell has done the osteopathic profession a service. It was not a pleasant service to perform, for he is a sufficiently keen student of human nature to know that when one adversely criticizes a friend, he does so at the risk of losing his friendship.

Mr. Russell has warned the profession. If the profession heeds the warning, it may yet be saved. If not, that way lies oblivion.

A NEW DEPARTMENT

With this issue The Western Osteopath inaugurates a College and Alumni Department. Every graduate of the Los Angeles College of Osteopathy, the Pacific College of Osteopathy, and the College of Osteopathic Physicians and Surgeons can help to make this department a success. Send in personal items about yourself or about any of your old classmates who are too modest to write about themselves.

IN THE NEXT ISSUE

We regret that unexpected exigencies prevented the publication in this issue of Dr. Charles Spencer's article on the treatment of joint conditions and also of a review of Dr. F. P. Millard's new book, "Practical Visions." These will appear in the next issue.

Dr. Edith Walker, June, '21, is now Mrs. McBride of Riverside.

Dr. Vera George, February, '20, made a flying visit to Los Angeles last fall. She is doing well in Sacramento.

Dr. Orilla Evans Bigelow, February, '20, has given up her practice to care for a sick friend. She is in the foothills near Pasadena.

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(Continued from Page 29)

Dr. Wimer Ford addressed the employees of a large insurance company, December 5, on the subject, "The Business Assets of the Individual." Dr. Ford recently talked to the University Mothers' Club on "The Physical Interpretation of Your Child."

Dr. Henrietta Croften spoke at a regular meeting of the Progressive Thought Club on "The Therapeutic Effects of Light."

Dr. Hattie Slaughter is very active in other women's organizations. Dr. Slaughter is president of a business woman's organization. She took an active part in helping put over a luncheon attended by 1000 women to advance the cause of the Associated Christian Colleges of the Orient.

Dr. Leanora Grant talked on "Health in Its Relation to Piety," at a Congregational Church in West Seattle, at the Sunday evening service, December 3d. Dr. Grant gave a talk in November to the Ballard W. C. T. U., on Food Combinations.

NEW COLLEGE OFFICIALLY RECOGNIZED

The new A. T. Still College of Osteopathy and Surgery at Kirksville has been inspected by the Department of Education of the American Osteopathic Association, and as a result has received as full recognition as it is possible to give. In his report, Dr. R. B. Gilmour, who inspected the new college for the A. O. A., states:

"It has long ago been agreed that no college shall receive full recognition until such time as it shall have graduated a class beginning there as freshmen. * * * The college is properly equipped * * * and those students graduating there this year are eligible to A. O. A. membership. * * * To all intents and purposes the college will be as fully recognized as any other for the duration of this year; and if the standard is maintained, will be so recognized from year to year until the first full four-year class has been graduated."

There are too many osteopaths in this country who are afraid to stand alone. They are afraid to be in the minority. They have some kind of a curious notion that they are a kind of lost sheep. They feel lonely, because they are not regular. They look with envy upon what they call "regular" physicians. They are afraid to stand up on their two feet and defy the whole assassinating gang, afraid of it for some reason or other that I don't know. The Lord perhaps knows what they are afraid of. I do not, but they are afraid. They are afraid to be irregular!—*Charles Edward Russell.*

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IDAHO OSTEOPATHS SEEK NEW LAW

By R. C. VIRGIL, D. O.

President, Idaho Osteopathic Association

The proposed bill is perhaps not an ideal one, yet it is utterly impossible to propose one that will meet with the approval of the entire profession. Most of the time of the convention was given over to discussion of our needs and what should go into the bill. I believe that everyone present had an opportunity and made expression of their ideas and wishes in the matter. We finally unanimously decided upon what we wanted written into the bill, and though there are features in it that do not please everyone, I believe it is the logical measure at this time. At any rate, we were agreed, and that is more than any previous convention accomplished along legislative lines.

The main points of the bill are as follows:

1. That two forms of licenses be issued; one, for osteopathic physicians, and the other, for osteopathic physicians and surgeons.

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2. That applicants for the first form of license, to qualify for examination, must present a diploma from a four-year high school of accredited standing, or show equivalent training; present a diploma from a reputable school of osteopathy giving a four-year course of nine months each. The applicants will be examined in the subjects listed in the present bill.

3. That applicants for the second form of license, to qualify for examination, must present the same credentials as for the first form of license, and show evidence of an additional year's study of surgery or of having served as interne for one year. The applicants will be examined in all the subjects given those for the first form of license and in the subject of surgery as well.

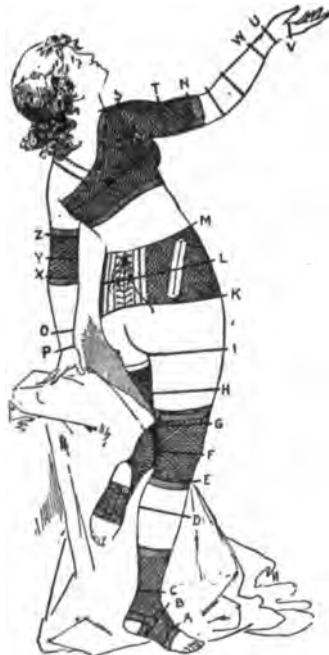
4. That those holding licenses to practice osteopathy in Idaho may qualify for the second form of license by having had two years of practice and one year of internship or study in surgery, and passing an examination in the subject of surgery.

5. Reciprocity will be extended as in the present law, except that the fee will be fifty dollars. Those applying under reciprocity and desiring the second form of license will be required to have had two years of practice, an additional year of internship or study in surgery, and pass an examination in the subject of surgery.

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MISSOURI OSTEOPATHIC BOARD INVESTIGATING E. R. A.

Resolutions deprecating the practice of E. R. A. by osteopaths and requesting an investigation of this system of diagnosis and treatment were passed by the Missouri Board of Osteopathic Examiners at a special meeting held January 16. Several prominent Kirksville osteopaths were asked to give testimony at this meeting.

Dr. George M. Laughlin presented evidence which tended to show that E. R. A. is not in any sense osteopathic and that it had fallen short of giving permanent beneficial results. Dr. Laughlin placed himself on record as desiring to know the truth about the E. R. A. system, hoping that it would prove to be of real help to sufferers from such diseases as cancer and tuberculosis.

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Dr. J. V. McManis was asked to answer Dr. Laughlin. He stated that he preferred not to enter into a discussion of the efficacy of E. R. A., asking that instead, he be allowed sufficient time for the assembling of clinical history thru which he hoped to prove the truth of the claims that E. R. A. was beneficial and that it would cure in some cases. Dr. McManis declined to co-operate with Dr. Laughlin in checking up cases, but offered to submit to laboratory or other form of investigation to be made by Dr. J. N. Waggoner in the laboratories of the American School of Osteopathy.

After hearing several other osteopaths, the board adopted the following resolutions:

"We, the Missouri State Board of Osteopathic Examination and Registration, in regular meeting assembled, do resolve that, whereas the so-called E. R. A. system of diagnosis and therapeutics is not claimed by its representatives to be osteopathic, is not taught in nor indorsed by any of the Associated Colleges of the American Osteopathic Association, such practice should not be engaged in by any osteopath under the name of our beloved profession, osteopathy; however, we sincerely hope that under proper research work this system may vindicate itself and prove of great value to the therapeutic world."

"Resolved, That the State Board of Osteopathic Registration and Examination, in session at Kirksville, ask that Dr. George Laughlin and Dr. J. N. Waggoner, in their respective laboratories, check up the account of the findings of the system of diagnosis and treatment known as E. R. A. conducted by Dr. J. V. McManis and report to the board at the regular session of the May meeting of the board."

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EFFECT OF LESIONS ON FECUNDITY

By O. R. MEREDITH, D. O.

The effect of vertebral lesions on the fecundity of rabbits has been recently described in *THE WESTERN OSTEOPATH* by Dr. Louisa Burns. Reading her article has brought to my mind two human cases of my experience.

While living at Norfolk, Nebraska, the wife of a railroad man from Long Pine, a railroad division point west of ours, consulted me for sterility, explaining that they had an osteopath at home, from whom she expected to take treatments if it seemed worth while. I found a twisted lumbar and advised treatment. In about fifteen months her first child was born, resulting, I believe, from the correction of the lumbar condition.

In 1913 a single woman of 23 con-

sulted me regarding dysmenorrhea. The history she gave indicated that her trouble dated back to the time of a big fire which swept an area more than a block square in the heart of the little city in which she lived. To save from the flames a big desk belonging to her father, she dragged it more than a block. I was unable to correct the lower lumbar lesions which I found. After marriage she took many treatments at Portland, Oregon, but the dysmenorrhea continued, and she remained childless. Later she removed to Minnesota, and a few months afterward she wrote her father that the osteopath there had wound her legs three times around his neck, tied her in a double bow knot, and succeeded in loosening up the old lumber lesion. About a year later her first child was born.

NEW BUILDING FOR DES MOINES COLLEGE

Plans for financing a new \$250,000 building for the Des Moines Still College of Osteopathy have been announced by the Board of Trustees of that institution. Dr. S. L. Taylor has been named Director General of the project; Dr. M. D. Cramer, Business Manager, and Dr. J. H. Styles, Jr., Publicity Director. .

In order to raise the necessary funds, members of the profession and other friends of the college are to be solicited for loans of from \$100 to \$500 at 6 per cent for ten years.

It is planned to have the new building ready for occupancy by January 1, 1924.

Reprints of Dr. Jennie Spencer's article, "From Milk to Mixed Diet," may be had at one cent each from Dr. Inez Smith, 1120 Hollingsworth Building, Los Angeles. You should give one to every patient who has a baby.

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It is expected that the exact knowledge thus obtained will lead to important developments in the study of valvular and other diseases of the heart.

FIRST CLASS GRADUATED

The first class to be graduated from the new A. T. Still College of Osteopathy and Surgery received their diplomas in January. The first graduate to receive a diploma was Henry Stukey. The others were C. A. McKinley, C. C. Thomas, and Mary L. McNeff.

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DIVERSIONS FOR CONVENTION WEEK

By DR. WILLIAM WEST

The New York men have jumped into their various tasks preparing for the Annual Convention of the A. O. A. in their city the week of July 1-7, 1923, with a vim and zeal that insures only the happiest results for all of us.

Committees are meeting, plans are forming and arrangements are being made to make the New York convention one that will long be remembered. Intellectually it will be a record maker. For the best and keenest brains in the profession are arranging the program, and what we get and carry away, in our more enlightened states, will help every one of us, whether located in city, town or hamlet.

The week will be one of great interest, not only from the professional point of view, but from the personal one as well. No one can have "too much time in New York" for sight-seeing and visits to the institutions that are famous the whole world around. There are attractions for persons of every taste, curious old mansions that are heavy with traditions of early days; delightful restaurants that once were the homes of New York aristocratic families; splendid boulevards, over which one may glide in motor-car or on the top of the bus; trips by water to the gaieties of Coney Island; trips by taxi to the wonderful parks of Gotham and Brooklyn; and trips by train or subway to the sea, where the beaches offer bathing, luncheons and the spell of the summer life of New York. There are trips for every inclination and every purse, and all within such short time periods that a vast deal of real interest can be found in a very few days.

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open for your inspection. The Aquarium, with its wonderful fishes, the great Bronx Zoo, offering the greatest collection of animals in the world, and the glorious little shops of the dealers in antiques, in etchings, in oil, in pastel, in portraits, old and new, will awaken your interest and fill you with wonder.

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Hotel prices are not immoderate in New York. You can, of course, dine at the Ambassador and pay \$2.25 with a dollar tip to the waiter for a glass of milk and a club sandwich, or have the same at the Automat for twenty-five cents; but it is all a matter of knowing, and the committee which does those things, will help you out and shelter you. The hotels, too, are of all kinds and prices, from \$5.00 a day at the Waldorf (an unprecedented concession and rate for room and bath), up to \$30.00 a day suite at the Plaza, to \$2.00 a day and up in a number of others that are conveniently near to headquarters.

Weather conditions are favorable in New York in the early summer. After the burning days of the prairie states, or the humidity of the South, the sea-cooled air of New York will seem delightful.

"Come, all ye osteopaths," is the slogan, and you will benefit generously, profit enormously, and amuse yourself prodigiously, in "Little Old New York."

ELECTION OF OFFICERS AT A. S. O.

Dr. S. S. Still was re-elected president of the American School of Osteopathy at a meeting of the board January 8, 1923. Mrs. George A. Still was elected vice-president, and Dr. B. D. Turman re-elected secretary and treasurer.

The directors are Mr. E. C. Brott, Mrs. Mae DeWitt Hamilton, Dr. S.

S. Still, Mrs. George A. Still, and Dr. B. D. Turman.

Dr. S. S. Still is a nephew of Dr. A. T. Still, founder of osteopathy and of the American School of Osteopathy, and father of Dr. George A. Still,

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who was at the head of the institution for nearly five years until his death on November 23.

Mrs. George A. Still, the new vice-president, has for years been actively engaged in women's club work, but the first place in her interests was always held by her home and her husband's work, and she knew, as no one else knew, the aims and ideals which Dr. George Still held for the school

and the profession at large. Her talents will now be centered on carrying out his plans and helping to bring the American School of Osteopathy up as far as possible towards the high place of which he dreamed.

Before taking up the study of osteopathy, Dr. B. D. Turman was for a number of years a bank cashier, so that he brings to the management of the American School of Osteopathy



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a foundation of careful business training. He was closely associated with Dr. George A. Still, and he knew the ideals and ambitions which the latter entertained for the growth and development of the institution.

As a director, E. C. Brott will bring into play his ten years of experience in the management of the American School of Osteopathy during most of which time he was secretary and treasurer.

Mrs. Mae DeWitt Hamilton, another member of the Board of Trustees, has been for a number of years actively interested in civic affairs and various business interests in Kirksville.

CENTRAL STATES CONVENTION

The Central States Osteopathic Association will hold its next annual convention at Hotel Baltimore, Kansas City, Mo., May 1, 2 and 3, 1923.

In addition to papers, talks and demonstrations by well-known osteopaths, and the usual banquet and entertainment, the program will include a surgical clinic, conducted by Dr. George J. Conley; an eye, ear, nose and throat clinic, conducted by Dr. L. S. Larimore; and a foot clinic, conducted by Dr. J. Swart. There will also be a baby contest, conducted by Dr. Hanna E. Leinbach.

A large floor space has been reserved for the many interesting exhibits.

The National Council of Women, Incorporated, of the United States of America, founded by Susan B. Anthony and affiliated with the International Council of Women, has a committee appointed especially to investigate institutions which provide custodial care for women and girls held under the Contagious Disease acts. This

committee consists of Dr. Elizabeth Thelberg, chairman, Vassar College, Poughkeepsie, N. Y.; Dr. Josephine L. Pierce, honorary president of the O. W. N. A., Lima, Ohio; Dr. Kate Wel-

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ler Barrett, Alexander, Virginia, and Dr. Parker.

The American National Council is composed of forty national organizations, one of which is the Osteopathic Women's National Association.

SUNDERS CARBON ATOM AND GETS HELIUM

Carbon, long regarded as one of the elements, can no longer be classified as one of the forms of matter "which cannot be decomposed by any means known to science." Preston M. Bassett and Dr. Louis Bell of Boston have been collaborating in experiments which have resulted in the disintegration of the carbon atom. The result of the divulsion is helium. As a result of what has been accom-

plished by the two scientists it is possible to observe helium issue from carbon under a temperature of 5000 degrees centigrade.

Helium, being but slightly heavier than hydrogen and lighter than air, is much desired as a buoyant gas for airships, as it is non-inflammable and non-explosive. Up to the present time no method of producing it on a large scale commercially has been found.

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"Flat foot," said the shoe doctor.

"Pelvic trouble," said the gynecologist.

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—*The Medical Herald.*



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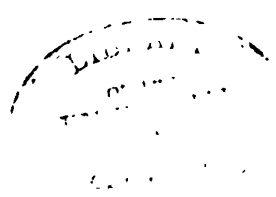
Clinical osteopathy

THE WESTERN OSTEOPATH

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GIFT
APR 8 1923

178



FEBRUARY, 1923

THE WESTERN OSTEOPATH: VOL. 17, NO. 8. FEBRUARY, 1923

Published monthly by the California Osteopathic Association at 796 Kensington Road, Los Angeles. Annual subscription, \$2.00. Entered as second-class matter August 25, 1922, at the postoffice at Los Angeles, California, under the Act of March 3, 1879.

To the Members of the **Osteopathic Profession** *in the West*

I presume that the present year has witnessed greater strides forward in the matter of osteopathic education than any year for some time. The establishment of a new, finely equipped and well manned osteopathic college, together with the improvement which has been made in the work of other osteopathic institutions, must certainly point to a strengthening in the work of osteopathic education during the past twelve months.

I believe that the west's osteopathic educational institution has kept pace with its sister colleges in this matter, and I am anxious that you should know just what kind of a school exists here, and knowing that I am anxious that you should give us the support which I feel that we have a right to expect in case the work of this institution merits your approval.

The laws enacted by the state legislatures in recent years and the demands which have come from the osteopaths in the field for a broader education have caused many of the osteopathic colleges to broaden their curriculum by the introduction of courses which were not originally included in an osteopathic course of study. Insofar as I am acquainted with these new courses I believe that their addition to the course of study is in general justified, provided, however, that the teaching of more of these courses does not result in a taching less of osteopathy.

We here at Los Angeles are at the present time committed heart and soul to the policy of turning out enthusiastic and well trained osteopaths who know how to take care of the sick osteopathically and who will be interested to do so when in practice. We have chosen our faculty to that end. We feel that there is a good reason from an osteopathic standpoint for the existence of every course in our curriculum of study with the exception of one, and that course is required by law, of those who wish to practice under the physician and surgeon license in this state.

We believe that a knowledge of the courses we are giving, an acquaintance with the faculty that is giving this instruction and a knowledge of the unusual opportunities which our students have of securing practical experience in the care of the sick will convince you that we are giving our students as high grade an osteopathic education as can be secured anywhere.

We are seeking capable individuals who have the ability to become high grade osteopaths. We desire your co-operation in nrolling such persons as students in September of 1923. We will appreciate having the names of such individuals sent to us for correspondence at an early date.

Very truly yours,

EDWARD H. LIGHT.

College of Osteopathic Physicians and Surgeons
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- DR. JUNIOR:** "Doctor, would you employ *Antiphlogistine* in severe cases—women, for instance—of abdominal pain, indicating possible ovaritis, peritonitis, salpyngitis, and so on?"
- DR. SENIOR:** "Why of course—at once, to relieve the distressing agony which often accompanies these female troubles."
- DR. JUNIOR:** "Well, I did that same thing, last night, and it was gratefully received by the patient. But—I had not studied 'Gynecology' that way—"
- DR. SENIOR:** "No, you felt, perhaps, that this was so simple a procedure that your prestige as a modern physician might be questioned—I know—I was once young and wished to appear 'ultra-scientific.'"
- DR. JUNIOR:** "Presume you're right. But—the patient says this morning, that she has had such attacks often, and never got out so easily or so quickly."
- DR. SENIOR:** "Such a procedure—that of applying *Antiphlogistine* to the abdomen in all incipient inflammations of that region, is as truly scientific as an operation, and sometimes makes that unnecessary. But its osmotic action, accompanied by initial heat (and generating its own 'chemical' heat, as we know it does), *Antiphlogistine* frequently aborts abdominal inflammations with speedy recovery and untold comfort to the sufferer."
- DR. JUNIOR:** "Really, Doctor—I believe *Antiphlogistine* has won me a friend, in this very instance."

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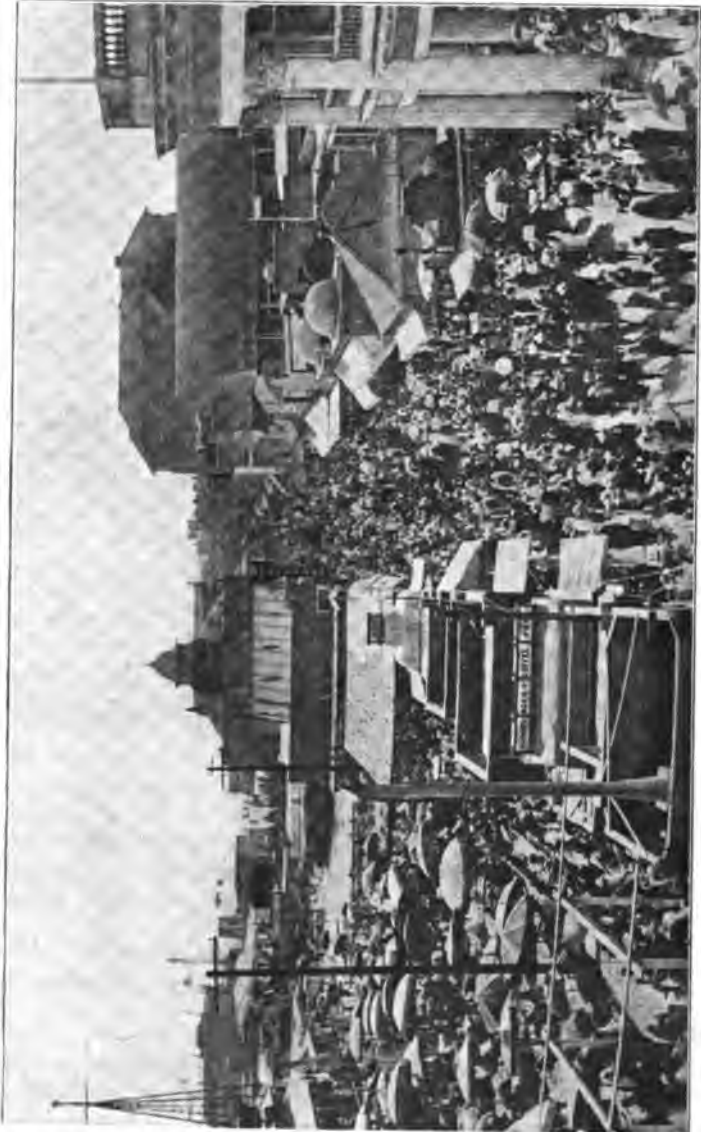
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THE WESTERN OSTEOPATH

Published by the
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Vol. 17

February, 1923

No. 8

TREATMENT OF BURSITIS AND TENDOSYNOVITIS (Sore and Stiff Shoulders)

By CHARLES H. SPENCER, D.O.

In the treatment for bursitis and tendosynovitis (or tenosynovitis) of the shoulder, it is important to keep in mind the fact that there are other painful affections of the shoulder. The outstanding features of this disorder are focal pain *not* corresponding to the distribution of one or more branches of the brachial plexus, limited motion both active and passive, and pain increased on attempts to make active or passive motion.

Since the treatment is based on the pathology, a brief statement is necessary. In the initial stage the pathology is entirely one of lymphatic congestion. The bursal sacs and tendon sheaths are lymph spaces. The intricate arrangement of the fascia about the shoulder provides an extensive area of lymphatic spaces. The drainage of the shoulder into the axillary space and cervical region becomes obstructed thru the accumulation of inflammatory exudate and reflex muscular contraction induced by the irritation present. As time goes on, the development of connective tissue occurs in the form of adhesions in the tendon sheaths and between the aponeurotic coverings of the muscles.

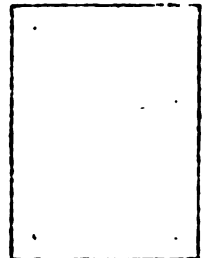
Our problem, then, is to restore a normal lymphatic circulation and a normal mobility of the shoulder by stretching the adhesions.

I am not endeavoring to discuss causes in this article, but in this con-

nection will say that you must not overlook the relation of toxemia from focal infections, alimentary stasis or other sources and hope for complete success with manipulation of the shoulder only.

All manipulation must be kept within the limits of moderate pain. All movements should be made slowly and rhythmically. This can be accomplished by getting the body of the operator into the movements, i. e., stand with the weight on one foot and sway the body instead of doing the work with arm motion alone. Relax the exits of the lymph spaces so the excess lymph can move out with the least possible resistance, then squeeze and push this excess out before attempting to stretch adhesions. This may require a number of treatments. Danger of tearing is great as long as the lymph spaces are overloaded. Connective tissue can be elongated if not stretched too vigorously or too often. Over-treatment will make it grow. Too light treatment will do no more than relieve temporarily the lymph stasis. Note carefully the results of each treatment until you have gauged each particular case treated. No rule can be given that will apply to all. My experience is that two treatments a week get the best results.

TREATMENT. (1) Place the patient on the side with the affected shoulder up. Place the hand on the



top of the shoulder as shown in figure 1, pushing the shoulder girdle down firmly on the apex of the thorax. Hold it firmly in that position and at the same time with the other hand grasp the forearm of the patient above the wrist as the arm lies against the side (elbow joint flexed) and carry the elbow backward and forward with the arm in the horizontal plane. The backward excursion should be carried as far as pain permits so as to stretch the tissues; the forward excursion does no stretching.

(2) Switch the position of the hands, placing the hand grasping the wrist in the former movement behind the shoulder, grasping the top of the shoulder and pulling it down firmly as before with the other hand grasping the forearm above the wrist, arm extended horizontally in front of the patient. Move arm upward toward the head, keeping in the horizontal plane. (Figure 2.)

(3) Without changing the position of your hands move the arm to the vertical position and carry the hand in a circle. (Figure 3.) Make the circle small at first, enlarging it as pain will permit.

(4) Keeping the hands in the same position, flex the elbow joint and carry the elbow in a circle moving in the reverse direction from the previous manipulation. (Figure 4.)

(5) Place the hand on the shoulder as in the first manipulation. Flex the elbow joint, letting the forearm of the patient above the wrist rest across your forearm near your elbow. Place your other hand on the elbow of the patient, pressing down as far as pain will permit; then move the elbow upward toward the head. (Figure 5.) Step into it. These movements are easier and more effective when you put foot-work into them.

(6) With the same hand on the shoulder, place the thumb across the

front of the joint. Flex the elbow; rotate the arm backward, dropping the wrist behind the back. Grasp the elbow and pull forward at the same time (with the other hand) resisting the tendency of the shoulder girdle to move forward. (Figure 6.) These last two movements are quite severe and can not be used in the earlier treatment but must be used later in order to restore a complete range of motion.

(7) Finally, flex the elbow over your wrist, grasping the arm just above the elbow. Stand close enough to the patient to permit his forearm to rest against your chest. With the other hand grasp the deltoid region. Stand on one foot and lean away from the shoulder, keeping constant traction while you carry the elbow from a point in contact with the side to a position as nearly vertical as possible. Use both hands to manipulate the soft tissues. (Figure 7.)

Make haste slowly. Advise the patient not to use the arm until it has made considerable progress toward recovery.

Passive exercise is valuable after the acute pain has been relieved. The following have proven helpful in my experience:

(1) Patient stands facing the wall, affected arm extended at right angles, hand placed against the wall firmly. Rotate the body by moving the feet in an attempt to face away from the wall, keeping the hand on the wall. Rotate in opposite direction, keeping the arm horizontal.

(2) Flex elbow and attempt to place back to the wall while maintaining the hand in contact with the wall.

(3) Take first position, bend forward, keeping the hand still firmly on the wall.

(4) Place the hand on the wall lightly. Walk slowly toward the wall, letting the hand slip up the wall.

Regulate the frequency and force of your treatment by the results obtained. No two cases react alike. Some cases require a year; others recover in a month.

NEW LEGISLATION IN INDIANA

The osteopathic amendment to the present Indiana Medical Act passed the House of Representatives 85 to 3, and passed the Senate 32 to 2.

This measure will remove the restrictions and grants us the right to practice osteopathy, surgery and obstetrics and use antiseptics, narcotics and anesthetics.

DR. WALTER S. GROW
Secretary
Indiana Osteopathic Association

MEDICAL ABSURDITIES

Every age has had its medical absurdities and inconsistencies. New fads of queer medical practice arise even during our own times, and get willing support, not only from the ignorant, but also from those of whom one has a right to suppose that they ought to know better. Thus history tells us how Bacon cured everything with whiskey and laudanum, and was a firm believer in charms and amulets; Martin Luther thought there was great efficacy in toads; Boyle held that the thighbone of an executed criminal was a specific for dysentery; Berkeley humbugged his countrymen with the virtues of tar-water; Perkins set the world agog with his metallic tractors; Rush used the lancet excessively; Hamilton purged his patients; Aberdeen and Phillip called every disease dyspepsia; Johnson believed that everybody had disease of the liver; Cook used his liver pills in every case for supposed obstruction of the portal circulation.—*Medical Standard.*

E. R. A. CASE RECORDS WANTED

The Editor has received the following letter, which explains itself:

"Dr. C. B. Rowlingson,
"796 Kensington Road,
"Los Angeles.

"Dear Doctor:

"You are probably cognizant of the fact that the Los Angeles Osteopathic Society has appointed a committee to take up the investigation of the Abrams diagnosis and treatment. A committee composed of Robert D. Emery, Lloyd D. Reeks, Herman E. Beckwith, Dayton Turney and myself is setting about the work of investigation with a sincere desire to determine the full truth both of the value or the deficiencies of this system.

"Among other things, it is very important that the committee secure as large a number as possible of cases which have been diagnosed and treated by the Abrams system, and which have been also thoroughly studied by ordinary methods of diagnosis. It will be the greatest help to us if we may receive from members of the profession, whether they are interested in the Abrams work or not, accurate records of such cases.

"We are asking you, therefore, to publish in the next issue of THE WESTERN OSTEOPATH a request from this committee that all members of the profession aid us to the fullest by supplying us case records of patients which have had thorough study by ordinary methods and by the Abrams methods. The importance of this work both to the profession and to the public is so great that we shall expect a large degree of co-operation from the members of the profession.

"Fraternally yours,

(Signed) "L. C. CHANDLER,
"Chairman."

Announcement

California Osteopathic Association

TWENTY-SECOND ANNUAL

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LONG BEACH, JUNE 14-15-16, 1923

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CONVENTION HEADQUARTERS

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Make reservations early

For information regarding exhibit space, address Dr. Warren B. Davis, First National Bank Building, Long Beach.

OSTEOPATHIC GYNECOLOGY

By DR. JENNIE C. SPENCER
Fifth Article

DISORDERS OF MENSTRUATION

(Continued)

AMENORRHEA, MENORRHAGIA, METRORRHAGIA

Amenorrhea is the cessation of menstruation after the cycle has been established, or the failure to develop the normal cycle at the proper age.

It is undoubtedly true that pregnancy is the cause of suspended menstruation in ninety per cent of the cases which seek the advice of a physician. This fact is often overlooked by the young physician and many times the case history is so skillfully masked that the older physician makes a mistake. The safest way in every case of amenorrhea is to make a most careful physical examination to make sure that there is no pregnancy. In some cases it will be necessary to see the patient several times before a satisfactory conclusion can be reached. Symptoms will play a very small part in determining the diagnosis.

Next to pregnancy in frequency of causation, come the cases that are nervous in origin. Change of climate will cause amenorrhea in many women. Different environment without climatic change will often produce this condition. A number of cases have come under our observation where recently married women have not menstruated for several months, although they were not pregnant. Great anxiety lest there be a pregnancy or great desire for conception will produce this condition.

In the woman nearing the menopause we frequently find a condition described as pseudocycsis in which there is amenorrhea, abdominal enlargement and mammary changes similar to pregnancy.

Very frequently amenorrhea is present for several months following infectious diseases, especially influ-

enza, typhoid fever and measles. Tuberculosis of the lungs or a general miliary tuberculosis frequently produces amenorrhea. From this arose the old idea that when a woman "caught cold" at the menstrual period the menses would cease and the patient "go into consumption." The truth was that the patient already had a tubercular condition and it had reached the stage when amenorrhea was the next step. The "cold" was only an incident, not a cause.

There has been and still is a theory that anteflexion of the uterus will produce amenorrhea. Only as the anteflexion is indicative of arrested development has it anything to do with the condition. It seems to me that the physician who will dilate a tiny underdeveloped cervix with the idea that he will thus correct an anteflexion and cure amenorrhea has a very limited knowledge of the physiology of menstruation. The uterus must receive its stimulation to grow and develop from the internal secretions (ovarian largely), and the only possible effect of the dilation (and this does not always occur) is to increase the circulation to the pelvis for a short period of time. The ovaries will become markedly congested from this procedure, but think of the danger of infection and the amount of bruised tissue to be replaced by scar. If scar tissue in the cervix following childbirth is productive of such great nervous irritability as we are led to believe, will there be any less irritation from the scar produced by the dilators than from that caused by the passage of the fetus?

The treatment of amenorrhea, when

treatment is indicated, is usually entirely general. Only the few cases of infantile uterus demand local treatment. Cases following infectious diseases need only the assistance that good general treatment will give. The menses will reappear when the general resistance of the patient has increased sufficiently. The patient should have this explained so she will not be anxious regarding her condition.

Amenorrhea caused by change of climate or environment needs no treatment. The woman should have a careful examination and the cause of the condition explained. It is not beneficial to suggest that there must be something wrong somewhere. Whatever the cause, nature soon adjusts herself and the patient suffers in no way unless it be from the suggestions given by kind (?) friends and the doctor consulted.

MENORRHAGIA is an increased menstrual flow. The definition immediately brings up the question of what a normal menstrual flow is. This gives rise to differences of opinion, one of which is perhaps as good as another. The general rule we adopted is that the period never should last more than seven days, and a flow necessitating the use of more than four napkins in the twenty-four hours was pronounced a menorrhagia. Exceptions were found to this, but it gave us something as a guide.

The causes of menorrhagia can be classed as constitutional and local. Common constitutional causes are tuberculosis, exophthalmia, organic heart lesions and nephritis. The acute infections that are most frequently a cause are influenza, measles, scarlet fever, and diphtheria. Occasionally typhoid fever and pneumonia will be followed by menorrhagia, but more frequently they produce an amenorrhea. We must not forget that such

nervous conditions as hysteria and neurasthenia are very frequently accompanied by a menorrhagia.

Local causes are abortions and miscarriages, fibroid tumors, chronic metritis, ovarian inflammations, and tumors of the ovaries. Occasionally there is a case of infantile uterus which has this symptom. A case of this kind came to our attention several years ago. The patient was 26 and the first menses had appeared at the age of 17. There was a hemorrhagic flow lasting ten days at the first period. Periods were irregular but never free from menorrhagia. The patient married at the age of 21. She conceived at 23, and had a normal pregnancy and labor. Three months after labor the menses reappeared with increased hemorrhage. In spite of all kinds of medical treatment and severe curettements, no relief was obtained. Three months of general and bimanual treatment was given with very little improvement. We felt that if we could have had the case before the curettements and resultant scar formation the results might have been different. A complete hysterectomy was finally resorted to.

In all of the constitutional pathology, bimanual treatment is unnecessary. General osteopathic work with dietetic and hygienic care is all that is given. We gave bimanual treatment to some cases of exophthalmic goitre with excellent results. The general condition has to be improved before permanent relief is obtained.

A number of cases following influenza in women past forty have been noted which developed a most alarming menorrhagia. The uterus was soft and boggy as in the chronic metritis cases, but no amount of bimanual treatment or hydrotherapy was of any benefit. Only the most powerful oxytocics produced any change and

of course these were too powerful to continue long. These cases were referred to the deep penetrating X-ray with satisfactory results in every case. This treatment causes complete atrophy of the uterus and should never be given in earlier life without explaining to the patient that sterility will of course follow its use. The younger women responded much more readily to bimanual treatment and radical methods were unnecessary. The toxins produced by this particular infection seem to modify the smooth muscle fiber until it almost loses its power to contract. The nearer the stage of atrophy of the uterus the more completely was this function lost; hence the hemorrhage and the lack of response to ordinary stimulation.

In giving these case histories we have noted the unusual cases. By far the larger number respond to general osteopathic care and occasionally bimanual treatment should be added.

The most common local change that produces menorrhagia is chronic metritis or subinvolution. The uterus in the hemorrhage stage of this condition is so large and boggy that it is often very difficult to outline it on bimanual examination. Hydrotherapy is of great help in the early treatment. Douches taken in the recumbent position as warm as the patient can stand and at least ten quarts of water at a time are very beneficial. They are given every other day. Occasionally salt and bicarbonate of soda are added to the water, but their therapeutic value aside from the psychic effect is doubtful. Suppositories hydrosopic in action may have some good effect, but the danger is that their value be overestimated by the patient and physician. Bimanual treatments, lifting the uterus and stretching from side to side with gen-

tle massage of the organ for a few minutes, will increase the venous and lymphatic drainage. As the uterus regains muscular tonicity the patient should be given regular gymnastics, starting with simple bending of the body forward, backward, and laterally, and finally reaching the point where fifteen minutes night and morning are given to the "Daily Dozen."

The menorrhagia produced by fibroid tumors is not so often controlled, for we cannot so readily remove the cause. Cases of small tumors were often relieved of the menorrhagia by the treatment outlined for chronic metritis. With larger tumors it is seldom that any relief is obtained and surgery has to be resorted to.

METRRORRHAGIA signifies a hemorrhage from the pelvic viscera without relation to the menses. It usually signifies hemorrhage after the atrophy of the uterus and ovaries. Hemorrhage after a hysterectomy is also called a metrorrhagia. It may be produced by trauma or by polypus growth of the cervix. Also it is the earliest symptom of malignancy of the uterus.

The trauma produced by hard pessaries is not infrequently followed by some considerable hemorrhage which disappears shortly after the removal of the pessary. This type of pessary should never be worn after the climacteric.

Polypi are not infrequently left after the uterus has atrophied. They are found protruding from the cervix and bleed easily. This hemorrhage is never large and the simple cutting away of the protruding tissue will remedy the condition. This vascular growth of the mucous membrane has been produced during active sexual life, sometimes following childbirth, at other times from chronic endometritis caused by catarrhal conditions. They do not "turn into cancer."

In the cases of metrorrhagia produced by carcinoma the hemorrhage is profuse and persistent. There is also the rapid growth of the tumor mass, the active inflammation throughout the pelvis produces a marked vaginal pulse, and one could hardly mistake the condition after once observing a case.

The treatment of malignancy should be discussed by itself; in the present discussion we are concerned with metrorrhagia. In many of the advanced cases this symptom can be controlled by the use of radium.

In conclusion, there is one thing which I believe we all need to remem-

ber in making a diagnosis of pelvic conditions. Don't jump at the most serious conclusion in making a diagnosis. Eliminate the less serious things first. Numbers of patients are being caused great mental anguish by physicians suggesting on the first examination that the condition is *most* serious. I believe it is the wise physician who keeps his fears to himself until they can be most thoroly substantiated. Even then there is a chance for everyone to be mistaken and the patient is never improved by having the most serious diagnosis given her.

WANTED: EVIDENCE REGARDING E. R. A.

By HARRY W. FORBES, D. O.

The Abrams "cure" is claiming the serious attention of our professional organizations. Many of our most esteemed members are using the Abrams apparatus. These members are persons of unquestioned integrity and we have heretofore been proud to have them in good standing as members of our organizations.

What is our duty to the public in this matter? As long as they are members of our organization we tacitly endorse their practice. We cannot be neutral. Shall we continue to endorse this practice, or shall we condemn it by asking for the resignations from our associations of all members who use the Abrams apparatus?

One local society in California has passed a resolution against this practice. Other societies are investigating it. The matter will be presented for a decision at the coming State Convention. It will also be presented to the National Convention this summer.

Hasty action should be avoided. If Abrams has discovered a new energy that will cause recovery reactions, we should continue to endorse it. If there is no evidence to support his

claims, we should condemn it. Our duty to the public demands careful and intelligent action.

Resolutions of condemnation do not disprove a fact. Expulsion from membership does not prove that the one expelled is wrong and the majority is right. Majorities have many times been wrong. But, regardless of what we may want to do, the fact is we must act. Our action should be based on all the available evidence, and it behooves each of us to collect all of the available data before voting "yes" or "no" on a resolution to request the resignation of any member of our professional organizations. The question should be decided on the truth or falsity of Abrams' claims, and not upon whether the Abrams treatment is or is not osteopathic. Our organization is big enough and tolerant enough to permit the use by our members of any *proved* therapeutic agency.

To continue to endorse this treatment without evidence is as bad as to condemn without evidence.

Let us do our best to learn the truth about E. R. A. and act on information and not on sentiment.

OUR OSTEOPATHIC HOME FOR A WEEK

No one likes to be cramped when working. This is especially true of osteopathic physicians. Their desire for ample room is always apparent at our conventions. It is with genuine pleasure, therefore, that the Convention Committee herewith submits a line sketch of our convention floor for the 1923 meeting of the A. O. A. next July. A glance is sufficient to show how compact, commodious and convenient it is. Everything on one floor, and that entire floor set aside for our exclusive use. No climbing of stairs in going from one section to another nor no crossing of streets.

The famous Grand Ball Room of the Waldorf-Astoria will be used for general program purposes. In order to reach this room, one must pass through the exhibit section. This arrangement, when found, has always proven a most convenient one for the members and an ideal and satisfactory one for the exhibitors.

The lettered rooms from A to K will be used for the various sections of the program. They will seat comfortably from 50 to 400. Each section will be assigned to a room, and it will meet there and no other place throughout the entire convention. This will enable one, when he has once located his favorite section, to know exactly where all subsequent meetings of that section will be held.

Although the floor space covers that of an entire block, nevertheless when one is in one room he is conveniently near to all of the others.

There are numerous other rooms, sufficient to accommodate all of the various committees and also the fraternities.

Members may therefore come with the anticipation of having an easy, comfortable and delightful time.

—Publicity Committee.

DANGEROUS DUST

Suppose some giant should take you up in his arms, strip off your clothes, not too gently, dump you unceremoniously, and in spite of your protests, into a great tub of hot water, dab some of it over your face and eyes, take you out and rub you vigorously, and then dab your body, or parts of your body, over with a strong-smelling powder, which flies up like dust and gives you a suffocating, choking sensation as it penetrates your mouth and nose, you would not like it, would you? Yet this is exactly what happens to the baby.

The most commonly used powder now is the zinc stearate powder. The talcum powder dust was bad enough, when the dust was inhaled, but the zinc stearate powder, although effective for soothing the skin, is very bad, and often dangerous when this dust is breathed by the baby or other children. In some cases broncho-pneumonia of a more or less fulminating type has ensued; in other infants an acute toxemia or poisoning was the most conspicuous symptom; occasionally an initial partial asphyxia or choking passes off without definite pulmonary involvement.

Some doctors frankly believe that the zinc stearate container, with its large perforations, as now prepared for the nursery, is a distinct menace to the health of infants.

It certainly should be used with great caution, so as to prevent the baby from breathing any of the dust.
—*The Healthy Home.*

Moscow reports that Russia greatly needs doctors. The soviet sanitary committee has invited medical men with diplomas from foreign universities to go to Russia. They have only to inform the commissariat at which towns they intend to set up a practice.

BOOK REVIEWS

PRACTICAL VISIONS. A Book of Inspiration by F. P. Millard, D. O., Founder and President of the National League for the Prevention of Spinal Curvature; Author of "Poliomyelitis" and "Applied Anatomy of the Lymphatics." 270 pages. Published by the Journal Printing Company, Kirksville, Missouri. Price \$5.00.

The subtitle, "A Book of Inspiration," has been aptly chosen. Anyone who reads this work of Dr. Millard's and fails to receive inspiration should consult an alienist at once. Dr. Millard's dynamic personality is reflected on every page. The book should be read by every young person of high-school age who is in any doubt as to the choice of a career; by every student in our osteopathic colleges; and by every practicing osteopath, but particularly by those of little faith in the tenets of Andrew Taylor Still. If any such osteopath can read the book and then can continue in his recreant ways with a clear conscience, heaven help him!

Here are a few characteristic paragraphs:

"There always will be among us those who have visions greater than our own. Doctor Still had a vision, away back in the time when the therapeutic art was confined almost entirely to the older school, and we possibly never will appreciate the great difficulties he encountered in launching a new school, absolutely opposed in every way to the older school. Yet he stood firm and never weakened in his great effort to present to the world a scientific truth that will live throughout the ages. Doctor Still will go down in history as the greatest original and forcible thinker ever known in therapeutics.

"Osteopathy was given to him in the form of a vision. This is a well-known fact, and had it not been of a

practical nature it never could have worked out and changed the ideas of a thinking world. His vision was practical, from a physician's standpoint, or he never could have adapted it to the clinic room, bedside, and other places where human beings suffer. It has stood the test of time, and countless numbers have been relieved by the therapeutic measures he worked out.

"A physician who does not handle more practice each year, get better results, give shorter treatments and at the same time understand his patients' conditions more minutely than the year previous, is not a progressive physician.

"Patients like to know that their doctor is keeping abreast with the times, that he takes all the latest magazines, that he is familiar with the latest discoveries along the lines of diagnosis and treatment, and from an osteopathic standpoint the physician who is best posted on anatomy, especially applied anatomy, is the one who will have the best results.

"It takes time to familiarize oneself with the human anatomy and give specific treatment, and we do not blame the young practitioner the first year for giving fairly long treatment; but when a man practices for ten years, or even five years, and still gives half-hour treatments, just then we put that practitioner down as one who is not progressing, and one who is not familiarizing himself with the specific nerve centers that control the various organs and tissues in the human body.

"There is no greater field in the world to work in than the therapeutic, and if the young physician gets the proper viewpoint early in life, and realizes the great possibilities

along the various lines, he will simply be carried along by the visions that he will create from day to day, through having a practical vision to start with.

"The last word has not been said regarding diagnosing, and possibly will not be for decades to come. There is a greater chance at the present time for a young physician to make himself world-famous and make startling discoveries than ever before in the history of medicine, in the broader sense. The powerful microscopes accessible today; the various parapher-

nalna used in making diagnoses, in the way of heart tracings especially; the peculiar development of sensitive touch in the well-trained osteopath, which was unknown to the physician of a few years ago, place the young physician at the present time on a plane much superior to any that has ever existed, and if he will but get an optimistic, practical viewpoint, he will not look back and wish for days gone by, but will plunge into the future in his mental reasonings and benefit humanity more than he ever dreamed of."

OSTEOPATHIC VICTORY IN UTAH

By DR. MARY GAMBLE
Salt Lake City.

For fifteen years the osteopathic physicians of Utah have been more or less under the domination of the M.D.'s. Up to that time they had no recognition. All these years we have had to be on the alert at every session of the Legislature to see that the law was not changed in some way to our detriment.

Eight years ago, under the guise of wanting to make the law more stringent in order to prosecute the "fakes," they tried to drive us out of the state by making the requirements conform to the standards set by the American Medical Association. Four years ago they tried to pass the Illinois bill, but we succeeded in getting it killed. Two years ago they passed it in spite of us and placed us in the same category with our imitators. They deprived us of the right to do surgery, and classed us with the short course, drugless cults, thereby making us eligible only for drugless practitioner licenses.

It is widely known that the Illinois law was declared unconstitutional in several states. This year the state medical society appointed a commit-

tee to draft amendments that would make it constitutional, but of course these amendments offered no relief for osteopathic physicians and surgeons. This was the psychological time for us to get a separate bill or amendments which would give us the rights to which we are entitled. We early learned that this Legislature was not disposed to be dominated by the medical lobbyists.

Notwithstanding the insidious medical opposition to our amendments, they carried unanimously in the Senate (where they originated). We now have our own board of three members and our high standards of education are recognized.

Two classes of licenses will be issued: one to practice as an osteopathic physician, which requires a standard four-year high school course or its equivalent, and 4,422 hours of professional training; the other to practice as an osteopathic physician and surgeon, which requires all of the foregoing preliminary and professional education plus one year of internship.

Women's Department

UNDER THE DIRECTION OF CALIFORNIA BRANCH
OSTEOPATHIC WOMEN'S NATIONAL ASSOCIATION

Send material for this department to
DR. MARY L. LE CLERE, 116 East Colorado Blvd., Eagle Rock, Calif.

HABITS THAT SPELL HEALTH FOR SMALL CHILDREN

By DR. LEONORA GRANT

The age from two to six is apt to be the neglected age. Yet it is during these early years between babyhood and the beginning of the school age that the foundations of health should be laid. It is during these years that right habits of eating and sleeping should be formed.

The first requirement is a regular bedtime and a regular naptime. Children from two to six should have from ten to twelve hours sleep at night, and from one to two hours in the afternoon. They should go to bed early. Time lost from sleep the first part of the night cannot be made up by allowing the child to sleep until nine or ten next morning. The chances are that there will be sufficient commotion in the house in the morning to disturb his sleep. Then, too, sleeping late in the morning upsets all possibility of regular meal hours. The child who has to sleep late in the morning is acquiring bad habits; later he will be the child who is late to school, the adult who is late to work.

Many mothers complain that children will not take their afternoon naps. They would take them if they had been kept regular in their habits.

The next important item for the growing child is food. Do not allow the young child "just a bite" of everything from the family table. If he has never tasted cake, pie, candy, and hot biscuits, he will be just as happy

eating his apple sauce, peaches, or prunes.

A child's menu should contain nearly all of the vegetables. Some raw vegetables in the form of salad, or the juice of some raw vegetable, should be given every day. Many of the vegetables need to be put through a colander for the smaller children. There is not a fruit that should be omitted, providing the fruit is ripe. Opinions on meat vary widely. A small amount at the noonday meal is all right, provided it is not fried. Omit veal, pork, and sausage. A quart of milk a day should be the foundation for every child's diet. Cereal porridges and bread should be made from the whole grain.

Briefly stated, a child's diet should include:

First: Body-building material (protein), found in milk, eggs, and meat.

Second: Minerals: lime for bones and teeth, found in milk; iron to make good red blood, found in green vegetables and raw fruits.

Third: Vitamins, or growth-regulating substances, found in milk, egg yolk, butter, leafy vegetables, fruits, whole cereals.

Faulty nutrition increases a child's susceptibility to disease and lowers his power to combat disease when it has been acquired. Fruits and vegetables drive away that bugaboo, constipation. Vegetables prevent that

too common condition of high acidity which is due to eating too much sweets and starches.

Never discuss a child's aversions for certain foods. Ignore the subject. Put a small portion of food that has been refused with food that is liked, expect the child to eat it, and say nothing. Or, if necessary, make the eating of a small amount bring a reward. It is wise to offer food that has previously been refused at the beginning of a meal when a child is hungry and before he sees other food that he likes better.

Do not allow the child to eat between meals of candy, cake, cookies, crackers, not even graham crackers. If the meals are satisfying in amount and regular as to time, nothing will be needed in the intervals except an apple or an orange. If the time between meals seems too long for an individual child, give him a lunch of good brown bread and a glass of milk at a regular time. The child who is not allowed to eat between meals rarely has an aversion for wholesome food at mealtime. If candy must be eaten give it at the end of a meal in place of other dessert.

Children should get all the sugar they need from fruits. Nearly all ripe fruits contain sugar in its most digestible form. Those which contain it most abundantly are dates, raisins, figs, and prunes.

Are your child's bowel movements normal? Is his breath sweet? Is his skin smooth, or scaly or greasy? Does he bite his nails? Do you weigh him regularly? Does he gain every month? Does he breathe through his nose at all times? These and other questions must have favorable answers before a parent can say positively "My child is well."

THE WOMAN OSTEOPATH AND HER COMMUNITY

By DR. GRACE STRATTON AIREY,
Salt Lake City, Utah.

(Paper given before the Second Annual Convention of the O. W. N. A.)

Every osteopathic woman should affiliate with some organizations outside of her profession. None of us can spare the time for many fields of endeavor but each should find her place in some one or more:

First, that we may contact other women in their fields of endeavor, to get their point of view and their knowledge of life and its problems.

Second, that we may give to them our viewpoint and our knowledge; particularly that we may give them a knowledge of osteopathy, not by always harping on it but by a certain air of tactfulness, assurance, and readiness to explain our beliefs when occasion arises.

Third, for our own entertainment and amusement.

Fourth, to increase and popularize our own private business.

Fifth, that we may do our part toward advancing the public welfare by identifying ourselves with efforts for the advancement of such public interests as sanitation, pure water and food, schools, politics, public institutions, and all public health activities.

Some of the associations in which we may find a useful field are:

1. Church.
2. Literary and scientific clubs.
3. Social clubs.
4. Parent-Teacher associations.
5. City, state, or national federations.
6. Civic centers (join or organize one).
7. Y. W. C. A. or one of its many departments.
8. Women's political clubs.

When we become known as workers

and show a willingness to do our part in whatever place we find ourselves there will be plenty for us to do. We will be asked to serve on boards, committees, and in various other ways.

The community in which we have cast our lot has a right to expect us to be good citizens and to accept our share of the civic responsibility as well as to be good osteopaths.

NON-SURGICAL TREATMENT OF TONSILS

By DR. DORA A. WEYMOUTH

Caldwell, Idaho.

Why remove tonsils when infected any more than any other member when in like condition? Tonsils perform a function necessary to the well-being of the individual. They probably manufacture an internal secretion and they are fortifications housing white corpuscles which guard the entrance to the alimentary and respiratory tract.

Tonsils function most at the periods when dentition is most active. Many large tonsils then are not diseased but only functioning.

In the twelve years that I have been treating tonsils I have found many very large ones and also many with pus pockets.

Treatment: I have never found a diseased tonsil that was not associated with a cervical lesion. The latter of course must be corrected. I aspirate the pus, using the Ruddy method. I also gently manipulate and squeeze out the pus. I have the patient gargle at least four times a day with glycothymoline, or other antiseptic. The act of gargling has a tendency to squeeze out any pus that is forming. Last, but not least, I give good general treatments whenever I treat the throat, which is at least three times a week.

IS PELLAGRA A PHOTODYNAMIC INTOXICATION?

The theory that pellagra is a photodynamic intoxication is supported by observations made by Doctors J. W. Jobling and Lloyd Arnold, and reported by them in the *Journal of the A. M. A.*

"Our general impression of the disease would lead us to the conclusion that pellagra is not a deficiency disease, comparable to beriberi and scurvy, but one in which a definite intoxication, arising most likely from the intestinal tract, forms the basis of the pathologic condition.

"It seems rather a curious fact that the influence of light on the development and progress of the disease has been almost completely ignored during the last few years, though it is a common observation that the skin lesions are most prevalent on the exposed parts of the body and develop usually in the spring or summer months, following exposure. . . . We believe that such patients do better when kept in a dark room.

"Among the problems attacked were those of fagopyrismus and hydroa estivale. In the former, a fluorescent substance has been isolated from buckwheat which is able to sensitize animals to light, while alcoholic soluble substances have been isolated from corn, rye, oats, and buckwheat. In hydroa estivale, Housman was able to demonstrate the presence of an active photodynamic hematoporphyrin, in the urine.

"The suggestion that pellagra might be a photodynamic intoxication was made almost simultaneously by four different investigators.

. . . Their experiments were made with photodynamic substances obtained from corn; but, since in this country quite a number of those developing pellagra have been consum-

ing only a minimum of corn products, we must obviously seek some other explanation. Nor must we fall into the error of assuming that the mere entrance of photodynamic substances into the intestinal tract is sufficient to set up a light sensitization. . . .

"That human beings may be made hypersensitive to photodynamic substances is shown by the interesting experiment of Meyer-Betz, who sensitized himself with hematoporphyrin. He found that exposure to sunlight caused marked edema and erythema of the exposed parts—face, hands, neck, etc. . . . It is interesting to note that he remained hypersensitive for at least six weeks, though no trace of the sensitizing substance, hematoporphyrin, could be found after seventy-two hours.

"For several years we have been impressed with the possibility that pellagra may be due to a photodynamic substance produced by an organism located in the intestinal tract. The observations supporting the 'low protein theory' may be readily explained by the assumption that this hypothetic organism can produce the light-sensitizing substance only when growing in a favorable medium, consisting of an excess of carbohydrates.

"Our next efforts were devoted to an attempt to isolate organisms able to produce photodynamic substances; and here, we were more successful. . . .

"During the summer of 1921 we studied three acute cases and six so-called chronic cases. . . . From this group three positive cultures of the same organism were obtained.

"At Memphis we studied five acute, four sub-acute and fifteen so-called chronic cases. . . . Of this group, two pure cultures and one mixed culture were obtained from the five

acute cases, one pure culture from the four sub-acute cases, and one mixed culture from the different so-called chronic cases.

"The fungus apparently belongs to the *Aspergillus glaucus-repens* group.

Extracts were made of the fungus and injected into mice. "When a series of mice were inoculated, those exposed to the light soon developed edema and reddening of the ears, and swelling and edema of the eyelids. In a few experiments, death quickly followed exposure to sunlight. If the inoculations were made daily, with repeated exposure to bright light, the ears became gangrenous and dropped off, the tail became rough and scaly and there was some loss of hair from the face and head.

"It is not our desire to claim, or even suggest, that we have discovered the cause of pellagra. We realize that such a claim could be made only after it had been demonstrated that the organism could be isolated in the majority of a large number of pellagra cases, and that it does not occur in nonpellagrous individuals. The decrease in the disease renders this task impossible for us, so it was thought best to report the results we have obtained up to date."

OSTEOPATHS BUY MINERAL SPRINGS

[From the Bowling Green (Mo.) Times]

The B. B. Springs and Sanitarium was purchased last week by Dr. H. S. Hain of Kirksville, Dr. C. H. Downing of Boston and Dr. R. H. Williams of Kansas City. The new company will be known as the Bowling Green Sanitarium and Mineral Water Company, and has been incorporated under the laws of Missouri. The doctors have taken all the stock and will not offer any for sale.

COLLEGE and ALUMNI DEPARTMENT

C. O. P. S. NEWS

K. GROSVENOR BAILEY

College Editor

The 1923 Cortex is to be a real live year book, put out by a staff both competent and clever. Illuminated pages as in Erasmus' time, and all the news that's fit to print.

Buy it and get the kick!

Following close upon the heels of Terpsichore when she tripped thru three hours at the athletic benefit dance February 16, are the baskets which have been set for the basketball court on the campus. Altho the management cannot report as great a balance as expected, we now have a financial nucleus, and tentative plans for a tennis court on the campus have been submitted. Ball and basket continue their casual acquaintance—and there is more darn fun.

Be that as it may or may not, we are developing real stuff on the new court. Patrick O'Reilly '25, arranged a practice game with the L. A. Gas quintet, and the score was 18 to 12 in the workingmen's favor. Varden, Kellog and O'Reilly excelled for the osteopaths, showing the elements of a powerful combination.

The very Old Nick is at work in our midst as usual. The janitor job without Our Nick would be like a ship without a barnacle.

A petition sponsored by the Student Council and signed by over two-thirds of the student body has been

presented to the president of the college. It heartily endorses the plan as announced for the quarterly system and petitions those in authority for immediate and favorable action.

Anyone who has seen the College Journal of the Kansas City College of Osteopathy and Surgery must have remarked at the items of interest contributed to its columns by the local fraternity and sorority chapters. Do we presume too much in bespeaking a paragraph from each of the chapters at C. O. P. S. for each subsequent issue of THE WESTERN OSTEOPATH?

Nelson Allen Laird, a freshman from New England, is under contract for this season as baseball coach at Occidental College. Laird Gaird (as he is reverently called) plays he-man baseball, and his semi-pro experience makes him the logical man for the job. He percolates to and fro and fro and to 'n a fliv.

Our attention has been called to the quoit fest this side of ye campus pepper tree. The ancient pastime is indulged in chiefly by the mysterious members of the underworld, all of whom toss a mean iron.

Encouraged tremendously by the showing in the practice game, the boys have arranged a game with the Y. M. H. A., on the gym floor of the Central High, and a second game with the L. A. Gas quintet has been booked.

How about some support?

Someone suggested for a class motto: "Oi, oi, gervalt! My blood I should shed it? Who wants it? Going—going—!"

The college assembly hour has been definitely set at 1:15 p. m. Wednesdays. We feel sure of two things: first, the new student administration under Mrs. Lillian Harris has paved the way to increased and consistent assembly attendance, and second, any one, whether student, friend, or field folk who can make connections should certainly be at the college to enjoy the programs.

At the assembly of March 7 we were interested and entertained by Marion Tracy Whiting, M.D. and J. W. Scott, D.O.

After Dr. Scott had cited several case histories illustrating the phenomenal success attendant upon the use of hydrotherapy in conjunction with regular osteopathic treatment, the college quartette, Ostrom, Painter, Litt and Pringle, rendered a comedy song which the doctor had written. The catchy strophe:

"Thru am I with the doctors,—

Thru forever and aye—"

is with us yet, lest we forget, lest we forget.

The doctor then gave us a splendid reading of several of his verses which took by storm. The far-famed Clara, some lazy osteopaths, and the A. M. A. came in for a round of roasts. To quote Dr. Scott:

"It may not be that God loves M.D. As well as he loves D. O."

Dr. Whiting contributed her scintillating wit and personal magnetism to the occasion, and afforded a deal of fun. Her varied experience as public speaker, community singer and entertainer while affiliated with the war camps have assured her every audience of a treat. All of her renditions were clever, and we were par-

ticularly attracted by her recitative interpretation of Ella Wheeler Wilcox's poem, "Ships at Sea."

We wish to express our hearty appreciation of their efforts by thanking both Dr. Whiting and Dr. Scott for their entertaining contributions.

The following assembly speakers are announced:

March 14, Mr. Buron Fitts, assistant director of Crime Committee, who is a past State Commander of the American Legion, is to speak.

March 21, Mr. Reynold E. Blight will speak on the "Progress of National Education." Mr. Blight is an authority on the subject of education. His information is first hand, gained from a personal survey of school conditions thruout the United States.

March 28, Dr. Lillian Whiting. Her subject has not yet been announced, but we are assured of something worth while.

April 4, Dr. John Comstock, who talked to us one day about the "Snow-white Plume," will give an illustrated travelogue covering the area of The Great Basin.

April 18, Dr. R. N. Donaldson, the pastor of Beverly Hills Presbyterian Church.

These dates will be interspersed with entertainment furnished by each of the college classes, talent to be commandeered and later confiscated.

The following elections have been announced from the sub-freshman class:

President, E. L. Garrison.

Councilman, N. D. Weed.

Alternate, Margarette Morton.

Be there! Friday evening, March 16, Dr. Lillian Whiting has offered the use of her home for a big college get-together. Your favorite entertainment and a royal welcome are in store. Save the date! Take the Pasa-

dena Short Line to Bank street, South Pasadena, and walk to 1315 Fair Oaks avenue.

AMONG THE ALUMNI

The success of the alumni column depends entirely upon the alumni. If you find anything of interest in this column, it is the contribution of some other alumnus or alumna, so please do not delay, but send your items to Dr. P. T. Collinge, 907 Washington Building, Los Angeles, California.

In response to our request for a message to be transmitted to the alumni through this department, Dr. Edward T. Abbott, President of the Associated Alumni of the C. O. P. S., has written the following:

"These columns are to be devoted to news items from members of the Associated Alumni. Dr. Collinge has consented to assist the regular staff in gathering this material. Any one having any news or 'gossip' should send it to Dr. P. T. Collinge, 907 Washington Building, Los Angeles.

"During the fall of 1922, while the profession in California was busily engaged in passing initiative measure Number 20, your President appointed a committee of thirty leading alumni members, all of whom were near Los Angeles, and held a meeting at the Maryland Hotel, Pasadena, for the purpose of devising ways and means of selecting a candidate for the Board of Trustees for our Alma Mater. This committee selected a sub-committee, which is ready to report. This report will be mailed to all alumni, and calls for a mail ballot. The name of the osteopath receiving the highest number of votes will be handed to the Board of Trustees of the College of Osteopathic Physicians and Surgeons as our nominee.

"The College is going good this year, but there are problems continually coming up, and the best service our organization can render is to help in solving them.

"Remember the annual banquet in connection with commencement week.

"Faternally,

(Signed) "EDWARD T. ABBOTT, D.O.,
"President."

A lady with whom we were recently talking relates that during a church service which she was attending a man in the congregation fell out of his seat. He was carried to an adjoining room and a medical doctor attended him. In a few minutes the doctor consulted with the minister, and the latter then reported the man was dead. At this point a woman osteopath asked if she might examine the man, saying that as long as he was dead, it could not hurt him if she tried some treatment. After a few minutes of osteopathic treatment the apparently dead man was breathing again, and in a few weeks was back at church. The modest doctor was Dr. Elizabeth Rosa, C.O.P.S., June '16. We wonder how many osteopaths have as much faith in osteopathy as Dr. Rosa.

Mrs. R. M. Roberts, wife of Dr. R. M. Roberts (C.O.P.S., June '16), of Seattle, is visiting her mother in Los Angeles this winter.

Drs. Walter R. Elerath and Ora Webb Elerath (C.O.P.S., June '22 and June '18) had a call about six weeks ago to meet the stork at the home of one of their patients, and after an all-night conference with this interesting bird, returned to their home in Hollywood Park to find it had burned completely down. They will rebuild in Hollywood. Dr. Walter Elerath finished internship in mental diseases and will specialize in psychiatry.

On March 1 Dr. Leonora Grant, Treasurer of the O. W. N. A., moved her offices to 420-21 Joshua Green Building, Seattle. Those members who have not yet sent in their dues, or who have other occasion for communicating with Dr. Grant, please take notice.

Married: Dr. Lulu Malone (C.O.P.S., June '22), of Hemet, California, to Dr. John Steele (C.O.P.S., Jan. '23), of Santa Monica. They are located at 721 Santa Monica Boulevard, Santa Monica, California.

Born: To Drs. Earl R. (C.O.P.S., June '15) and Avis Hoskins, of Chicago, a daughter, November 4, 1922.

Dr. Grace Shank (L.A.C.O., June '14), who was reported in the last issue as located in Anaheim, California, is now in the Junior Orpheum Building, Los Angeles.

Dr. T. W. McAllister (C.O.P.S., June '15), who has been practicing at New Westminster, B. C., is now located at 1601 Courtney Avenue, Los Angeles.

Drs. Ralph A. Hix and Ralph D. Hoard (C.O.P.S., June '20 and '22) have opened new offices in the Wilshire Building, Sixth and Western Avenue, Los Angeles.

Dr. G. W. Woodbury (C.O.P.S., June '22) has opened offices at 204½ West Main Street, Alhambra, California.

Dr. Carolyn Dryer (C.O.P.S., June '16), formerly of Wailuku, Maui, T. H., is conducting the practice of Dr. Peryl B. Magill (C.O.P.S., June '12) at Santa Ana, California. Dr. Magill is practicing this year in Honolulu, after which, we understand, she expects to continue her trip around the world.

INTERNSHIPS OPEN TO WOMEN

Dr. Fannie E. Shutts (L.A.C.O., Jan. '14), formerly of Oakland, is now at 1729 Las Palmas Avenue, Los Angeles. After leaving Oakland, Dr. Shutts practiced in Ogunquit, Maine, for a time, and then served an internship of one year and four months at the New England Hospital for Women and Children in Boston. This hospital is an allopathic hospital and has the oldest training school for nurses in the United States. The institution maintains a most excellent maternity service averaging from sixty to eighty deliveries a month, and through the efforts of Dr. Shutts internships are open to the women of our profession. We suggest that anyone interested get in touch with Dr. Shutts.

Dr. C. E. Abegglen, of Colfax, Washington, recently had a two-column article in the *Colfax Gazette*, entitled "What Birds Do for Us."

While a heavy snow was on the ground in Portland, Dr. L. R. Purkey put on a bathing suit and gamboled in the snow in one of the city parks. The result was a write-up in the

News of that city, with two photographs showing Dr. Purkey in the snow.

Whether ice cream is a necessary food baffled a sub-committee of the Dominion of Canada Cabinet at Ottawa recently. The National Dairy Council contended that ice cream was a food, used by rich and poor, and hence entitled to second class rating by express companies. The Railway Commission demurred, saying it was a luxury. Express company representatives called it a manufactured article.

The Western Osteopath

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C. B. ROWLINGSON, D. O., Managing Editor

MAN APPARENTLY DEAD RESTORED TO LIFE BY OSTEOPATHY

That a man apparently dead had been brought back to life by osteopathic treatment was the startling news contained in a brief item sent to THE WESTERN OSTEOPATH by Dr. P. T. Collinge for inclusion in the Alumni Department which he is now conducting.

Realizing that here was news worthy of being featured on the front page of a newspaper, we sought additional details and found that the unusual occurrence had come to the attention of some of the newspapers and that reporters had tried to get details from the osteopath who had treated the man. Their efforts had not met with success, as the osteopath wished to avoid the appearance of seeking personal publicity.

The scene of the phenomenal happening was one of the Los Angeles churches, and the time was during a Sunday morning service. The minister was in the midst of his sermon when one of the men in the congregation fell from his seat to the floor, unconscious. He was carried from

the church auditorium to a small room adjoining, where he was attended by an M. D. who happened to be in the congregation. An osteopath who was also present at the service went to the room to see if she could be of help, and arrived just as the medical doctor, with his finger on the man's pulse, was telling the others present that the man was "about gone." A moment later he pronounced the man dead. Turning to the others and seeing the osteopath (with whom he was acquainted), the M. D. remarked that he was sorry he had no hypodermic with him. Some one asked if he couldn't go for it. The doctor said it would take at least fifteen minutes. but that he would try it.

On learning that the man was dead, the minister announced the fact from the pulpit, offered prayer for the deceased, pronounced the benediction, and the congregation left the church.

In the meantime, and while the M. D. was on his way to get his hypodermic equipment, the osteopath be-

gan working on the apparently lifeless form. In a few minutes she was rewarded by signs of returning life. She continued her work, and by the time the M. D. returned the man was conscious and able to be taken home. The M. D. stated to those present that the man owed his life to the treatment given by the osteopath.

For some time afterward, when the man met acquaintances who had been in the congregation and had heard the minister announce that he was dead, they looked at him in amazement. "I thought you were dead!" or some similar remark was made to him by a number of people. The feelings of the man under such circumstances can better be imagined than described.

We asked the osteopath what kind of treatment she had employed, and learned that it was vigorous percussive stimulation on the precordium, followed by artificial respiration similar to that used on drowning persons.

"The pen is mightier than the sword," and (sometimes at least) osteopathy is mightier than the hypodermic.

FOR STATUE OF DR. GEORGE STILL

A movement to erect a monument to the memory of the late Dr. George Still was initiated at an assembly of the students of the American School of Osteopathy in Kirksville, February 21. At this meeting \$594 was subscribed, and with this as a nucleus a drive for funds is to be conducted among osteopaths in the field.

A cost of living survey prepared for the California state civil service commission shows that a laborer with a wife and one child to support should receive not less than \$125 a month and a clerk with the same size family not less than \$173 under existing conditions.

ANOTHER HEALTH MAGAZINE

A middle-aged music teacher was proudly exhibiting his first-born, aged three days, to a group of admiring friends who had called.

"What is his name?" asked one.

"Well, you see, it's this way," replied the musician. "My wife and I haven't agreed on a name yet, so for the present we just call him opus one."

So it is with the first number of *Right Living*, a new health magazine for the laity, published by the Williams Publishing Company. The issue has no month or year designation, but is simply "Number 1." A stranger picking it up would not know whether it was the current issue or several months old.

The publication starts off well, with material from the pens of Millard, Drew, Styles, Patrick, English, Van Brakle, Mansfield, and R. K. Smith.

An unusually attractive embossed cover gives the periodical a pleasing outward appearance. Inside, a high-grade paper is used, but the eye is assailed by crowded type pages, narrow margins, and poorly printed half-tones. The magazine deserves better typography. Possibly we are expecting too much of an infant, and time may bring improvement.

The Des Moines Still College of Osteopathy now has 200 students. They represent thirty states and three foreign countries.

The National Tuberculosis Association will hold its 1923 meeting June 18 to 26 at Santa Barbara, California.

He that thinks there is nothing new to learn about his particular line of endeavor has unconsciously found the reason why he is not a "big" man.—*Crooker.*

CLINICAL VALUE OF THE WASSERMANN REACTION

By C. L. NYE, D.O.

According to the experience of the best syphilologists and practitioners of this country and abroad, the Wasserman reaction is of inestimable value in the practice of medicine and surgery.

From a laboratory standpoint it is one of the most positive biological reactions when properly performed and controlled, as in over 98% of all typical positive (four plus or 100%) reactions, clinical evidence can be found to substantiate the laboratory findings. When a positive reaction is present it is of more clinical value than an albuminuria, glycosuria, presence of casts, hyperglycemia, increase of blood non-protein nitrogen, increase of blood urea, increase of blood creatinin and many other pathological changes found by our laboratory procedures. The only other disease that always gives a positive reaction is frambesia or yaws, a spirochetal tropical disease, which is not found in the temperate climates.

In an experience of more than six years with the Wassermann reaction in the college and in my own private laboratory, I have yet to find a typical four plus or 100% positive reaction in which some clinical evidence of syphilis could not be found.

As to the value of a negative report, there is still some disagreement, the following being an average of the number of positive Wassermann reactions obtained in cases exhibiting clinical signs of syphilis:

In the primary stages or stage of hard chancre:

| During | Positive reaction in |
|-------------|----------------------|
| First week | 36% of cases |
| Second week | 59% of cases |
| Third week | 68% of cases |
| Fourth week | 77% of cases |

Fifth week, 81% of cases
In secondary stages over 96% of cases give a positive Wassermann.

In tertiary stages over 87% of cases give a positive Wassermann.

In latent syphilis over 68% of cases give a positive Wassermann.

From the above figures it is evident that a positive reaction is of more value than a negative and that in the presence of other symptoms or history a negative report is to be disregarded in making a diagnosis.

As to the value of the Wassermann reaction as a guide or index to treatment, it is the consensus of those who are doing the most work along these lines, that the Wassermann is a fair index as to the value of treatment and that the disappearance of the positive reaction parallels the disappearance of symptoms and the clinical improvement, though there are some cases in which this does not occur.

There is as yet no standardized basis of reporting the results of the Wasserman reaction. Variation in the manner of reporting is one of the factors which has led to misunderstanding and sometimes to misinterpretation. The usual and most common method in use today is the one devised by Citron, in which a positive reaction (or complete inhibition of hemolysis) is reported as 100% positive or four plus (+++), a negative reaction (complete hemolysis) is reported negative or (0), while between the two are reported the so-called partial positives. It is here that most of the disagreement about the Wassermann reaction arises. Reactions in which there is a slight hemolysis but the majority of cells are inhibited are reported as three plus (+++) or 75% positive; those

in which about half of the cells are hemolyzed and half are inhibited are reported as two plus (++) or 50% positive, and those in which the majority of cells are hemolyzed and only a few are inhibited are reported as one plus (+) or 25% positive. The other method used somewhat frequently, is based on the so-called two plus system of Thompson in which case the reports would equal the following in the four plus system: Two plus (++) equals the four plus (++++), one plus (+) equals about the same as a three plus (+++), plus minus equals about one plus (+), the negative being the same in both systems. Some laboratories report on a three plus system (+++) and have to be interpreted accordingly, while a few laboratories report only positive and negative with no partial reactions. It is agreed that in 99 out of 100 cases with a four plus (++++) reaction that the patient has or has had syphilis, that a three plus (+++) is strongly indicative of syphilis, that a negative report does not rule out syphilis and that the partial positives are of great value in following up the efficiency of treatment.

Kolmer has recently devised a new quantitative modification of the Wassermann reaction whereby the amount of specific reacting substance can be closely titrated. Evidence so far shows that the method follows very accurately the clinical course of the disease.

SUMMARY: A positive (four plus) Wassermann reaction means in 99% of all cases that the patient is syphilitic.

A negative report does not necessarily indicate that the patient is non-syphilitic. If other positive clinical evidence is found, a negative report is to be disregarded.

Partial positives are to be inter-

preted with caution and then along with other symptoms and are not to be called positive unless substantiated by other evidence. In checking the course of treatment, however, they are invaluable.

When properly performed and controlled the Wassermann reaction is one of the most dependable and valuable of our laboratory procedures.

THE "OUTCAST"

[Harry Ellington Brook, N. D., in Los Angeles Times]

A Los Angeles physician writes to me as follows, in regard to a "contraption" that is causing much discussion among the credulous:

"The 'outcast' is a sealed box, with a little oscillating and noise-making contrivance on top. Small magnetic coils make the clapper go. Many binding posts, or 'stations,' are also on the box. To these posts wires can be attached and conducted to patients, near by or at a distance. Only one wire gets to a patient, and at the end of that wire a wet pad can be attached. The pads I examined had been wet with water containing red pepper. A pad is placed over the patient's left side while he sits and listens to the 'ticking of the clapper.'

"By means of various instruments I examined to see if any current were coming out of the box. None whatever was in evidence. The patients were getting their daily 'treatment,' but nothing was coming from the sealed box except the 'noise.' The wet pad made the side of the patient red, from its irritating effect. This made the credulous patient think he was 'getting something good.'

"I examined the inside of one of the 'outcasts.' To each binding post were crudely attached little coils of wire with 'dead ends.' The leading-in, or feed wires, activated the little clapper coils on the top of the box. There

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was a little condenser as well as a small coil inside the box, but the wires from them are all 'dead-enders.' No current could go from these dead-enders to the binding posts and to the patients.

"I examined an 'improved outcast,' and that did give off from its condenser and coil a spark about a quarter of an inch long. I have seen much more current come from a cat's back. Any number of 'stations' or binding posts can be put on one box. No wonder that one brand of outcasts is sold or rented to the doctors only after they sign a contract not to open the sealed box."

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COUE AND MENTAL ADJUSTMENT

By HARRY PAINE, D.O.

Oregon City, Oregon

Interest in Emile Coué and his method of treatment by autosuggestion has become so widespread that scarcely a day passes without running into the subject.

My first introduction to the subject was from a local attorney whose thirteen-year-old boy had been sent to a different part of the country every winter on account of asthma. He could manage to worry along here during the summer vacations, but about time school began in the fall he would begin to have attacks of asthma, sometimes several during the night. This man got hold of "The Practice of Autosuggestion" by Brooks and began trying suggestion and having the boy use autosuggestion on himself by repeating the sentences

and affirmations according to the directions of Coué. The result is that this winter for the first time the boy is staying at home and going to school, and the father told me a few days ago that without doing another thing other than they had been before, the boy had not had an attack of asthma for over thirty days, and he was sleeping all night without so much as waking up.

M. Coué says himself that faith is necessary to effect a cure. Some of those who use his methods claim to cure all sorts of pathological conditions but Coué does not make such claims. Coué says frankly that he can cure no one, but that it is all within the power of the patient. He (Coué) only shows the way. While

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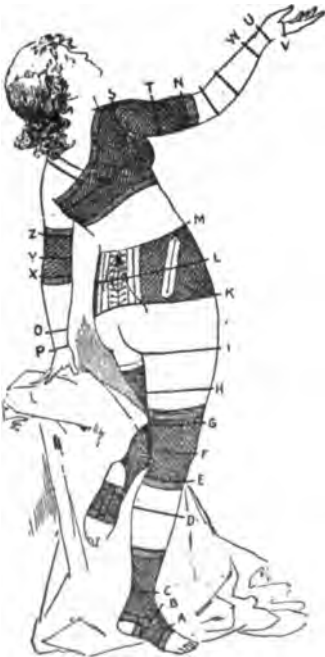
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I cannot accept all of the claims of cure, I do know that faith plays a big part in all successful methods of healing, and in some cases it is faith more than anything else.

Recently I ran across an account of a method that was used thousands of years ago to cure diseases, and it was considered at that time a very effective method. It was to take the urine of the patient and boil an egg in it until the urine was all boiled away, then bury the egg in an ant hill. As the ants made away with the egg the cure would take place. This method was effective in as much as it created faith and hope in the patient's mind. The doctor sometimes does more good by the faith and hope he instills in the mind of the patient than the particular medicine or method of manipulation which he uses. You have heard people say that they felt better just as soon as the doctor stepped inside the door. The doctor who can arouse that faith and hope in his patients is always successful.

I wonder how many osteopaths have read "The Physiology of Faith and Fear," by Sadler. It has been a revelation to me and I can unreservedly recommend it. A prominent osteopath from the middle west made the statement a year or so ago in Portland that in time to come psychotherapy would be the predominating method of healing and I believe he is

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right, not that the old ten-fingered osteopathy will be discarded, but that psycho-therapy will be added to it, and we shall recognize lesions in the mind. Many people are ill because of pathological thinking and instead of correcting a bony lesion and letting it go at that we will recognize lesions in the thoughts, the subconscious mind, and treat them psychologically. Errors in eating we correct by diet. Lack of personal hygiene we correct by outlining hygienic measures. If we find an innominate lesion causing congestion in the pelvis we correct the innominate. We get at the cause, and when we find a cause to be in the workings of the mind, then that is the place to do our adjustment.

The correction of bony lesions often helps remove the thought even though we may not recognize it, but how much more efficient would our work be if we recognized both lesions and

worked to that end!

I do not mean to underrate ten-fingered osteopathy, but I would like to emphasize the fact that there are other causes of sickness besides bony and soft-tissue lesions and we should treat them accordingly.

We get surgery, hygiene, dietetics, and manipulations in college—they are taught as subjects—but what psychology we get is largely on the side and from reading and experience after we get out in the field, and when we get our own state board I hope there will be more time devoted to psychology and perhaps not so much to other things, but I will admit that at present we haven't much chance.

There is some good in all methods of healing, and it is not necessary to reject the good because we cannot accept the whole. We do not reject the heart of the wheat because it is mixed with chaff.

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THE DECLINE OF DRUGS

"A majority of people have a belief in the capability of the family physician, and in physicians generally, that is well nigh equal to their belief in their accepted brands of religion. Why? Because they have sifted the evidence and determined that the doctor's work is effective? Isn't it rather because they were taught to believe in doctors even before they left the cradle, and have followed them blindly ever since? Long belief in a given proposition, while not easily uprooted, does not, of course, prove anything. People for years accepted without question the idea that the world was flat. And even within my own recollection it was an offense both rare and heinous not to believe that there was a hell of actual fire and brimstone. Today I do not know a single intelligent individual who takes his hell quite that literally. Yet if the brimstone hell once existed, it doubtless does still.

"So it is with doctors. If the medicine they gave us years ago was a good thing to take, we ought to continue taking it. But today the best physicians are those who give the least medicine.

"On the morning that I started to write this, I read a health article in a Washington newspaper in which a (presumably) eminent physician advised against the taking of drugs or chemicals in stomach or bowel ailments. If drugs should not be taken into the stomach, for stomach trouble, in heaven's name when should they be taken? How often do you hear a friend speak enthusiastically of his favorite doctor: 'Oh, he's a perfect wonder! So sensible and practical. You know, he gives almost no medicine!' That has come to be the highest form of praise.

"Any intelligent doctor is willing to admit that the use of medicine in

treating ills is on the wane. He admits, too, that many of the medicines given to us years ago did no good, and in many instances did actual harm."—Fred C. Kelly, in *Cosmopolitan*.

LIBERTY HOSPITAL NOTES

Liberty Hospital, of St. Louis (Missouri) will have fifteen interns in the new building. Ambulance and out patient work will be assigned to special squads. Internship will be granted on competitive examination and is compulsory for one year service. Graduates from recognized schools only are admitted for examination.

Next internships will be given in August, 1923. Those desiring to intern should file application now with Liberty Hospital, 4267 Delmar Boulevard, St. Louis. John H. Crenshaw, Surgeon-in-Chief.

Liberty Hospital Training School for Nurses was established at the same time as Liberty Hospital and was accredited by the State Board of Missouri and graduated its first nurse June 9, 1922. This nurse passed the State Board examination with an average of 87 per cent. We are rather proud of this record, as Liberty Hospital was established Armistice Day, 1918.

The school is now preparing a new home, which will be completed at the same time as the new hospital. A campaign for 100 pupil nurses is now on for service in the new building.

This is purely osteopathic, and the larger the classes we can graduate, the better for osteopathy. Any names of prospective pupils should be sent to Liberty Hospital Training School for Nurses. Mrs. S. P. Frazier, R. N., 4267 Delmar Boulevard, St. Louis, Missouri.

(Signed) G. N. ZIMMERMAN,
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APRIL OH

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—that's a new name for Osteopathy, coined by Dr. Warren B. Mack. He has written it for the April issue of "Osteopathic Health." It is a very sprightly and entertaining discourse which presents osteopathic diagnosis and therapy in a new way. It is very practical, will hold the reader delighted, amused and instructed from the first sentence to the last, not having a dull or heavy line in it, and it is brimming over with lesion applications to many different diseases. Don't miss this issue. It's conspicuously good. In fact, it's great!

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**USELESSNESS OF
 ANTIPYRETIC DRUGS IN
 FEVER**

Antipyretic drugs, prescribed, as a rule, in medium doses, given twice or three times a day, have no action whatever on the temperature curve. This statement is made by Dr. Paul Blum, lecturer at the Medical Faculty of Strasburg, in an article in the *Medical Press* (London). When in charge of a fever hospital during the war, he selected three groups of five patients, each at the same stage of typhoid fever and presenting approximately the same clinical appearances.

One group was given at regular intervals a cachet containing 0.65 gr. of antipyrine, 0.10 gr. of pyramidon, and 0.25 gr. of quinine sulphate. Five others were left without any antipyretic, and the treatment of the third group was abandoned. Of the first two groups, the temperatures were recorded, with the result that the patients who had been given antipyretics had a mean temperature of 38.4° C., while the others did not exceed 38.6°—a negligible difference. The absence of effect is, fortunately, without any bad effect upon the patient. The general belief among the public is that we must "bring down the temperature" at whatever cost. "The temperature curve is about the only thing in the course of disease that the public can grasp, and they follow it with ever-increasing anxiety, with the inevitable consequence that the patient is repeatedly disturbed for no useful purpose, and when the temperature remains monotonously high the doctor is thought to be unequal to his task." This is a popular error that ought to be dispelled. Fever is a salutary reaction—Nature's effort to render the organism an unsuitable medium for pathogenic microbes, and

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that we should probably do more good by raising it (if we could) than by pulling it down. It is a mistake for us to seek to deprive Nature of one of its means of defense. Fever eliminates from the organism the germs that cause the disease. Directly the internal temperature rises, the infective agents, ill at ease in a medium the temperature of which no longer suits them, seek to escape, and consequently they are found in the urine, the saliva, and in all the products of secretion by which they find a way out. No doubt this is the reason why the organism applies itself with such energy to maintaining the fever, and this in spite of antipyretics. The administration of antipyretics is, therefore, wrong, and proof of this is seen in the occurrence of the serious effects that not uncommonly follow administration of active doses of antipyretic drugs—namely, syncope, collapse, and heart failure. In large doses they are dangerous; in small doses they are inoperative.—*Pharmaceutical Advance.*

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"LET THE DOORS BE SHUT UPON HIM, THAT HE MAY PLAY THE FOOL NOWHERE BUT IN'S OWN HOUSE."

—*Hamlet.*

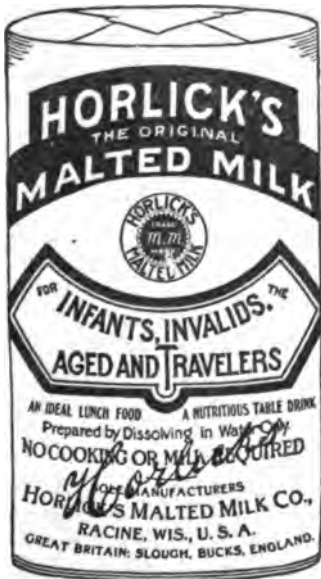
A man flourished a little over a hundred years ago in Connecticut. His name was Elisha Perkins, and he believed he could cure all of our ills by means of an instrument called a tractor. This wonderful machine, shaped like a pair of calipers, was made of copper, zinc, gold, iron, silver and platinum.

Perkins had only to stroke the sick one with this remarkable instrument and his ills vanished, thanks to the "galvanism" or "animal magnetism"

that it conferred. The vogue of this tool was amazing, not only here but in England. In the latter country Perkins worked his "cure" upon the highest people in the land. Riches and acclaims were showered upon him. But in a little while a skeptical doctor blew up his claims by showing that the same kind of cures could be got by stroking people with tractors of wood.

Then, about twelve years ago, we had the "oxydonor" (price \$35). A brass tube was attached to an ankle

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by a wire, and while you slept you were supposed to be filled with "life-giving oxygen." Investigation showed the pipe to be filled with iron filings. Thousands of testimonials were print-

ed, from those who had been "cured" by this device.

And now we have the Abrams "oscilloclast."

In an Eastern magazine a physician describes a visit to the Abrams workshop. Here are extracts from the article:

"Accompanied by a friend, I was ushered into an elaborate office and reception room. The stage properties were imposing. The place had a mysteriously oriental, exotic appearance. Expensive draperies hung from the walls. Huge bowls of bright-colored flowers graced the tables. Beautiful carved chairs with dragon-shaped arms stood about the room. The atmosphere reeked of necromancy and the black arts. After presenting names and credentials, we were conducted by a mysterious and discreet secretary into a darkened room—Abrams' 'laboratory.' In a narrowly confined glare of light stood a man, stripped to a little below the waist. Before him was seated Abrams, small, a little rotund, bald-headed, with shrewd, roving eyes. He greeted us cordially. He smoked incessantly, having a peculiar habit of breaking his cigarettes into a number of small pieces and taking a few puffs at each fragment. . . .

"Abrams is becoming very popular with many doctors, and they are flocking to San Francisco to imbibe the waters of his spring of learning. You will ask how this can be reconciled with the essential silliness of his doctrines and methods. The answer is a simple one. Doctors are flocking to him, but they are not the well educated or intelligent type of physician. This was revealed by a glance at the ten or more prospective disciples that filled the room. They were colorless individuals, obscure physicians, dentists, homeopaths, osteopaths, from all

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parts of the country. Conversation with them showed them to be even less acquainted with physics and electricity than their master. None of them showed a critical questioning attitude. They hung on Abrams' words, apparently regarding him as some sort of supernatural being.

"It is no wonder, then, that Abrams has succeeded in achieving fame and popularity among certain members of the profession. For the medical profession, like any other, has its lunatic fringe, ready to swallow without criticism any bizarre idea, so long as it is new."

A Los Angeles medical friend writes to me:

"This afternoon I had a call from a friend whose wife had been treated by the Abrams 'oscilloclast,' during a period of five weeks, for cancer of the intestine. Though reported 'cured' and free from every suspicious 'ohm,' she nevertheless died, two days ago. The doctor said she was 'too sick to stay cured,' and died without showing 'legitimate cause.'

"I have patients who, since they were officially and scientifically cured, have been worse off than before they paid their \$300 or more. The startling element in the electrolytic departure is the unflinching certainty by which the diagnosis reveals in almost every individual that comes within its vibrations the presence of either syphilis, cancer or tuberculosis.

"For every new departure in the realm of 'curative mechanics' we have a responsible, self-conscious physician less, and a spectacular, irresponsible theorizer more. When a physician shirks the personal equation, with its face-to-face, life-to-life responsibility in his dealings with a patient, he is not to be trusted with the introduction of the hypodermic injection, electric induction and oscilloclastic vibrations as standardized, legitimate agen-

cies in the treatment of human ailment. The healing profession is sorely tempted to turn into reckless, irresponsible gambles in the commercial rather than the ethical values of their treatment."—*Los Angeles Times Magazine*.

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finned largely to the nobility and wealthy classes.

Etiology.—The cause of golfosis seems to have some connection with an excess of leisure time. Although the disease is unquestionably brought on in most cases by accidental contact with persons already contaminated, it has not been proven that poor heredity predisposes to golfosis. It generally attacks persons between the ages of eight and eighty, although some



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cases have been reported above and below these ages. As regards proportion of sexes affected, the male predominates in the ratio of 5 to 1. The only races so far uncontaminated are the Esquimaux and the Bolsheviks.

Diagnosis.—The disease is characterized by its sudden onslaught. The disorder appears in full force from the beginning and so far demoralizes the patient that no help in fighting it

can be expected from that source. The fact that it breaks out immediately after exposure is a great aid in diagnosis, but a great disadvantage in treating it. The onslaught is followed by sleeplessness, irritability, and enormous increase in appetite; later little faults of memory appear, the patient misuses words and appears to become indifferent to the higher sentiments; he also loses interest in



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his family and in important affairs, errs in appointments, becomes inaccurate in handling simple problems in arithmetic, seldom being able to count above five without help, and is easily angered. He suffers from rushing of blood to the head, mild attacks of convulsions, and loss of the sense of time. He has moods of exaltation and depression, peculiarities and incoherence of speech, grandiose ideas of his athletic ability, and melancholic delusions about his handicap. Many show a tendency to gamble and quarrel.

Morbid Anatomy.—The physical changes show a great increase in the size of the chest, a peculiar gleam of the eye, and a great increase of heart and lung power and of general vitality.

Prognosis.—The disease is practically certain to run throughout the life of the patient. No case of complete cure is on record. The patient will probably not live more than 90 or 100 years, but with proper care he may remain active until the last and may be a useful citizen in spite of his affliction.

Treatment.—Owing to the hopelessness of these cases, the patient is usually committed to a country club or other institution of this sort, although many return to their homes at intervals. Since there is no hope of effecting a cure, it is best to make the patient as comfortable as possible and give him nourishing food. Be careful not to interrupt him in his ravings, and see that he is not burdened with business or professional cares.—*The Bloodless Phlebotomist.*



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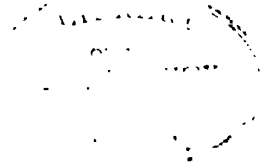
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Clinical osteopathy

THE WESTERN OSTEOPATH

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MAY 28 1923

"TO YOUR HEALTH"



MARCH, 1923

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THE WESTERN OSTEOPATH: VOL. 17, NO. 9. MARCH, 1923

Published monthly by the California Osteopathic Association at 799 Kensington Road, Los Angeles. Annual subscription, \$2.00. Entered as second-class matter August 25, 1922, at the postoffice at Los Angeles, California, under the Act of March 3, 1879.

To the Members of the **Osteopathic Profession** *in the West*

I presume that the present year has witnessed greater strides forward in the matter of osteopathic education than any year for some time. The establishment of a new, finely equipped and well manned osteopathic college, together with the improvement which has been made in the work of other osteopathic institutions, must certainly point to a strengthening in the work of osteopathic education during the past twelve months.

I believe that the west's osteopathic educational institution has kept pace with its sister colleges in this matter, and I am anxious that you should know just what kind of a school exists here, and knowing that I am anxious that you should give us the support which I feel that we have a right to expect in case the work of this institution merits your approval.

The laws enacted by the state legislatures in recent years and the demands which have come from the osteopaths in the field for a broader education have caused many of the osteopathic colleges to broaden their curriculum by the introduction of courses which were not originally included in an osteopathic course of study. Insofar as I am acquainted with these new courses I believe that their addition to the course of study is in general justified, provided, however, that the teaching of more of these courses does not result in a taching less of osteopathy.

We here at Los Angeles are at the present time committed heart and soul to the policy of turning out enthusiastic and well trained osteopaths who know how to take care of the sick osteopathically and who will be interested to do so when in practice. We have chosen our faculty to that end. We feel that there is a good reason from an osteopathic standpoint for the existence of every course in our curriculum of study with the exception of one, and that course is required by law, of those who wish to practice under the physician and surgeon license in this state.

We believe that a knowledge of the courses we are giving, an acquaintance with the faculty that is giving this instruction and a knowledge of the unusual opportunities which our students have of securing practical experience in the care of the sick will convince you that we are giving our students as high grade an osteopathic education as can be secured anywhere.

We are seeking capable individuals who have the ability to become high grade osteopaths. We desire your co-operation in nrolling such persons as students in September of 1923. We will appreciate having the names of such individuals sent to us for correspondence at an early date.

Very truly yours,

EDWARD H. LIGHT.

College of Osteopathic Physicians and Surgeons
721 South Griffin Avenue Los Angeles



DR. SENIOR: "Doctor, do you remember that old lady with the indolent leg ulcer I took you to see about three months ago?"

DR. JUNIOR: "Oh, yes—is she dead?"

DR. SENIOR: "Dead! I should say not. She's alive and kicking——"

DR. JUNIOR: "I presume it took many a can of your favorite 'cataplasma' to effect a cure——"

DR. SENIOR: "You mean Antiphlogistine——"

DR. JUNIOR: "Of course. What else?"

DR. SENIOR:—"When you have practised medicine as long as I have—and have seen the variety of cases benefited by Antiphlogistine——"

DR. JUNIOR: "Oh, I'm for it too, Doctor, strong."

DR. SENIOR: "I kept right on applying the remedy as hot as the old lady could bear it, and it so stimulated the circulation that new cells were formed—infection dissipated—tissue repair went on until the ulcer was entirely healed."

DR. JUNIOR: "Well, I can't see why she should be—'kicking'."

DR. SENIOR: "Oh, she's kicking at the size of my bill!"

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ALONG THE BEACH
Long Beach, California

THE WESTERN OSTEOPATH

Published by the
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Vol. 17

March, 1923

No. 9

THE CONVENTION HABIT

By GEORGE W. GOODE, D.O.

President of the American Osteopathic Association

How many there are in our profession who never attend conventions! They never get the habit. Feeling that they are sufficient unto themselves and can learn nothing more, they stay away. There are others who do not like the way things are run and are ever critical of the officers and those who have the management of the meetings. They can tell better how to do things than anyone else in private, but will not go on the floor and state facts. They expect folks to wait on them and do things only to their liking. They forget that we get out of life only what we put into it. They take no initiative on any subject, but expect always to be approached by others. They do not meet their fellows half way. After awhile they claim a clique is running things and they fall by the wayside, never attempting by their acts to have a voice in the affairs of state except as critics.

It is not necessary to present arguments and prove the facts that conventions are of unquestioned value not only to ourselves, but to the organization we serve.

Every constructive project, every material undertaking, every home, every street, town, city, state, and nation, everything by which we measure the progress of civilization was first conceived in thought, was first a clear-cut vision in the minds of some man or men before it became a reality.

Dr. Still's vision of osteopathy is what gave birth to the A. O. A. Thoughts are developed by exchange of ideas in some form or other. The tools and methods of every profession are the physical and tangible expressions developed by the exchange of ideas. Whatever the primary objective of a meeting may be, the method by which it arrives at success is through getting together and exchanging ideas, by the crystallization of ideas into some concrete program of action, and by careful conscientious work directed toward the execution of that program.

Our program chairman, Dr. F. P. Millard of Toronto, is arranging an intensive osteopathic program for the 1923 New York Convention and he is building up his structure along these lines. He is ever ready to exchange ideas with his fellows for the success of our great cause and it behooves you to feel free to send him any suggestions you have to offer for the good of osteopathy and the success of the convention. We do not believe in the rule or ruin policy, but feel that every D. O. in the land whether or not they are members of the A. O. A. have an opinion of their own.

If we can convince the stay-at-home that our theory is correct, he will agree that there is substantial benefit to him and his organization in attending national, state, and district meetings.

The D. O. who does not attend conventions designed to further the exchange of ideas and the progress of his profession is usually set down in the minds of his contemporaries as a know-it-all; in other cases they think he is too busy chasing dollars; or that he has spent so much money for non-essentials that he has nothing left to supply himself with the really important things of life; or he is the type of mentality which hopes to secure advancement by sitting on the tail of progress; or he hasn't gumption enough to pour water out of a boot if the directions were on the heel.

There is no doubt of the fact that conventions make a substantial contribution to the advancement of our profession and ourselves.

After all, it is success that we want: not partial or incomplete, but full and perfect. To be successful we must achieve, and all achievement begins in a dream, a thought, an idea. Before any man can produce or achieve he must aspire.

Ambition, progressiveness, vision, statesmanship are all but varying forms of elemental human ideas. Dreams and ideas are indeed the parent of all success. To be successful requires work. He who dreams and can do no more has an impractical vision which leads nowhere. The man who comes down to earth with his ideas and translates the terms of his vision into concrete, well-balanced effort actualizing in life and in fact, is a success. It must be steady, well-planned, and persistent work.

Conventions are the cradle of progress. Let us get together on the platform of A. T. Still osteopathy.

The new headquarters of THE WESTERN OSTEOPATH are at 799 Kensington Road, Los Angeles. Call and see us.

MUSIC BY OSTEOPATHIC BAND TO BE BROADCAST

The A. S. O. at Kirksville recently sent out the following announcement:

"The Osteopathic Band, together with the Orchestra and Glee Club of the American School of Osteopathy, are scheduled to entertain you and your friends by radio on the afternoon of May 13, broadcasting from the Kansas City Star. This is advance information in order that you may arrange to listen in."

TRANSPORTATION TO NEW YORK CONVENTION

The Western Delegation to the A. O. A. Convention to be held in New York City the week of July 4 will leave Chicago Thursday, June 28. They will arrive in New York for the special legislative and educational conferences which will be held at the Waldorf Astoria prior to the convention.

If you are a delegate or if you are interested in our legislative and educational future, even though you are satisfied with California for a time, get in touch with Dr. H. J. Marshall, Hippee Building, Des Moines, Iowa, Chairman of Transportation west of the Mississippi, as to details of the final arrangements. He is desirous of securing someone in the west who will take a special car or special train from the coast.

The tuberculosis death rate in the registration area in 1921 was 99.4 per 100,000 population against 114.2 per 100,000 population for the year 1920, according to figures issued by the Bureau of the Census. Colorado shows the highest adjusted rate (based on the standard million)—its rate of 173.8 being evidence of the attractiveness of the state to those afflicted with tuberculosis. The lowest adjusted rate of 36.7 is credited to Nebraska.

CERVICAL LESIONS AND CORRECTIVE TECHNIC

By MARY L. LECLERE, D. O.

Drawings by GRACE BEEKHUIS

That about 99 persons out of each 100 have varying degrees of the same cervical maladjustments is the contention of Dr. Joseph S. Amussen of Santa Monica, California, former A. T. Still Research Institute worker and sometime teacher of osteopathy in Kansas City and at the College of Osteopathic Physicians and Surgeons. Dr. Amussen has done much original research work on the cervical region, having studied the mechanics of the vertebrae on himself, on patients and on the cadaver. For years he carried cervical certebrae around in his pocket.

Dr. Amussen has found the same lesions so constantly that he has come to regard their absence as atypical. He recently examined every member of the senior class at C. O. P. S., and found only one atypical neck. This almost constant variation from the normal he thinks is probably due to the fact that we use one arm so much more than the other; it is almost a physiological adaptation. Yet it is not entirely physiologic, because it causes us discomfort; there is soreness about the lesioned joints. Whether we can permanently correct these malpositions, or whether our attempts to do so (putting the joints through their normal movements) merely assist the body to bring about a physiologic adaptation may be a disputed point, but from the patient's viewpoint, it is an unimportant one. What is important is that scientific corrective movements bring about complete and permanent relief.

He finds the following typical cervical lesions: the atlas is rotated so that its anterior arch has turned toward the left and its spinous process toward the right; that is, the atlas is anterior on the right. Some of us were taught to call this "occiput anterior on the left." But he thinks the fault is with the atlas as it rotates goes up on the right and down on the left, thus in its altered two bones is changed, the occiput continuing to face straight ahead.

The atlas in its rotation takes the axis with it because of the fact that the atlas as it rotates goes up on the right and down on the left, thus in its altered position bearing down heavily on the left articular process of the axis. The axis being a wedge-shaped bone (Fig. 1) slips out from under this weight by moving toward the right. At the same time it rotates so that now both the atlas and axis are anterior on the right.

The left articular process of the third cervical feels the increased weight from above and slips out from under it by moving forward and up on the second. The third then becomes anterior on the left. The fourth and fifth also become slightly anterior on the left. (Fig. 2.) The third, fourth and fifth become posterior on the right (Fig. 2), forming a regional posterior curvature on the right. It will be noticed that in speaking of the position of a vertebra he refers to its position in relation to the vertebra above. Some of us were taught to always name the lesion by giving the position of the vertebra in relation to the one below. What he calls a "fifth posterior on the right," some of us would call a "fourth anterior on the right." He says the fifth is posterior to the fourth. Others say the fourth is anterior to the fifth.

Now the sixth and seventh cervicals and first dorsal slip up and forward on

the right. The first rib is always higher on the right than on the left.

This then is our typical neck: First and second anterior on the right; third, fourth and fifth anterior on the left, posterior on the right; sixth and seventh cervical and first dorsal anterior on the right.

Not only is the above to be discovered by palpation, but the bones themselves tell the story.

Here is what the writer reads from a set of cervical vertebrae picked up at random: The articular process of the atlas is narrower from above downward on the right side than on the left (Fig. 3). The right superior articular facet is flatter and extends back farther than the left facet (Fig. 4). These changes are obviously due to the fact that in the rotated position of the atlas the right articular process had to bear more of the weight of the occiput than did the left.

On the other hand, the left articular process of the axis is narrower from above downward than the right articular process (Fig. 5), and the left superior and inferior articular facets are flatter and wider from before backward than the right facet. This shows that the axis had good reason for trying to slip from under the increased weight which the rotated atlas imposed upon it on the left.

The articular surfaces of the third, fourth and fifth are slightly wider from before backward on the left than on the right. The bones I have in hand show that the left articular process of the third actually rubbed against and wore away part of the transverse process of the second. The left vertebral foramen of the second has become a notch partly surrounded by bone instead of a circle entirely surrounded by bone. There is a pronounced notch in the articular process of the third where it was in contact with the transverse process of the second (Fig. 6).

The bones show very clearly that the first dorsal was jammed up tightly against the seventh cervical on the right. (Fig. 7.)

Palpation: When the atlas is anterior on the right its right transverse process is felt nearer the ramus of the mandible and farther from the mastoid process on the right than on the left.

Palpation of axis anterior on the right: The right articular process may be felt as more prominent than the left. A surer method is the following:

Patient on back. Operator stands at the head of the table. The tip of operator's two forefingers rest against the spinous process of the axis, one on either side, while the tip of the thumbs rest against the angles of the jaw. If the axis is rotated anterior on the right the distance between the spinous process and the angle of the right jaw will be found less than on the left. Lest we be dealing with a deflected spinous process check the above palpation by letting the tips of the forefingers rest against the articular processes of the axis, one on either side. Place the tips of the thumbs against the angles of the jaw. If the axis is anterior on the right we again find the forefinger and thumb of the right hand closer together than those of the left hand.

Palpation of the third cervical: If the left articular process of the third has slipped up and forward on the second its transverse process will be found more prominent on the left than on the right. The same is true for the fourth and fifth.

Drawings Showing Cervical Irregularities

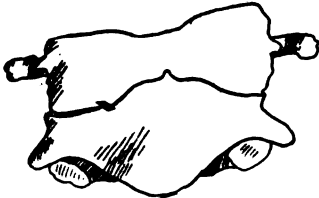


Fig. 1. Shows why the axis, being wedge-shaped, slips out from under increased weight on the left.

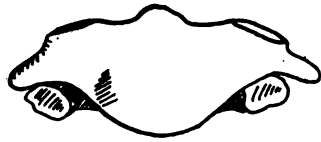


Fig. 5. The left articular process of the axis is narrower from above downward than the right, showing that the axis had good reason for trying to slip out from under the increased weight which the rotated atlas imposed upon it on the left.

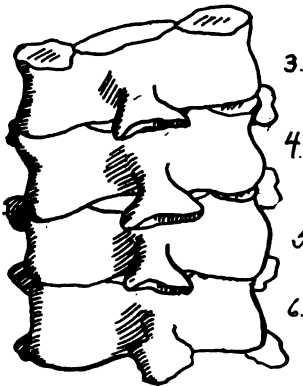


Fig. 2. Third, fourth and fifth slip up and forward on the left.



Fig. 6. Showing how part of the left transverse process of the atlas has been worn clear through. Also showing notch on the articular process of the third where it was in contact with the transverse process of the second above.



Fig. 3. The right articular process of the atlas is narrower from above downward than the left; showing that in the rotated position of the atlas the right side bears more of the weight of the occiput than the left.

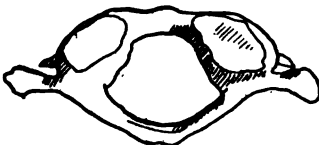


Fig. 4. The right superior articular facet of the atlas is flatter and extends back farther than the left, showing that it received more of the weight of the occiput than the left facet.



Fig. 7. Showing how first dorsal was jammed against seventh cervical on the right.

We have said that on the right the third slips down on and posterior to the second; fourth down on and posterior to third; fifth down on and posterior to fourth. This causes a regional posterior curve on the right, which may be distinctly palpated as a posterior convexity formed by the right articular processes (Fig. 2), while a corresponding posterior concavity is felt on the left (Fig. 2).

The first rib is felt higher on the right than on the left.

CORRECTIVE TECHNIC

Dr. Amussen's corrective movements are very specific and have proven effective where all other technic had failed. The writer will testify as to that. If the reader has been not following the foregoing exposition with bones in hand, he is warned that if the following technic is to be understood he must study the bones as he reads it.

First to be corrected is the atlas anterior on the right. This is corrected by fixing the atlas and rotating the occiput to the left. Patient lies on back; head extending a few inches beyond the end of the table. Operator's abdomen makes steady pressure against top of patient's head; operator's left hand grasps patient's chin but takes no active part in first part of movement. Operator's right hand grasps the occiput underneath and carries it around in circumduction, being assisted somewhat by the swaying of his body as it presses against the top of patient's head. Be sure that the movement of circumduction is localized in the occipito-atlantal joint and not spread out along the whole neck. During circumduction the patient's face is gradually turned toward the left until the limit of rotation seems reached. Now stop circumduction. Right hand now merely supports occiput; right thumb on the right transverse process of the atlas or on the muscles which attach to the transverse process holds the atlas immobilized. The left hand now rotates the occiput on the atlas by rotating the chin still farther to the left, at the same time lifting it up in slight extension (occipito-atlantal joint is incapable of a pure rotation).

Axis Technic. Pressure on its left articular process caused the axis to slip toward the right and also to rotate anterior on the right. Therefore in the attempt to correct it put pressure on its right side. Patient lies on back; head extends a few inches beyond the end of the table. Operator's abdomen presses firmly against the top of patient's head, which is sidebent toward the right. The thumb and forefinger of operator's left hand rests against the articular and spinous processes of the axis to assist its rotation; the radial side of forefinger of the right hand presses against the right articular process of the axis to push it toward the left. With hands in above positions and maintaining constant sidebending and pressure on top of head carry the axis around in circumduction toward the right. That is, the body of the axis rotates toward right, the spinous process toward left. It can often be felt and heard to glide into position. If it does not, shift the right hand to the chin. Left hand remains in original position and operator's body still maintains sidebending and pressure. Circumduct as before and at the end of circumduction, the head being extended and still side-bent, assist rotation of axis by rotating the chin slightly toward the right. It is an exceedingly stubborn lesion which does not yield. This movement does not pop any joint but

the operator has the satisfaction of feeling, and often of hearing, a distinct gliding of the bone as it moves toward the normal position.

Correction of the Third: It will be remembered that the left articular surface of the third has slipped up and forward on the second. Patient on back. Throughout this movement the operator's body maintains *light* pressure on the top of the patient's head. Operator's right hand rests on patient's chin; thumb of left hand on left articular process of third. Rotate patient's face to the right until chin points toward right shoulder. In this position flex neck by pushing chin back and down. This part of the movement causes the left inferior articular surface of the second to glide up and forward on the articular surface of the third. Now, holding this flexion, rotate face straight over toward left until it faces midway between sternum and left shoulder and the slack is taken out of the tissues. Quickly flex by pushing chin back and down. The operator should feel and hear a little click as the articular surfaces of the second and third separate. Now, maintaining the rotation, lift the chin in extension. This restores the normal relationship of the bones.

To correct third, fourth and fifth, posterior on the right. This is best done on the stool. Operator stands to left of patient; his left arm maintains pressure on top of patient's head; his left hand grasps patient's chin. Flex head and rotate it toward right to be sure first and second are in proper alignment. Place web between thumb and forefinger of right hand back of the articular processes, so that it rests against the convexity of the curve made by them. Patient drops shoulders forward, and as he does so operator lifts on chin so as to extend neck. At the same time he presses forward on the convexity of the curve, thus causing the convexity to become a concavity.

Sixth, seventh and eighth are up and forward on the right. Finger of operator's hand holds down on right rib while operator's left hand side-bends patient's head to the left, then quickly rotates and side-bends toward the right.

When I first began to be a patient of osteopaths, and for some years thereafter, no osteopath that I was treated by, in any part of this country, from Portland, Maine, to San Diego, California, ever once suggested that I should take a drug. Within the last few years—four, to be exact—I have been astounded and disgusted and disheartened by the steadily increasing number of osteopaths to whom I resort who advise me to take some kind of internal medicine.—*Charles Edward Russell.*

So long as osteopaths care about nothing except the fees they are going to receive, just so long they are going to injure and impair the prospects of your noble profession. There is something else involved in this thing besides fees.—*Charles Edward Russell.*

There are many diseases that can be cured by osteopathy that the old school men can not touch at all—can not benefit in any way.—*Charles Edward Russell.*

CIRCUIT CLINIC TRIP BY DR. DAYTON B. HOLCOMB

That the trip made by Dr. Dayton B. Holcomb was one of the most successful in the history of the Western Association Circuit Clinic is attested by the letters that have come to the office of the Secretary-Treasurer. Here are a few extracts:

"Dr. Holcomb is an artist in his work. It was worth many times what it cost us. * * * Dr. Holcomb's work cannot be too highly praised."

"Dr. Holcomb has been here and gone. He is a gentleman, with a head full of good, helpful, practical and common sense things and not hot air theories. I have been getting fine results with his methods. Our Local Society is very grateful to him for the excellent work he gave us. It certainly is a pleasure to know him."

"We had a fine meeting here. Dr. Holcomb showed his slides and discussed cases with various ones. He demonstrated his technique and made many very valuable suggestions regarding treatment. The talk was along practical lines and all were highly pleased with what he offered. Judging from what I have seen and heard, this has been by far the most successful clinic meeting held here."

The following is taken from the Bulletin of the Western Osteopathic Association:

Dr. Dayton B. Holcomb, who is to make the first Circuit Clinic trip of the 1923 season, has studied and done research work in both America and Europe. After graduating from the Chicago College of Osteopathy, he continued his studies at the Physio-Medical College of Chicago and at Loyola University. The former, altho known as an allopathic school, taught the use of non-poisonous medicines. While a student there Dr. Holcomb studied physiological chemistry under a professor who had been educated in the University of Vienna, and together they conducted many experiments on animals and on themselves which conclusively proved that such drugs as strychnine, nux vomica,



Dr. Dayton B. Holcomb

arsenic, opium, morphine and its derivatives are deadly poisons which should not be permitted to enter the body except in cases of emergency, and then for only a short time.

In 1913 Dr. Holcomb went to Paris, where he studied in the Pasteur Institute and under Metchnikoff. Later he went to Vienna. In the University of Vienna he spent from eight to sixteen hours daily in the laboratories and dark room, watching the patients pass behind the fluorescent screen and observing their stomachs and intestines at work. After viewing and studying hundreds of cases he reached the conclusion that without seeing, we could never be able to fully understand autointoxication. The object of all of Dr. Holcomb's research work has been to find out to what degree ptosis of the organs below the diaphragm influences the secretions and excretions of the glandular tissue. Years of intensive observation and study of thousands of abdomens thru the fluorescent screen, together with a correlation of the laboratory findings, have given him a solid scientific foundation for the original methods

of diagnosis and treatment which he has developed.

Thruout his work Dr. Holcomb has never lost sight of the osteopathic concept, believing that it is only thru physical methods of treatment that these sufferers can be saved to more useful lives.

"There is no recognized surgical authority in the world today who will advise an operation for ptosed stomach or transverse colon, so you see it opens a great field for osteopathy," said Dr. Holcomb recently. "I firmly believe that the cure of carcinoma, arteriosclerosis, diseases of the heart, diabetes, Bright's disease, paresis, paralysis, rheumatism, melancholia, epilepsy, and in fact most of the dreadful diseases of adult life, can be traced to lesions of the proximate principles of the body; and to me the most gratifying feature of my work is that I can give it all to the osteopathic profession."

OSTEOPATHS NEEDED IN ONTARIO, CANADA

The following was recently received from Dr. A. E. Byerly of Fergus, Ontario:

Graduates from California will find that Ontario offers a fine field for practice. I am located in a place of 1,800, but have a surrounding community of twenty miles to cover and patients come here from a distance of 100 miles for treatment. In the year and four months here I have had a very fine practice.

The Royal Alexandra Hospital, which has been located here for twenty-five years, is owned by a medical doctor and surgeon, Dr. A. Groves, who has been in practice for fifty years and has performed more operations than any other surgeon in Canada. Operative cases come to him from all over Canada and the States. I lecture to the nurses in the training school on physiology, obstetrics, hygiene and public sanitation. This is the only medical hospital that I know of in Ontario which allows osteopaths to enter.

MISSOURI EXAMINATIONS

The Missouri Board of Osteopathic Registration and Examination will conduct examinations in Kirksville, May 23-24-25.

NEW MEXICO NOTES

The officers of the Osteopathic Women's Association of New Mexico are as follows:

President, Dr. Margaret Craigie Brewington; First Vice-President, Dr. Ethel Brittain Hunter; Second Vice-President, Dr. Mary Parsons; Treasurer, Dr. Daisy MacCracken; Secretary, Dr. Mabel Skeels.

They have more than twice as many associate members as active ones, and are proud of their 100 per cent membership.

The Albuquerque Osteopathic Physicians maintain a Mexican Clinic, admitting children to 14 and their mothers. They have given 2,000 treatments to approximately 300 patients. Acute and chronic diseases are taken. In the six years that the clinic has been maintained, 247 Mexican babies have been born under its care. Occasionally white people are patients in the clinic. Health talks are given by Dr. Margaret Craigie Brewington, Dr. Mabel Skeels and Dr. Daisy MacCracken. Osteopathic physicians are called to deliver 40 per cent of all Mexican babes born in Albuquerque.

A mother's thoughts and the food she eats, her worries and her physical condition, control her milk supply and baby's health. Baby is influenced by everything he hears said about him, from the time he is a month old.

Never discuss anything pertaining to a child's health, habits, disposition or appearance with others in his presence or in his hearing.

A normal, well trained child does not wet his bed after he is a year old.

OSTEOPATHIC GYNECOLOGY

BY DR. JENNIE C. SPENCER

Sixth Article

MALPOSITIONS OF THE UTERUS

Before we can discuss abnormal positions of the uterus we must first decide what is the normal position. There are many different opinions as to what should be the degree of flexion and version of the uterus, but all agree that it should be forward in the pelvis. Very little consideration is given to lateral deviations, yet through the lateral ligaments all of the blood and nerve supply comes to the organ.

Prolapsus of the uterus has been widely discussed because surgery has been the recognized treatment for so long a time. One will find on examining the same patient a number of times some considerable difference in the degree of downward displacement. Muscular tonicity and intra-abdominal pressure vary from time to time and we cannot expect to find the pelvic viscera unchanged. The one rule which seems safe to adopt as a general working guide is that a uterus is in normal position when it is freely movable and does not deviate greatly from its normal axis. Slight deviations either anteriorly, posteriorly, or laterally are not pathologic if the uterus remains freely movable. Prolapsus of the uterus of the first degree comes under this head.

Causes of malpositions can be classed as systemic or local. Lack of muscle tone is one of the chief causes. Obesity is a very common cause, also increased abdominal pressure.

Constitutional causes which produce increased congestion of the uterus are organic heart lesions, exophthalmic goiter and constipation.

General exhaustion from too long or violent exercise, as climbing mountain trails, swimming, horseback rid-

ing, will produce malpositions of the uterus. Muscles must be developed gradually to produce good results. The trained athlete can exercise for hours with only beneficial results, but not the individual who overdoes today and then does nothing for several days.

Local causes of malposition are lack of perineal support, inflammatory changes (infiltration of connective tissue or accumulations of inflammatory exudates), and tumors of the uterus or adjacent organs.

Malpositions of the uterus do not produce typical symptoms. In one case we find dysmenorrhea with an anteflexed uterus, then again marked anteflexion with no dysmenorrhea. Sterility may be found in one case or restroposition and another case will conceive with the same malposition.

The treatment in a general way must begin with prevention. Cases of anemia in young girls are always in danger of retroverted uterus.

All cases of muscular weakness need systematic exercise as well as careful attention to diet. If one has access to a physical culturist the patient should be sent to him; but many of us are not so fortunately located and we must direct the exercises ourselves.

There is probably no better guide for these exercises than Walter Camp's "Daily Dozen." I usually begin with just one of these exercises, having the patient take it five times night and morning. The next week add another exercise and have the patient use both of them five times night and morning, and so on until

The cases of freely movable retro-

she is using the whole dozen. Then have her gradually increase until she is doing each exercise ten times. After the patient has worked up on the daily dozen, swimming and horseback riding can be recommended. Golf, tennis, and gardening are not to be despised. We must find some sort of exercise in which the patient is interested in order to get the best results.

Dr. Evelyn Bush of our own profession is doing wonders for women with her system of physical culture.

In osteopathic treatment we may consider first that for retroflexions and versions. Lateral movement of the organ must first be secured. With the vaginal fingers carefully lift the uterus. Then slip one finger to the side of the cervix and while the abdominal hand draws the body of the uterus toward the operator the vaginal finger stretches the cervix in the same direction. Work first from one side and then from the other. The massage of the broad ligaments assists in the loosening. After you have obtained some degree of lateral movement you can begin the attempt to replace the uterus, first by slipping the vaginal fingers back behind the fundus and lifting it forward. When sufficient loosening is obtained, the edge of the abdominal hand is used to help hold the fundus forward while the vaginal fingers are passed anterior to the cervix and downward or backward pressure is given as the abdominal hand assists by forcing the fundus forward.

This treatment is given twice a week in conjunction with general pelvic work. As soon as the physician has secured some freedom of movement the patient should be told to take the "knee-chest" position five minutes night and morning. This position is of no value until the ligaments have been stretched so that the uterus can fall forward.

deviated organs are in need of muscular development and in many cases no bimanual treatment is necessary.

Do not expect to keep a uterus in the anterior part of the pelvis if the perineum is not intact.

If the perineal muscles are relaxed after childbirth this exercise will help bring back their tone: With patient lying on the back with knees together, ask her to force them apart as the physician resists her. Then hold the knees apart and have her bring them together against resistance. This exercise should be given several times at each treatment. I do not advise the use of this exercise at home, as judgment must be used in the amount of resistance given. Extend the leg, rotate outward and then inward with the patient resisting. Flex the leg upon the abdomen with the patient resisting each movement. All these will help to tone and strengthen weakened muscles.

The treatment of anteflexed and anteverted uterus depends very largely upon the condition of the broad ligaments. If the broad ligament is taut you are likely to find the cervix directed backward as well as toward the shortened side. I have found that the loosening of the tight broad ligament will relieve an anteverted uterus more quickly than anything else.

The treatment that we used to outline to the students was to bring the cervix forward with the vaginal finger while working the fundus backward with the abdominal hand. This treatment is effective only after the broad ligament has been most thoroughly loosened.

Anteflexion of the uterus is so often indicative of arrested development that little attention is given to the degree of flexion. If the uterus can be stimulated to develop, the flexion disappears.

A word should be said regarding this particular malposition in its relation to sterility. I find a great many physicians believe that the bend in the organ prevents conception. One has only to remember the microscopic size of the spermatozoa to be convinced that it can certainly find entrance through any space that will allow the outflow of the menses. It is not the angle of the uterus which should attract our attention, but the significance of this position in relation to infantile types of the organ.

In the correction of malpositions there are two conditions in which surgery is necessary: lacerations of the perineum and malpositions caused by tumors. Tumors of considerable size should be removed; lacerations should be repaired; beyond these I cannot recommend surgery. It is true that surgery can bring the uterus forward, but too frequently a fixed organ gives rise to more symptoms than the original condition.

I have seen the small cervix of an anteflexed uterus lacerated almost into the fundus in an attempt to overcome an anteflexion. The surgeon will produce this stellate laceration in one case and tell the next woman who comes to him with a less severe laceration from childbirth that she has not a chance in the world to be a well woman and there is grave danger of cancer developing unless she has the laceration repaired immediately. Why would not the laceration produced by the surgeon be as serious as that caused by labor?

All of these things have convinced me that osteopathic treatment, general and bimanual, with well regulated exercises are helping more cases of malposition than all the surgery yet given.

Don't be afraid to give osteopathic treatment, and keep at it until you can *really give one*.

CONNECTICUT NEEDS OSTEOPATHS

The state of Connecticut needs osteopaths as many of the towns and cities are without any, while others may have but one or two, to large populations.

The following list of towns and cities need osteopaths:

| City | Population | No. of Osteopaths |
|-------------|------------|-------------------|
| Ansonia | 17,643 | None |
| Branford | 7,500 | None |
| Bridgeport | 143,555 | 3 |
| Bristol | 20,600 | 1 |
| Danbury | 22,000 | None |
| Derby | 11,238 | None |
| East Haven | 6,000 | None |
| Enfield | 11,700 | None |
| Fairfield | 11,000 | None |
| Groton | 10,000 | None |
| Hamden | 8,611 | None |
| Killingly | 8,178 | None |
| Manchester | 18,370 | None |
| Middletown | 25,000 | 1 |
| Milford | 12,000 | None |
| Naugatuk | 15,051 | None |
| New Britain | 59,316 | 1 |
| New Haven | 180,000 | 4 |
| Norwalk | 27,000 | None |
| Norwich | 29,685 | 1 |
| Orange | 16,614 | None |
| Plainfield | 7,900 | None |
| Seymour | 7,000 | None |
| Shelton | 9,475 | None |
| Stonington | 10,236 | None |
| Southington | 9,000 | None |
| Stamford | 40,000 | 1 |
| Stratford | 12,347 | None |
| Torrington | 23,000 | 1 |
| Vernon | 9,000 | None |
| Waterbury | 91,000 | 3 |
| Watertown | 7,000 | None |
| Windham | 13,801 | None |
| Winchester | 9,000 | None |

A. L. PRESTON,
New Haven.

Every child should have his teeth and spine examined every six months.

Announcement

California Osteopathic Association

TWENTY-SECOND ANNUAL

CONVENTION

LONG BEACH, JUNE 14-15-16, 1923

Preceded by

**THREE DAYS OF POST-GRADUATE
WORK, JUNE 11-12-13**

At

**COLLEGE OF OSTEOPATHIC
PHYSICIANS AND SURGEONS
LOS ANGELES**

The College is now formulating plans for this post-graduate work, and invites correspondence from osteopaths stating subjects in which instruction is desired. Address the College, 721 South Griffin Avenue, Los Angeles.

CONVENTION HEADQUARTERS

**HOTEL VIRGINIA
LONG BEACH**

Make reservations early

For information regarding exhibit space, address Dr. Warren B. Davis, First National Bank Building, Long Beach.

COLLEGE and ALUMNI DEPARTMENT

C. O. P. S. NEWS

K. GROSVENOR BAILEY

College Editor

Field Day,

Friday, April 20.

Fish Canyon, Wildwood Ranch.

For students and the profession.

Party will leave the college at 8:30 A. M. All who cannot meet at that time, come when you can.

The old line of "bigger and better than ever" still holds good.

Baseball, field events, interclass and faculty-student competition swimming.

7:00 P. M. is the dinner hour; late enough for everyone to get there from town; early enough for hours of music and dancing before someone says, "Sing a song and break up."

The committee has worked untiringly to put this event across, so a large attendance will just suit everybody.

At the request of the graduating class, Commencement this year will be held in the assembly room of the Educational building. As the class is small this seems a propitious time to inaugurate the custom.

State boards are in the offing.

The 16th of March saw many of us at Dr. Lillian Whiting's for the big get-together. The royal welcome was there for everyone, with Mah Jongg, dancing, refreshments, and Miss H. Grace Rumsey at the piano. We were impressed with the cordial geniality that prevailed; ample evidence that all had a good time.

Which reminds us to bespeak the presence of more of the faculty on such occasions. Of all pedagogues the professional is no doubt the busiest, but if extra effort could insure a member's personality at a college gathering, we wonder whether the effort wouldn't be well invested. Some pros are always on hand. Power to them. We'd appreciate seeing some of the others: more power to them.

Ditch has been the order of the day.

The seniors sneaked away to the Arroyo Seco nine strong one Thursday in March.

The next Thursday saw the sophs similarly embarked on pleasure bent. Switzer's Camp was the objective. As is always reported in such cases, a good time was enjoyed by all.

So it remained for the frosh to put on the party. Tuesday, the 27th, was the day. If the rosy-fingered Dawn left the bed of her lord Tithonus, as she used to do at the first chapter of each book of the Odyssey, she found that the freshmen were already atop Old Baldy at the Presbyterian Camp.

The following news items in this connection are vouched for:

Knudson waxed poetical amid the rush of mountain torrents swirling down from peaks that were pink in the dusk.

Stevens played around till four in the morning.

So did Bell.

Romance was there too; ask Fenton.

Breakfast was monotonous; Pearson baked Aunt Jemima and Dr. G. Robbins ate.

Mr. and Mrs. Purtil chaperoned to a fare-you-well.

During March, Delta Omega enjoyed a house party at Dr. Whiting's cottage at Manhattan Beach.

Dr. Lou Johnstone entertained the sorority at an evening affair at which two sub-freshman, Winifred Knight and Kathleen Shannon, were pledged.

A series of lectures on manipulative technic are being given the Kappa Psi Deltas by generous friends in the field.

National Kappa Psi Delta Day, April 14, will be observed by an al fresco dinner in Griffith Park, at which Dr. Mary Gillespie, National Secretary, and her mother, are the hostesses.

The seniors entertained.

Assembly hour, March 28, was the occasion for a unique recital, in which Miss Lillian Guenther, danseuse, and Mr. Raymond Harmon, tenor, were the principals. Miss Guenther's delightfully interpretative dancing and Mr. Harmon's masterful renditions, including "Carnaval" (Fourdrain) and Cadman's "From the Land of the Sky Blue Water," were enthusiastically received.

The senior class thus established an enviable precedent which deserves emulation. The junior and sophomore classes, it is announced, will be the hosts at a later date. Meanwhile the frosh will cavort April 25 at 1:15. The sub-freshmen guarantee the date of May 16.

As anticipated in the last issue, Dr. John Comstock gave an illustrated lecture at the assembly of April 4. The animated story and the intimate photography of the entomological collecting trip which Doctor and Mrs.

Comstock took along El Camino Sierra to the Nevada line was inspiring. Dr. Comstock is as natural as the nature he loves. It is small wonder that we will be on hand to hear him whenever he can spare the time to speak.

AMONG THE ALUMNI

P. T. COLLINGE, D. O.

Alumni Editor

Our idea of an osteopathic college is an institution conducted by a Board of Trustees for the osteopathic profession with the purpose of educating osteopaths.

That part of the profession most keenly interested in our particular college should be: first, its founders, trustees, and faculty; second, its alumni. With this idea in mind we hope to make this alumni department of the college news more than our "personal item" column by soliciting timely short articles from the alumni. We shall greatly appreciate any short contributions, also articles on subjects relative to the college or its alumni.

In the January issue we asked Dr. Abbott, President of the Alumni Association, to give us an item, and in this issue he has some further announcements to make.

Dr. Mabel Conger (C. O. P. S., June '16) of Dunsmuir (California) has recently returned home after having spent part of the winter at Long Beach.

Dr. Wilbur S. Yates (C. O. P. S., June, '16) and Mrs. Yates of Athol (Mass.) are visiting in Los Angeles. We understand Dr. Yates intends to locate in southern California.

Dr. T. J. Ruddy delivered a stereopticon lecture February 21 at the Temple Baptist Church. The title of his address was: "Are Parents Responsible for the Blindness and Deafness of the World?"

Dr. T. Coffey was Chairman and is

using this opportunity to educate the public on osteopathic diagnosis and treatment as well as teaching the individual his responsibility to himself and others.

"Efficiency of the General Practitioner in Eye, Ear, Nose and Throat Diseases" was the title of a stereopticon address delivered March 6 by Dr. Ruddy before the Osteopathic Woman's Club at the Mary Louise banquet rooms.

One member said that "if every D. O. in California could hear that lecture and see the pictures and demonstrations of technique there would indeed be more intensive workers and they would use more osteopathy and less drugs and surgery."

Dr. Albert J. Molyneux and Dr. Cora Belle Molyneux, of Jersey City, (N. J.), have opened a branch office on the west shore of Lake Hopatcong, New Jersey. They will continue their practice in Jersey City also.

PROGRESS ON SHRINERS' HOSPITALS

Construction work on the Shriners' Hospital for Crippled Children in San Francisco is proceeding at a rate which has warranted the National Board of Trustees in announcing that the building will be ready to receive patients by July 1.

At Portland (Oregon) a site has been donated and construction work on a Shriners' Hospital has begun.

POST GRADUATE COURSE

College of Osteopathic Physicians and Surgeons

June 11, 12, 13, 1923

The committee in charge of the postgraduate work to be held at the College prior to the State Convention has arranged three full days of clinic instruction. The work will be divided into sections as follows:

General Diagnosis and Technique.

Physiotherapy and Radiology.

Gynecology and Obstetrics.

Minor Surgery and Surgical Diagnosis.

Eye, Ear, Nose and Throat Diagnosis and Treatment.

Examination of school children.

The sections will be so arranged as to make all of this work available to those interested. Special attention will be given to the latest developments along therapeutic lines that have *proven of value*, and the work throughout the course will be practical.

While the course has been outlined, the staff has not yet been completed.

If you know of any osteopath fitted to give some exceptionally good information, notify the Chairman of the Committee, Dr. E. T. Abbott, at the College of Osteopathic Physicians and Surgeons, 721 South Griffith Avenue, Los Angeles, California.

The only entrance requirement to this course is membership in the California Osteopathic Association. Please drop Dr. Abbott a card stating your intention of attending the course. *DO IT NOW.*

Have you a case you wish examined at these clinics?

AN ERROR CORRECTED

In the article on Bursitis and Tendosynovitis by Dr. Charles H. Spencer in the last issue, an error was made by the engraver in numbering the illustrations on page 8. Figure 3 should be figure 4 and vice versa.

Women's Department

UNDER THE DIRECTION OF CALIFORNIA BRANCH
OSTEOPATHIC WOMEN'S NATIONAL ASSOCIATION

Send material for this department to
DR. MARY L. LE CLERE, 116 East Colorado Blvd., Eagle Rock, Calif.

TRAINING THE CHILD

DR. LEONORA GRANT,
Seattle, Washington

The atmosphere in which a child grows, his reactions to his environment, make or unmake him. Whether he becomes an independent thinker and an individual ready to overcome obstacles, depends far more upon childhood impressions than upon his ancestors.

Develop the child's independence. A task done to the best of his ability alone or with the minimum amount of help has much greater value than one in the doing of which needless assistance is given. The pleasure in accomplishment is just as great at three as at thirteen or twenty-three. Watch the little one conquering the shoe button, mastering the garter, and note how often the act will be repeated just for the sheer joy of doing. The mother who cannot wait for the child to do a small task but impatiently does it herself robs him of the opportunity of self-development.

Similarly, too many rules, too strict discipline, leave him little chance for initiative, no opportunity to make his own decisions. The ability to say "no" is no mean accomplishment, but to be of value it must be the child's "no." Let the child do his own climbing and inevitable tumbling. Very soon the stunts he can do without harm are amazing. One child living near a wonderful hillside has been allowed there only when accompanied by an older person who sees that she does

not fall, and as a consequence, she cannot climb it without falling. Another child races over that hillside like a mountain goat and, when necessary, stops herself as suddenly and effectively as an athlete.

Every child should be trained to do his own thinking. The clock should tell him when to go to school, when to go to bed. Rubbers should be put on in response to weather conditions rather than a suggestion from mother. Two small girls were talking. One asked, "How did you catch your cold?" "Mother didn't tell me to put on my rubbers." The first replied, "You should have known enough to put them on yourself."

It is an insult to a child's brains to repeat the same warnings day after day, and in time it kills all self-reliance. The child who does what he should without constant supervision is much better trained than the one who is always obedient but helpless when his rudder, mother's supervision, is gone.

Allow children to work out their own ideas. The little girl has just as much right to a choice in hair ribbons and dresses as the mother has to express herself in her own wardrobe. Be thankful that she has preferences, then take that opportunity to teach harmony in color and suitability in clothes for the occasion.

All a child's ideas are either neces-

sary in growth and development or are occasions for suggestion, never for radical suppression. Radical suppression makes a child feel that he has somehow done or said something criminal, and the next time he will be afraid to express himself; his development instead of being directed, is stunted.

Commend wherever possible. Effort deserves praise and when given it brings its reward in greater striving on the child's part. Reproofs, on the other hand, discourage effort. The mother who is more generous with praise than reproofs has found a lever that makes criticism less frequently needed. Conspire *with* the child in making plans: there is nothing like it to secure co-operation.

Every individual must conquer his handicaps. A child must not be allowed to pity himself. Ignore, in so far as possible, physical defects and take it for granted that the child will do whatever other children do. Temperamental defects are to be treated neither as occasions for special consideration, nor as crimes for which a child is constantly nagged. They, too, should be ignored as much as possible, and the child expected to behave as other children do.

Remember that each child has himself to improve and develop and it is not desirable that he be like a friend or relative. Many a child has been needlessly hurt by having his physical and mental qualities compared with those qualities in his playmates. The unattractive girl needs a guiding hand to help make the most of her appearance, not reminders that cousin Susie is pretty. The quiet, timid child needs to be reminded that she possesses attributes that are lovable, and not that Grace is popular because she is always so lively and entertaining. Every individual has some lovable native

quality, or qualities. Find that quality and cultivate it by bringing it out into the sunshine of approval. While you are trying to develop other beautiful plants which do not naturally grow in that soil the one beautiful plant which has sprung up of itself may be so neglected as to be stunted or killed. On the other hand, if you cultivate the plant that you find already there it may become so strong and beautiful that you do not miss the others which are lacking or which show only a feeble growth.

The sensitive child can be most unhappy, so do not encourage him to dwell on what folks think, on slights, on hurt feelings. Train him instead to make others happy by being considerate of the feelings of others. You want your child to be popular. Remember that only is he truly loved who truly loves, and remember that a child has a right to express his own individuality even in the manner in which he expresses love.

Substituting, diverting, even ignoring, is at times better than impressing the wrong thing on the child's mind. The naughty word will be forgotten sooner if ignored. Divert energy rather than suppress it. Many so-called stubborn natures are due to constant "don'ts." In the matter of substitution and diversion, situations must be handled so quickly that no issue has arisen and the child does not even realize what has happened.

Habits are acquired by doing, not by being talked to, and all moralizing is wasted. Habits are formed by responding again and again to the same stimulus. Failure to call forth a certain response paves the way for an easier failure next time. The child who must obey the order to go to bed very soon forms the habit of obeying. The child who is told that it is bed time but from whom no action is demanded soon becomes oblivious to even

the words.

Never grant anything whined for. There is no use in whining if it doesn't get results.

Punishments should follow the natural course of events and be the result of the child's own act. The missed meal will be remembered longer than arbitrary punishment for not coming immediately when called to eat. The boy who stayed home because he was not ready when daddy started quickly developed increased speed in dressing. The broken window paid for out of spending money is not soon forgotten.

There should be a regular time for play as well as for work. Let the child concentrate upon his play; it is a necessary element in his growth and should not be constantly interrupted. The child who concentrates best in play is building the best foundation for continuity of effort in later years.

Encourage imagination. At the same time train the child to distinguish between imagined happenings and actual facts. It is a very simple matter to say, "You 'played like' all that happened, didn't you? And it was a lovely game. Now tell mother just what really *truly* did happen."

Never discuss a child in his presence or his hearing. This applies equally to the well child and to the sick one. It develops a self-consciousness that is most undesirable, while in the sick room its immediate effect on the patient may be very painful.

Fear should be eliminated from a child's world. Whenever a child is subjected to some new experience the mother's expression should register whatever emotion she wants her child to have under similar circumstances later.

Teach the children to think of the dentist as a nice man who fixes people's teeth. Later, when teeth need attention, there will be no fear, and if there is pain the child will think less of it because there has been no agony of anticipation.

The doctor, too, is a nice person who likes to make people well. Every mother should teach her child to show his tongue, allow his nose and throat to be examined, and have his temperature taken. This can easily be accomplished in the guise of play, then when he is sick no energy will be wasted resisting something the doctor wishes to do.

THE O. W. N. A. AND ITS AFFILIATIONS

By JOSEPHINE L. PEIRCE, D. O.,
Lima, Ohio

It is an established fact that practically every interest of the world expresses itself through group or organized action. It matters not whether the interest be religious, political, business, professional or otherwise, or whether these groups represent men or women; all now speak through organization.

Our parent organization, the A. O. A., cannot have representation in the movement of organized womanhood. The O. W. N. A. can and consequently has been a needed and natural outgrowth.

During the initial years of the Osteopath Woman's National Association, its chief concern has been to interest our women in the need for the organization, to build the membership, determine the policy and outline the program.

The O. W. N. A. seeks to have every woman osteopath, as well as the women relatives of all osteopaths, in its membership.

The organization is establishing state and local units. The program of service for the welfare of women and children is rapidly developing.

Still we must not and cannot forget one of the chief objects for which the O. W. N. A. was organized. This stated in our Constitution is: *To co-operate with other women's organizations.*

In the advancement of any cause, strength or force lies in organization of individuals having a common purpose. Likewise, each organization becomes stronger and results in greater usefulness by affiliating and co-operating with similar groups having certain common interests and aims. The City Osteopathic Clubs and state associations very clearly see the value of affiliating with local or state organizations of women and through representation and conference receive the inspiration and benefit of combined efforts, viewpoints and mutual understanding. To refund to these clubs and state units from the O. W. N. A. dues provides sufficient funds for such affiliations and any necessary details.

The individual members of the O. W. N. A. must recognize that from a national viewpoint, our National Association cannot remain aloof. It, too, must have the contact and conference with, the inspiration and vision of, other national groups and share in the programs and problems which concern the women of the world.

Our first affiliation occurred last May, when the O. W. N. A. was received into membership of the National Council of Women. This Council consists of about forty organizations, having a national scope. In the list are found The National League of Women Voters, National Jewish Council, National Congress of Mothers and Parent Teachers' Association, General Federation of Women's Clubs, Medical Women's National Association, W. C. T. U., Y. W. C. A. and many similar groups. This Council, with the International Council represents practical-

ly all of the organized women of the world.

It was my privilege to attend the board meeting of the Council, which met in Des Moines last October, and have the pleasure of representing the O. W. N. A. You will recall that our application for membership in the Council at first aroused some opposition because of the profession represented. This, however, was soon eliminated and our application unanimously accepted. A cordial greeting was extended the O. W. N. A. delegate at the above board meeting.

The National Council of Women maintains definite committees on various subjects, including Child Welfare, Public Health, Legislation and Education. At the Des Moines meeting, reports were received from these committees and future work considered and discussed.

The greatest opportunity for service the Council has is that of acting as a clearing house for its affiliated organizations. Through such a plan each group may learn the aims, policies, plans, and programs of the others, find common interests, discuss future programs and actions and, it is hoped, combine and make for ultimate success many of the larger fundamental interests and issues of our women.

A more recent affiliation of the O. W. N. A. is with the General Federation of Women's Clubs.

Can any one question the value and benefit to our women and our profession from such affiliations?

It is our duty to become identified with this larger circle of humanitarian interests and realize our obligations to other organizations as well as to have them appreciate our interests.

Occasions have arisen in women's meetings when it was most fortunate that some of our women were present

to defend our science and to clear the misunderstanding and misrepresentations made of our profession, by speakers who are unfair or uninformed on osteopathy.

Much of the misunderstanding and lack of co-operation will disappear when the various groups come together, and, with freedom of discussion, tolerance, justice and sincerity, understand each other and freely and unselfishly unite in the service for the common good of humanity.

O. W. N. A. program, one full day, June 30, 1923, Waldorf-Astoria hotel, New York. Will you be there? Some special subject you want presented then? Some strong speaker or technician you desire? Please tell us now.—*From O. W. N. A. Bulletin.*

NEW MEDICAL BUILDINGS IN LOS ANGELES

In her department in The Los Angeles *Express*, Estelle Lawton Lindsey writes as follows:

"Hist—hark—lend ear and pay attention.

"Something weighty is hanging in Los Angeles' sun-soaked atmosphere.

"Perhaps you know that in London, England, there is a street devoted especially to doctors. No medico is able to move onto and open an office in that hallowed street until he has been examined, approved and passed on by the powers that be, and so when you pick up a London city directory and find the name of a pill artist on that street you may employ him, knowing his profession has weighed him and found him solid.

"Los Angeles is going to have a street like that. Already the medics are beginning to formulate the plans. A big building has recently gone up in the sacred territory and another is in course of construction, and within

a measurable time Orange street will be it. All you will have to do if you want to employ an ethical M. D. with all the latest frills behind him is to stroll along Orange street and read the signs.

"I don't know if the prices will go up in proportion as standing is assured. All I know is that the M. D.'s are arranging things so that there may be one oasis in this desert of drugless healing cults where 'Dr.' means 'doctor of medicine' and not 'osteopath' or something else.

"Perhaps I should not have mentioned this scheme, for an exclusive profession occupying an exclusive territory usually spurs landlords to raise the rents. However, in this instance, I am informed that the M. D.'s have gone ahead of their plans and secured valuable sites along Orange street.

"Who says we can't do as well as London?"

The new address of THE WESTERN OSTEOPATH is 799 Kensington Road, Los Angeles.

Granite City hospital, Granite City, Oregon, which has been purchased, renovated, and improved by Jesse Winburn, will be the most complete and modern in Southern Oregon. It will be called the Community hospital and will be open to all physicians and dentists. The medical and dental societies plan to buy a community ambulance.

The New Mexico state department of health lends to county and city health officers in the state films, slides, and card exhibits dealing with venereal diseases and social hygiene. It also lends stereopticons, portable moving picture projector, and card exhibit frame. A few slides on milk, food, teeth, adenoids and tonsils are also available for loan.

The Western Osteopath

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Secretary-Treasurer, Dr. C. B. Rowlingson, Los Angeles

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and of the Osteopathic League

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C. B. ROWLINGSON, D. O., Managing Editor

THE AGE OF UNREASON IN ALLOPATHY

One of the editorials in a recent issue of the *New York Medical Journal and Medical Record* was entitled "The Age of Unreason in the Cults." It appears that the cults are most viciously and flagrantly "perverting the truth," the truth, of course, being the tenets of allopathy. The editorial begins as follows:

"With respect to correct and proper teaching of public health matters, the irregular practitioners have fallen upon evil days. For many years regular medicine has been trying to educate the public in those matters which influence the prevention of disease and the prolongation of life and it has succeeded in some measure; but now there seems to be an overwhelming flood of misinformation and ill timed advice coming from sources which are wilfully perverting the truth. First, there are the osteopaths who are throwing science and reason to the winds and insisting that every disease can be cured by manipulation."

The editorial then goes on to accuse other healing sects of various and sundry "perversions of truth," not omitting Coué.

"The gullible public is taking this and other so-called teachings very much to heart, but of course, one need not be alarmed that any of these will persist throughout the ages; for it is a matter of common knowledge that most false doctrines have fallen by the wayside, and whatever good there is in any of them has long since become a part of the great science and art of medicine."

This is great stuff for a medical journal to feed to a clientele of medical doctors, but to anyone who knows the facts, it is obvious that the statements are based on ignorance and prejudice. The writer of the editorial from which we have quoted is perhaps like the man whom Disraeli described as being "distinguished for ignorance, for he had only one idea, and that was wrong."

For him to say that osteopaths insist that "every disease can be cured by manipulation" is just as untrue as it would be for us to say that regular medical doctors insist that every disease can be cured by drugs. Possibly there are individual osteopaths who insist that every disease can be cured

by manipulation; if there are, it is equally true that there are individual medical doctors who insist that every disease can be cured by drugs. The truth lies between these two opposite and contradictory statements, as the leading practitioners of both schools of practice well know.

A later issue of the *New York Medical Journal and Medical Record* contains a paper on "Educational Methods of the Various Schools of Medicine and the Treatment of Disease," by James M. Anders, M. D., LL. D., of Philadelphia, being his Presidential address before the American Therapeutical Society. Early in the paper Dr. Anders states:

"The primary purpose of this address is the protection of the public against the ill consequences which grow out of the wide divergence among our schools of medicine with respect to standards of educational requirements and facilities for teaching. The time is at hand when efforts should be made to effect uniformity in the teaching of the scientific branches of medicine, more especially anatomy, physiology, chemistry, pathology, and diagnosis, both in irregular and regular schools of medicine, since a knowledge of these subjects is indispensably necessary as a background for any rational system of treatment. * * *

"A review of the present situation, given below, will convince the most skeptical that the requirements of the regular schools of medicine, in which we include homeopathy and eclecticism, demand that the student shall be properly trained in the scientific subjects mentioned above, while those of the drugless cults, e. g. osteopathy * * * demand far too little instruction in these subjects by comparison."

Dr. Anders quotes another writer as stating that osteopathy pretends to

be a "system of medicine supplanting all internal medication and as such is teaching its patrons false doctrines and systematically estranging them from the broad principles of medicine."

Some parts of Dr. Anders' paper indicate a broader point of view, but in quoting a statement like the foregoing and giving it his approval, he lays himself open to the charge of being either prejudiced or misinformed. But this is not the worst. Dr. Anders says:

"Public opinion with respect to the school of osteopathy * * * has been deliberately and consistently deceived and corrupted through propaganda, not only in the press but also through discussion."

If Dr. Anders was unconscious of the ambiguity in the foregoing statement, his naiveté is certainly refreshing. Osteopaths and the patients of osteopaths know that public opinion with respect to osteopathy has been deliberately and consistently deceived and corrupted through propaganda emanating from the allopathic profession.

Dr. Anders partially redeems himself by some admissions. For example:

"Analysis of the past half century with all its marvelous advances in the medical and cognate sciences, shows that the record of the profession of America for this period is in certain particulars more or less pathetic. It would appear to bear some, at least, of the seeds of its own undoing." And again: "it has been estimated that not less than one third of the population of this country is relying upon drugless cults and isms for relief from human ills at the present day."

According to the last Federal census, the population of this country is 105,683,108. When a medical authority admits that one-third of the popula-

tion is relying upon drugless healing, we can safely accept the figure as a minimum estimate. Probably the proportion is even higher; but accepting the medical estimate, it means that more than thirty-five million people have turned away from drug methods. Why? Because drugs have been tried in the crucible of time and experience, and have been found wanting.

Toward the close of his paper Dr. Anders admits that there has been a deficient teaching of physiotherapy in medical schools. "The student's mind has been too much conducted into wrong paths in the past, e. g., into that of drug therapy, leaving him blind to equally important means to be found in the field of physiotherapy, including that most valuable measure, massage."

Dr. Anders' paper leaves us with the impression that his outlook has begun to broaden, but that he is still shackled to orthodox allopathic dogma. We hope that some day he will be able to free himself from the shackles and give osteopathy the same justice that he expects for allopathy.

All communications for THE WESTERN OSTEOPATH should now be addressed to 799 Kensington Road, Los Angeles.

The office of the Secretary-Treasurer is now at 799 Kensington Road, Los Angeles.

DRUG DEVOTEES

PLEASE NOTE

Lewellys F. Barker, M. D., LL.D., Professor of Medicine, Emeritus, Johns Hopkins University, and visiting physician to Johns Hopkins Hospital, Baltimore, is the author of a recently published book entitled CLINICAL MEDICINE. In his discussion of the treatment of chorea, Dr. Barker says:

"As regards medicines, arsenic is usually given in chorea, but I do not

know whether it really shortens the course of the disease or not. It probably does something toward maintaining nutrition, for it slows the rate of metabolism. Abt and Levinson, in an analysis of 226 cases observed by them and reported to the American Medical Association, came to the conclusion that arsenic is of little use. Abt states that when he treated a child in one bed without arsenic while a colleague was at the same time treating another child in the next bed with it, the results were the same. If arsenic be administered, one must take care not to give so much as to cause neuritis."

AN APOLOGY

220 Fifth Avenue,

New York, N. Y.

March 22, 1923.

Dr. G. W. Riley,

American Osteopathic Association,

14 East 31st Street,

New York City.

Dear Dr. Riley—

We wish to apologize to you and your Convention Committee and the members of your profession for the mistake of our stenographers in not addressing your members as "Dr." on the envelopes we mailed them recently containing fifty American Osteopathic Association stickers.

We are very sorry that the addressers who used the mailing lists furnished should have made this error.

Yours very truly,

DENNISON MANUFACTURING
COMPANY.

(Signed) James S. Miner,

Manager.

The New Mexico bureau of public health is asking its legislature for appropriations to assist counties in developing full time county health departments. An increase of \$11,000 or a total of \$38,000 for health work is also being asked.

SHALL WE OVERCORRECT ERRORS IN REFRACTION?

By MARY L. LECLERE

There seems to be two opposing groups among oculists. One tells us, "Overcorrect refractive errors. Give the patient just as strong glasses as he can be forced to take. If you make him near-sighted so much the better for him."

The other group claims that it is better to err by undercorrecting a little than to overcorrect.

In the past it has seemed to me that the first group had all the arguments on its side. If I understand their reasoning aright it is this: When we look at distant objects the ciliary muscles are relaxed, but when we look at near objects the ciliary muscles must contract in order to pull the eyeballs into such shape that the near object will focus on the retina. In a nearsighted person, then, the ciliary muscle has less than its normal amount of work to do. Then glasses which make a person nearsighted, or myopic, relieve the eyes of a great deal of work. Nearsighted people, we are told, never suffer from eyestrain.

But my clinical observations seem to show that persons with myopia do suffer until the refractive error is corrected and that persons whose error is overcorrected receive only temporary relief. When they continue to suffer eyestrain the oculist lays the blame on some constitutional trouble. But many are relieved when given a weaker correction.

Now it becomes necessary to explain why. I do not ask you to take the following as fact. It is only a suggestion. It seems to me very important that the matter be discussed.

Can it be that it is just as injurious to underwork a muscle as to overwork it? Most of us have found that

we feel better when we take daily setting-up exercises which call into play muscles not used in the ordinary routine of daily activities. Sensory nerves arise in every muscle. When a muscle contracts these sensory nerves are stimulated. They carry this stimulus to the spinal centers where it is relayed to efferent motor nerves which pass out, back to the muscle, to blood vessels and to viscera. These returning stimuli are necessary, as they are the tonic impulses which maintain the tone of the muscle, and also the trophic impulses which maintain the normal nutrition of the part. If, then, a muscle is not worked to normal capacity it does not initiate a normal amount of stimuli to be referred back to it over the reflex arc as tonic and nutritive impulses. The other tissues in reflex relation with the muscle are also deprived of their normal impulses and suffer. Not only is there an absence of normal stimuli but the abnormal condition resulting in the muscle soon begins to initiate abnormal stimuli which, being sent in to the spinal centers, arouse an abnormal reply. The result is increased weakness and inability to work. A muscle which has been overworked may need almost absolute rest for a time, but no part of our anatomy can stand a too prolonged rest without consequent suffering.

It is probable that the whole eye depends for normal tone and nutrition on impulses that are initiated whenever it undergoes the changes necessary for near vision. From this it follows that to relieve it of the necessity of changing for near vision robs it of these kinesthetic stimuli.

CONVENTION ENTERTAINMENTS

By DR. WILLIAM WEST
New York City

The official entertainments for convention week in New York, July 2-7, include the banquet, a dance, a night at the play, and a trip to West Point by water.

The committees are doing their utmost to make the banquet attractive and the famous chef of the Waldorf will have a delicious dinner for us. The dance afterwards will be gay, bright and happy, with the soft allure of lights, music and color to make its appeal.

The West Point trip by water will be the principal event of the entire week, for this is perhaps the most attractive arrangement that could be made. The Hudson from the Battery to the Newburgh Hills offers the most striking views of the entire East. It is not the scenery alone on the great Hudson river, but it is the spirit that comes with the realization of such great beauty in the very heart of civilization.

The trip starts far enough down town to get the impression of the immortal sky line of New York, the towers, the maze of streets as straight as a checker board, the unbelievable number of imposing buildings, the great steamers in their slips; and then into the quiet and beauty of Riverside Drive, with the impressive Column to the Soldiers, mighty Grant's Tomb, historic Claremont, and then on to the picturesque steeps of Washington Heights, the Hall of Fame, and beautiful upper New York. New York on one side and the everlasting Palisades on the other, and the space and comfort of a Hudson steamer for your passage.

West Point in the early evening is lovely. It is situated on some charming highlands and without question

is our most impressive unit of American life. Its splendid young men, its clock-work accuracies, precisions and concentrated efficiencies are an inspiration, while the spirit of what it means to your country leaves memories that will recur again and again throughout the years to come.

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Will rent part time in attractively furnished office. Best location in Los Angeles. References exchanged. Address D. O., 421 Detwiler Building.

X-RAY FAILS TO PENETRATE ELEPHANT'S HIDE

The elephant that bears the sprightly name of Wide Awake has so established herself in the affections of the youthful visitors to the Seattle Zoo that when she fell sick recently the school children helped raise a fund for an X-ray experiment which it was hoped might enable the doctors to find out what was the matter with her. The test was made and Wide Awake submitted without too much objection, but to the chagrin of the doctors they were unable to get any results. The conclusion drawn was that the elephant's hide was too thick for even the X-rays to penetrate. Ordinarily the plates have an exposure of only a fraction of a second, but in the elephant's case the exposure was prolonged to sixty seconds. Nothing came of it, however, and the test was set down as an "elephantine" failure.

--Mid-Week Pictorial by Google

"HIGH ARCHES IN FEET INDICATIVE OF BRAINS"

The foregoing caption headed an article in the Toronto *Daily Star*, reporting an address given by Dr. F. P. Millard, in which he stated that the high arch found in the feet of the Anglo-Saxon people, the most highly civilized branch of the human race, corresponds with their high degree of mentality. F. P.'s remarks on this subject were given considerable publicity by the Toronto newspapers. The funny bone of the column conductor and also of the cartoonist of the *Star* were stimulated. In the column headed "A little of Everything" appeared the following comment:

"Folks who have high insteps have, a sage informs us, high-grade intellects. The logic of this seems to be that anybody with fallen arches is just a plain nut.

"On the other hand, high insteps often seem to go with high-steppers, and habitual high-steppers often fall and bump themselves, so maybe there's a chance for flat-footed folks after all."

The cartoonist pictured a flat-footed man looking with consternation at an advertisement reading: "\$10,000 executive wanted. Only those with *high arches* need apply."

The new address of the Secretary-Treasurer is 799 Kensington Road, Los Angeles.

Women are like clocks. Some of them are fairly reliable with but little attention, while others need almost constant care, and it is not always the high-priced jeweled ones that are most dependable. They may have pretty hands, pretty faces, and pretty movements, but they are liable to get out of order and when they do, they are all very hard to regulate.—*Oregon Lemon Punch*.

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LIVING GHOSTS

The record of the Kallikak family, which has been traced back for over a century, makes a picture in comparison with which the facts of Ibsen's tragedy, "Ghosts," seem pale and incidental. A young soldier in the Revolutionary army in our war for independence established two lines of descendants. One was through a feeble-minded girl with whom he flirted while a soldier; the other the family he founded after the war was over and he had gone home and "settled down." Of the 496 direct descendants of the latter union, not one was feeble-minded, and there were among them educators, judges, successful merchants, and other solid citizens. Of the 480 direct descendants in the other line, only 46 were normal; 143 were feeble-minded, and there were various criminals, epileptics and other unfortunates and undesirables. There are now 1,146 individuals who carry the tainted blood and are more or less of a danger to the State and to themselves. The actual cash cost to the State of this unfortunate family through trials, examinations, hospital and asylum terms, must run into many hundreds of thousands. Proposals to make it impossible for the incurably defective to propagate their kind, such as are now being urged in Illinois, inevitably meet with opposition, but the facts of science and sociology are on their side.—Collier's.

BACKACHE FROM THE MEDICAL POINT OF VIEW

In an article on backache in the A. M. A. Journal, George F. Straub, M. D., has approached perilously near the osteopathic concept.

"I have found it most useful always to bear in mind three points: (1) One must get rid of the old idea of the inherent stability and strength of the lower lumbar spine and the pelvic girdle, and to look at it as a particularly unstable and complicated mechanism with many and rather weak points; (2) that anatomy and function of the lumbo-sacro-iliac apparatus is by virtue of its connection and location especially liable to be secondarily affected by alterations of all structures surrounding and supporting it and supported by it, with the result of mechanical, inflammatory and productive changes; (3) that many cases are associated with neurathenia and

psychasthenia, which are likely to exaggerate or misrepresent local symptoms. It is, therefore, advisable to test possible hypersensitiveness of the patient by pressure on the styloid process. * * *

"ETIOLOGY. In reviewing the numerous possibilities in the etiology of backache, experience has shown me that there are five conditions which are quite frequently overlooked, because they and their connection with pain in the back are insufficiently known, or else the facts making the diagnosis are at times difficult to establish. These conditions are (a) of a genito-urinary nature (small concretions, chronic prostatitis); (b) toxemias (focal infection); (c) weak foot (flat foot); (d) malformations (especially of the fifth lumbar vertebra), and (e) myalgia."

He discusses these etiologic factors in more detail. Under (d) he says,

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“skillful modern Roentgen-ray diagnosis has thrown considerable light on the backache due to abnormalities of the spine and sacrum. The frequency of these malformations is surprising.

* * * The most interesting abnormality in this region, also quite frequent is the so-called sacralization of the fifth lumbar vertebra, of which Imbert differentiates three degrees, according to the greater or lesser size of the transverse process, and its more or less complete contact with the ilium or sacrum (sacralization or pseudo-sacralization). This abnormality generally gives symptoms. Considering that the fifth lumbar is the last link of a movable chain, and that it acts as a buffer between the spine and the pelvic girdle, and taking into account the intimate relation of this vertebra and the sacrum to many structures, it is not surprising that clinical diagnosis, together with Roentgen-ray findings,

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developed the interesting fact that congenital anomalies in this region predispose to injury, with resulting back symptoms. * * * The term *injury* does not necessarily imply trauma of a serious character. The ordinary wear and tear or increased taxation of the abnormally developed bones, joints and ligaments is sufficient at times to invite the changes necessary for trouble. * * * Approximately 50 per cent of persons showing abnormalities of this region have not, and probably never will have, back symptoms if there is no additional strain or trauma; but observations seem to point to the fact that they have a potentially weak spine, predisposing to strain and subsequent back-ache."

(e) Persons of a rheumatic constitution, the writer thinks, "under the influence of daily life, changes of temperature and barometric pressure, overfatigue, overstrain or exposure of any kind are liable to develop myalgias. * * * Next to myalgias in the shoulder and elbow region, the myalgia in the lumbosacral region is the most common manifestation of this disease. The seat of the pathological condition in such a case is generally found in the lower end of the erector trunci muscle, and especially deeply situated in the angle formed by the iliac bone and the lowest part of the lumbar spine. In quite a number of cases of so-called sprain of the lumbosacral ligaments, strain due to fatigue and weakness, or occupational and postural strain I have been able to demonstrate the myalgic nodules deep in the lumbosacro-iliac angle.

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pathic lesion is, "a ligamentous strain due to direct or referred injury." The medical writer recognizes that trouble localized in the spine may be due to injury referred from the genito-urinary tract and flat feet. Osteopaths know that it can also be referred from pathological condition of any other part of the body and, conversely, what he apparently does not recognize, that pathology which is primary to the spine may be referred secondarily to any of these structures. Direct injury to the spinal joints causing backache he thinks must be due to considerable trauma or else is secondary to congenital weakness or malformations.

He recognizes the value of massage in certain of the conditions where the pathology is primary and due to direct injury but has not learned that greater and more lasting benefit will be obtained by putting the joints through their normal range of movements, by means of which the tissues about the joint are alternately tensed and relaxed, proliferated connective tissue is stretched and absorbed and structures generally normalized and strengthened.

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—M. L. L.

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A play entitled "Pasteur" is now being presented at the Empire Theater in New York. The *Mid-week Pictorial* for March 22 has a picture showing a scene from the play, with the following explanation:

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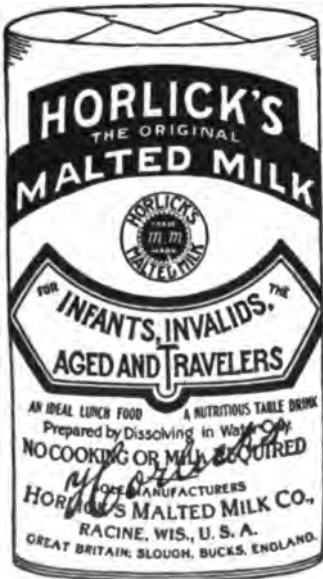
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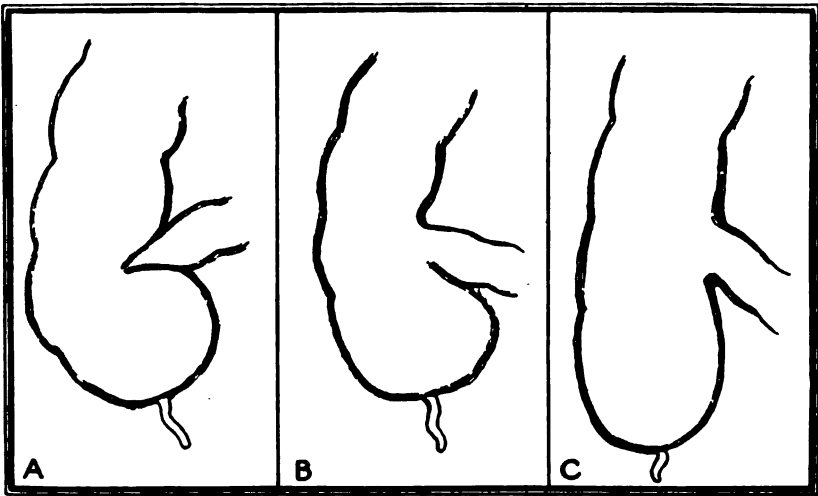
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(D. M. S. C. O, June, '26)

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as a missionary: "If I were to go back as a missionary, I would deem it the best advisable policy to have a good osteopath on my staff. The only reason this condition is not possible is because of the narrowness of the medical profession."—The Log Book.

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THE WESTERN OSTEOPATH

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APRIL, 1923

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Vol. 17 April, 1923 No. 10

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April, 1923

No. 10

MARVELS OF THE AUTONOMOUS NERVOUS SYSTEM

By DR. HARRY W. FORBES
Los Angeles

There exists in the body a nervous mechanism or a portion of the nervous system which is known as the vegetative nervous system or the autonomous nervous system or the sympathetic nervous system. These terms are used to designate that portion of the nervous system which never sleeps, which works all the time, which makes no mistakes, which in every case of trouble in the body anywhere makes a diagnosis of its cause and immediately institutes treatment.

The best of us cannot claim to diagnose anything like 75 per cent of our cases with absolute correctness. Oftentimes it takes us two or three months to make an approximate diagnosis of a case. Sometimes conditions exist in people which run along for years and, in spite of the best efforts of many physicians, cannot be diagnosed. There exists, however, in the living body a nervous system that is more skilled in diagnosis than any physician: a nervous system, which instantly recognizes any morbid condition and sets about treatment, and most often succeeds. This nervous system is subdivided into two great groups. The peripheral portion of this nervous system comes out from the thoracic spine, also from some of the cranial and sacral nerves.

A careful study of this nervous system has revealed the fact that the action of the cranial and pelvic portions are exactly antagonistic and opposite

in action to the thoracic portion. Where a thoracic nerve accelerates, some cranial or pelvic nerve is certain to retard. Conditions augmented by the cranial or the pelvic nerves are opposed or inhibited from the thoracic sympathetic. Converging on all of the organs and on all of the ductless glands are these two sets of nerves, one of which will increase and the other decrease; one will excite, the other inhibit; one will augment, the other retard. Whether it be motion or secretion is a matter of no consequence. Whether it be dilation or constriction, the same general rule holds. If the cranial or pelvic nerves cause dilation of the vessels of a certain area, the thoracic nerve will occasion constriction of the vessels of the same area. The action of the cranial and the pelvic nerves are practically identical; the action of the thoracic nerves is in opposition to both. The lower thoracic sympathetic inhibits the action of the descending colon and rectum; the pelvic nerves augment this activity. The lower thoracic nerves inhibit the musculature of the bladder and make it hold urine; the lower thoracic nerves relax the sphincter and stimulate the bladder to make it empty itself. Thruout the body we have this antagonistic action of these two groups of nerves. The proper balance between the two is essential to normal function. The presence of products of certain duct-

less glands in the circulation is absolutely essential to the activity of both of these systems of nerves.

The great central regulating center, the seat of supreme intelligence, the creative genius within the body, the "God within" the body, whatever name you want to apply to the supreme unconscious intelligence which regulates all functions, is in the inter-brain. From this regulating center emanate neurons which have the power of either inhibiting or exciting all of the subsidiary centers. This regulating center in the inter-brain can slow the heart by stimulation of the vagus. It can slow the heart by inhibition of the upper thoracic. Thus from the same regulating center in the nervous system it is possible to slow the heart in two ways. It is also possible for this regulating mechanism to speed up the heart in two ways: by decreasing the vagus inhibition, or by increasing the upper thoracic excitation. This is a wonderful directing mechanism and accounts for the great power the unconscious nervous system has over the nutrition of the body.

It has not been so many years since it was universally taught and believed that the nervous system did not possess the control over the body that would enable it to cause or cure conditions or disease in which structural change had occurred. Many persons today who have given considerable study to the problem make the statement, for instance, that Christian Science does not cure any organic diseases. This opinion is contradicted by the plain facts that we now know concerning the power of the unconscious nervous system over the body nutrition. It is probably true that practically all the organic diseases begin as the result of altered nervous influence, even such a disease as arthritis deformans. Probably there

is no combination of extensive causes that can produce arthritis deformans; it is apparently caused by the absence of the normal tissue resistance. Tissue resistance depends upon the normal action of the unconscious nervous system.

The large number of agencies which we are nowadays so prone to cite as the cause of certain conditions are only proximate causes and not the real causes. When we say, for instance, that this particular infection is the cause of this particular pathological condition in this joint or this nerve, the next question, and the appropriate question is, What is the cause of infection? How is it possible for infection to continue to exist in the body? How is it possible in a body which is self-regulative, in a body that possesses almost unlimited power to recover from injuries and almost unlimited power to resist and overcome causes, how is it possible for that infection to continue? When the answer to that question is sought, it takes us back to those agencies and influences in the body which determine resistance, which determine tissue susceptibility, which determine normal tissue life; it takes us to the inter-brain and to all the subsidiary centers under it. From these centers emanate the two paths, one from the cranium and the other from the thoracic sympathetic; and finally, the second, third and fourth sacral nerves. Those are the outgoing paths which carry the medicines which cause resistance and make us well.

These are the elements of the nervous system which enable us to obtain reactions from stimulations of various kinds and from drugs. A great deal of excellent work has been done in the last four or five years in the specific action of certain drugs, such as atropin, morphin, and adrenalin, and the more definite the knowledge

becomes (it is far from definite yet), the more clearly it appears that all of the effects due to these agencies are effects that are brought about by interfering with the activity of the unconscious nervous system: some of them increasing the activity of the thoracic portion, some increasing the activity of the other portion. The effects of adrenalin, for instance, are almost identical with the effects of overstimulation of the entire thoracic nervous system. It greatly increases the activity of all the white rami that come out of the thoracic cord. It produces a group of symptoms practically identical with the group of symptoms caused by overaction of the thoracic sympathetic.

(Concluded Next Month)

GIVE THEM A SQUARE DEAL

In the April issue of *TEAM WORK*, the monthly bulletin of the Los Angeles Osteopathic Society, the suggestion is made that everyone can help make the Long Beach convention a success by bringing it to the attention of individuals or firms who manufacture or sell supplies, equipment, or anything which can be advertised to delegates by means of an exhibit. Fees paid by exhibitors for space are essential to the financial success of the convention.

Dr. Morgan P. Lee, the Editor of *TEAM WORK*, was Chairman of the Exhibits Committee for the California convention of 1921, and knows whereof he speaks. Continuing, he says:

"We should all take to heart another thing in regard to the State Convention Exhibitors. The exhibitors come to our meeting at considerable trouble and expense to themselves. Their sales forces are reduced by people required to man exhibits and the item of transportation to and from the

convention is a considerable one in addition to the fees paid to the association. New ideas in equipment and aids to better work are very conveniently brought to our attention, giving us a chance to be better posted and better equipped. The object of the exhibitors is to familiarize the profession with their wares and, of course, sell at convention time or later as much merchandise as possible. At the same time they do our profession a distinct service, educationally and in fees. It is only right and just that we give them a square deal in every way: they are entitled to it and we are morally obligated to see that they get it.

"The square deal the exhibitors ask is merely that the convention guests all visit the booths and give attention to the merchandise displayed. We expect fair play from others, let's show at this convention that California osteopaths are square shooters!"

Applications for exhibit space should be sent to Dr. Warren B. Davis, First National Bank Building, Long Beach, California.

IMPORTANT NOTICE TO OSTEOPATHS GOING TO NEW YORK CONVENTION

All osteopaths in Southern California who are planning to go to the New York convention are requested to notify Dr. T. J. Ruddy, Black Building, Los Angeles, not later than June 1. If a sufficient number will start from Los Angeles on the same date, a special Pullman car will be arranged for. If there are not enough for an entire car, a half car can be reserved.

In order to connect with the special train which will leave Chicago for New York the evening of June 28, it will be necessary to leave California not later than June 25.

CLOSE OF THE RIB AND SPINE CONTEST

By F. P. MILLARD, D. O.
Toronto, Canada

All eyes, natural and X-ray, have been turned on the ribs of people in North America during the past few months. From Hudson Bay to the Rio Grande and from Cape Cod to the Golden Gate, every osteopath, as well as a great many close observers, have had the one thought in mind, that of finding, or locating, the possible winner of the thousand-dollar prize.

Possibly no contest has ever been held wherein a woman has won a prize for the best set of teeth, the best eyebrows, the best ears, or the best shaped nose, and it was with a ticklish sensation that I induced myself to stage a contest this year, following the great Spinal Contest of last year, in which the subject must eventually resort to an X-ray in order to determine the normality of the ribs that she or he possessed.

The winner positively had to have exactly twelve ribs on each side, and to verify the spinal examinations given by osteopathic physicians in examining contestants, the X-ray was applied to prove that the winner had exactly twelve ribs on each side. This called for the largest X-ray plates that could be found, in order to show all of the ribs, and before the final plate was made, smaller plates were used to secure proper focal points, or to see that the X-ray picture would include the ribs on both sides in a way that would show the true condition.

Occasionally we find a patient with an extra rib, and in this great contest from coast to coast a few were debarred from entering the contest through having an extra rib. A short time ago in Philadelphia an extra rib was removed, indicating that sporadic cases are found from year to year.



MISS BLANCHE NEWCOMBE
Winner of Contest

Perfect Ribs Must Have Perfect Spine

It is impossible for one to have a scoliosis, or spinal curvature, in any degree, and, at the same time, have an absolutely normal set of ribs. If there is any variation in the spine, from a back view, taking a plumb bob as the test-line, the ribs on one side or the other will be bulged or depressed, according to the concavity of the convexity in the region to which the ribs are attached.

From all of the many filled-in blanks by the osteopathic physicians, regarding the markings of various contestants, it seemed as if, for a time, the judges would have a great deal of difficulty in determining who would be the winner; but when the tabulations were made, and all of the percentages of deflection taken into consideration, the great number dwindled down to a very few, and when the radiographs

were taken to bring out every point upon which the judges were uncertain, it was no difficult problem for the judges to decide that the winner of the contest was in the person of an Ohio girl, the state from which presidents come. Great men and great women live in Ohio.

The Winner

Blanche Newcombe, of Fostoria, winner of the contest, stands 5 feet 8½ inches in height, and weighs 154 pounds. She was examined by Dr. Prudden, also of Fostoria. She has a well-proportioned figure, and having lived an out-door life, she has built into her body the finest of tissues. The muscular tone is unusual. The symmetrical development on the two sides indicates twin ribs in each instance.

This is not a case of "twin six." It is a case of "twin twelves," and, according to the X-ray in this instance, were the ribs taken out and matched up, the actual object would verify the X-ray findings that, in no instance, had a rib been fractured or injured in any respect during her lifetime.

The judges have found out that the winner of this contest has a big heart for little children. In closing, we must tell a little story that incidentally came to my ears after the decision had been made.

A little boy, drawing home on his express wagon a lot of accumulated boards and sticks, had the misfortune of a spill on a rainy day. Just at this time, the winner of the contest came along in her closed car, and, seeing the predicament the boy was in, got out, loaded the boards, express wagon, boy and all, into the sedan, and drove the boy to his home, where the load was safely deposited.

This little incident shows the great heart of a woman who is really interested in humanity. Had the judges known about this before their decision,

people might have said that the incident had touched their hearts; but this was not revealed until after the decision had been made.

We are truly glad that the winner is one of those out-door people, who lives close to nature, and who is sufficiently respectful of nature's laws to abide by her decision from day to day. The simple life is the real life and tells in time.

STATEMENT BY BLANCHE NEWCOMBE, WINNER OF CONTEST

HEIGHT, 5 FEET 8½ INCHES; WEIGHT, 154 POUNDS

When I was informed that I had the good fortune to win first place in the osteopathic rib contest, I was amazed. The X-ray examination, to my great surprise, revealed the fact that Nature had given me these natural bony supports of the upper body in nearly a perfect form. As a consequence of winning this contest, so many letters have reached me, asking how I developed along lines of physical strength, that I have, in this article, endeavored to answer these questions.

I was born in the State of Ohio, but as a child of nearly a year old, my parents moved to the State of Nebraska, where I led an out-of-door life, and still remember the wide open plains, the coyotes and other wild animals and birds.

I am certain that these early years lived away from civilization, where I rode horseback and played out on the open plains, must have produced a strong physique. The prairie life caused me to admire the way men and women in the west walk erect and laugh at danger from climate and disease.

I have paid very little attention to diet or physical culture in general, be-

lieving that to breathe deeply, to walk a great deal, and to learn to live in laughter and sunshine, is all that is required to develop health and happiness. I have, occasionally, had a treatment from an osteopath, believing that sometimes the body muscles do become contracted; so that whatever physical strength is mine has been received through simple means.

I know that keeping the mind busy is a great aid to one's development, and no doubt has a great deal to do with physical and mental activity.

I was educated in the public schools of Fostoria, Ohio. I delight in literature, the drama and music.

I wish all young women, especially, would make the obtaining of health part of their religion, and look upon a weak body as a disgrace. The simple laws of nature are ample to give to nearly every woman all the strength she requires.

But most of all I am more interested in crippled children and the free clinics established all over the country than in anything else.

EUROPEAN IMPRESSIONS

By GWLADYS M. MORGAN, A.B., D.O.
San Diego

My trip to Europe was one of great pleasure and interest. Those who have crossed the water and have seen foreign lands for the first time, know the thrill of those first impressions. They know, too, the lasting pleasure of recalling over and over again the sights and sounds that have been retained in memory for years. Those who have not crossed the "pond" and looked upon the other side have yet to experience that pleasure. However, to all I'd like to bring back something from my experience in the old country that may be of interest. It is impossible to describe my trip step by step but I'll try to give fragmentary pictures here and there.

I shall never forget the first English policeman as he stood on the dock. Tall, well built fellow he was, with his high helmet accentuating his height. His hair was light and his cheeks were like rosy apples. He stood as straight as a rod and looked as if he were carved out of wood. We asked him the way just to see whether or not this dignified and stately personage would speak, and he did; courteously, accurately. He was typical of all English Bobbies, courteous and kind, ready and prepared to give

accurate information on whatever question was asked. I felt, too, as one of our friends expressed, like bringing him home in my satchel as a keepsake.

Railway stations in England and Wales closely resemble the elevated railway stations in New York City. There is a long covered wooden platform with advertising signs of all descriptions. The walls are literally covered with ads, so that the passenger has to look hard to find the "booking office," the cloak and parcel room and to distinguish whether the station is Southampton or Bovril or Black and White Whisky. Later one learns to know just where to look for the required information for the name of the town is always on the lamp posts and the really important station signs are white on black over the doorways.

The trains are smaller than ours and less noisy. The cars are different from ours, for the compartments, large enough to accommodate eight people, open on the sides. The tracks in the station are at such a level as to allow a person to walk out of the train onto the platform without stepping up or down. The little trains

seem to sneak in and out of the stations, for they come and go so silently. The choo-chooing and chug, chugging of our trains is replaced by a gentle puff, puff. The children of Wales do not know what a "choo-choo" is, but they clap their hands with delight at the "puff-puff."

Our first view of England is a delightful memory, for it is a memory of riding for miles and miles through land as beautiful as a park; rolling hills, green grass, as green as a freshly mown lawn, trees in lovely masses by the streams. It amazed me to see the long stretches of land between the towns. Since one always hears of the overcrowded condition in England, I had expected the towns to be closer together, similar to parts of our own country, where one town melts imperceptibly into the next. Towns themselves, however, are one continuous block of buildings, all joined together and all alike. That is where the overcrowding comes. How one ever finds his own home in the dark is a mystery to me.

Wales is just as green as England and just as much like a park, but it has the added beauty of higher hills and more hedges. There is a serenity and calm about its hills, a richness and beauty about its trees, a stability about its old castles and a simplicity about its modern homes. Wales is quaint, reeking with old traditions, old superstitions and old stories of the past, yet withal it is progressive and forward-looking.

When one talks of towns, and buildings and cities and walls of stone, there is something lacking, but when one talks of the people, there is the charm. The Welsh people are cordial and warm. They have a sense of humor that is delightful, a serenity that comes from work well done and a religious faith that is supreme.

Possibly I can best describe my trip

across France and give you the very vivid impressions of traveling at night on the continent by quoting from a letter written home, September 9, 1922, after the experience:

"If you could have seen us last night, about three G. M., you would have been amused or saddened by the appearance of two American ladies in these 'wagons-lits' (sleeping cars). My sister occupied one seat and I occupied the small seat opposite. After having had two hours on the train from London to Dover and about two hours on the boat crossing the Channel we were ready to settle down to a little sleep. Being ready, however, did not create in us the ability to do so, for we squirmed into every imaginable position to snuggle down into these inflexible seats. All of our efforts were of no avail, except we did get wee snatches of sleep to allow us to forget the Polytechnic Touring Company, who routed us this way, and our friends who advised us not to travel at night.

"My sister, in her blue cape on the seat opposite me, was curled into the smallest possible space and looked, in the dim, uncertain light, like the chrysalis of a pale blue butterfly, while I know that I looked like the ugly thing I felt myself to be, like the mummy we saw in the British Museum crouched in its shallow, primitive grave, with knees touching its chin. Needless to say the night was a horror, and we'll never do it again. A call for breakfast at six-thirty was very cheering news that we could really begin all over and start a new day. We were served a *safe complet*, or at least it was *complet* enough to warrant the expenditure of seventeen francs for each of us (seventy-five cents), and included a request for 'tip for waiter' in very good English.

"The country that we are passing through now is lovely; long stretches

of green fields, intersected by well-built white roads bordered with beautiful tall poplars. There is a noticeable absence of hedges as we knew them in Wales. The long rectangular fields of varying greens of the ripening grains and the reds, browns and tans of upturned earth make the country look like a huge piece of Roman stripe ribbon.

"The fields are being cut by hand by men, while women seem to do the raking. We have seen just one plow drawn by oxen and just one motor car on the road, and we've been looking now for almost five hours. Near Rheims we saw a good many demolished buildings with parts of walls still standing. In the young woods near by we saw hundreds of dead trees like white specters of the dead among the living."

From the train we saw one beautiful canal with the horse path shaded between two rows of lonely trees. The canal boat horse was led by a woman, whose red blouse added an attractive dash of color to this quiet picture.

Nearby there were fields of grain being cut by hand, with scythes. The uncultivated fields were covered with wild flowers and gayest among them, the red and crinkly Flanders poppy. These are lovely flowers, much like the cultivated variety, but I, for one, can never think of them without remembering Dr. McCrae's exquisite poem:

"In Flanders fields the poppies grow
Between the crosses, row on row."

The poppies still grow in Flanders fields, for I picked some beside the cemeteries near Ypres, near the one at Hooge, beyond the Menin Gate, where six thousand British soldiers lie buried, six hundred of these brave, valiant men—unknown. These cemeteries, beautiful and well kept as cemeteries can be, are silent yet tragic arguments against war for all time.

OSTEOPATHIC STANDARDS RAISED IN MISSOURI

Among the most valuable legislative enactments of recent months was the "Osteopathic Bill" just adopted by the legislature of Missouri. This law, prepared by President George M. Laughlin of the Andrew T. Still College of Osteopathy and Surgery and presented by Senator Robinson, whose friendship for osteopathy is well known, fixes the educational standards of osteopathy in Missouri and meets the requirements of the Association of Osteopathic Colleges by making it necessary that matriculants in colleges of osteopathy first have documentary evidence of not less than fifteen units of high school education previous to matriculation.

This will have a salutary effect upon the public and will reinstate the reciprocal arrangements with other states in which graduates of Missouri colleges have been endangered because of the laxity of the state laws.—*Atscos.*

NIGHT SWEATS

Paterson urges that night sweats should be called slumber sweats, as they do not occur except when a person sleeps. In early stages of pulmonary tuberculosis, and in the absence of any other infection, they are often the one indication of active tuberculosis. Slumber sweats can in nearly all cases be prevented without drugs by sleeping on a grass mat over the mattress. Sleeping without a mattress on canvas will stop sweats. The sweats are due to the presence of bacterial products (toxin) in the blood in large quantities; they can, therefore, occur in any bacterial disease, and are not in any way diagnostic of pulmonary tuberculosis.—*Pharmaceutical Advance.*

AFFECTIONS OF THE KNEE JOINT

By DR. CHARLES H. SPENCER

Los Angeles

Golfer's knee, tennis knee, trigger knee and a number of other terms are used to refer to a disability of the knee joint that is of frequent occurrence among athletes and of quite common occurrence among people not engaged in athletic pursuits. The trauma responsible for its occurrence may range from the most trivial twist of the leg to the most violent strain.

The affection is characterized by a greater or less degree of limitation in either extension or flexion, sometimes both. The knee may swell slightly or extensively either immediately after the injury or later. In some cases it does not swell at all. The disability is due to a subluxation of one or both of the semilunar cartilages of the knee joint.

The difficulty of diagnosing the position of the subluxated cartilage is great. In order to develop a degree of skill that makes it possible to overcome the difficulty, it is necessary to make frequent and careful examination of many normal knees until the landmarks and normal mobility of the cartilages are thoroly fixed in the minds of the examining physician.

The subluxated cartilage is always immobilized, and the discovery of this tells you which cartilage is affected. Comparing the relative position of the edge of the cartilage to the landmarks on the head of the tibia will tell you in which direction it has moved.

Having diagnosed the position of the cartilage, the mechanism of its reduction should at once be apparent. In all cases the leg should be put under traction carefully applied. One of two methods may be used. With the patient lying on the back, take the ankle under the arm, and stand in such a position that you can lean

backward and maintain constant traction, being careful not to force such extension of the knee joint as to cause the patient pain. Or, taking the affected leg off the table, drop it low enough to place the ankle between your legs just above your knees, again standing in such position that by leaning backward you can maintain constant traction and again being careful not to force the extension of the knee joint to the point of giving pain to the patient.

While maintaining traction by one or the other of the above methods, grasp the head of the tibia in both hands. Make lateral pressure to separate the head of the tibia from the condyle of the femur: pressing inward if the internal cartilage is in lesion or outward if the external cartilage is in lesion. From this point the character of the manipulation varies, dependent upon the position of the subluxated cartilage.

A description of one or two types will serve to explain the completion of the manipulation. The most common lesion is a rotation of the anterior end of the internal cartilage into the joint. In such cases, with the knee under traction, slightly flexed, and pressure on the outside of the head of the tibia to separate the joint surfaces on the inside of the joint, endeavor to carry the head of the tibia *up*, than *in*, then *down*. In other words, increase the flexion, then increase the inward side bending, then extend the joint. Make the manipulation deliberate and rythmical. Sudden, violent movements cause the patient to contract the hamstring tendons and quadriceps and hold the head of the tibia in such close contact with the condyles as to prevent reduction. The *up* and *in* move-

ments tend to carry the cartilage the head of the tibia in that direction, and if extension is properly timed, the approaching condyle wedges it out into its normal posture, sometimes with a distinct pop, but the pop does not invariably occur.

The movement of the internal cartilage out of the joint in a lateral direction is a not uncommon lesion. In these cases, with the knee under traction, slightly flexed, and pressure on the outside of the head of the tibia to separate the joint surfaces on the inside of the joint, give a slight thrust inward with the hand on the outer side of the knee, followed by the sudden release of the pressure on the outer side of the knee but maintaining the traction and flexion. There may or may not be a pop. The inward thrust suddenly increases the tension of the capsular ligament on the outer edge of the cartilage, tending to carry it into the joint. If the release is properly timed the condyle approaching the upper concave surface prevents it from returning to its lesioned position.

All other subluxations may be successfully treated if the principles exemplified in the foregoing manipulations are kept in mind.

Fluid in and about the joint frequently makes reduction difficult and in some cases impossible.

The use of adhesive is unnecessary, as any cartilage properly reduced does not require pressure to maintain it. Elastic or rigid braces are worse than useless. They weaken the joint by affording an artificial support and preventing the natural exercise. Every case should be instructed to use the joint naturally and freely immediately following reduction, for only by so doing can you hope to re-establish a normal lymphatic circulation in and about the joint.

Radiographs should be made in

every case before treatment to ascertain if there is a complication of arthritis or sesamoids. These complications occur in at least 40 per cent of the cases and in all such the prognosis is not the best. Some of these may recover from the particular attack, but are likely to have a recurrence. Even extreme cases should be carefully treated before being told that the disability cannot be cured or surgery recommended for the removal of sesamoids.

Fractured cartilages are very rare but torn ligaments and contusions in and about the knee are quite common. If these cases are not treated for reduction at once and no subluxation has occurred, the ensuing inflammatory reaction results in adhesions between the cartilages and the head of the tibia, thus immobilizing it and limiting the function of the knee. Traction, sidebending, flexion and extension will restore the greater portion of its normal mobility.

In a later article I will describe other affections of the knee joint and their treatment.

EAST BAY MEETING

At the April meeting of the East Bay Osteopathic Society, held at the home of Dr. Kate Whitten, Dr. Joseph Pease gave an interesting and instructive paper on "Dental Sepsis."

Dr. P. V. Aaronson of San Francisco demonstrated technique and his methods proved so interesting that Dr. Pease, who is a prominent Oakland dentist, decided to become a patient.

Out-of-town osteopaths present included Drs. J. R. and Clara M. Morris of Petaluma, Dr. F. O. Edwards of San Jose, and Drs. Susan H. Hamilton, Carl Lind and P. V. Aaronson of San Francisco.

DOLCE C. MANSFIELD, D. O.

Secretary.

A PROFITABLE WEEK

By DR. WILLIAM WEST

Convention week in New York will have its appeal to the scientific need of every individual. Working as we all do from one problem into another in our own restricted field, we follow lines of our own deduction, quite unknowing that there may be better ways and easier ways, or, as some of us desire, more spectacular ways of doing a thing that we may be doing dully, badly, or quite to the dissatisfaction of our patients.

Thus New York, with its gorgeous Waldorf for our centre, one hundred scientific papers for our general enlightenment, and a nice, generous consideration of our personal requirements will offer us something unique and valuable in our year's professional endeavor.

Brilliant plans are being made for the activities of our good women doctors. They are a boon to countless mothers, to delicate, sensitive invalids, and to impatient sufferers who need the ministrations of a woman, rather than the sometimes unsympathetic counsel of the men doctors.

Our woman osteopath is as great a figure, potentially, as were the blessed Nightingale nurses of two generations ago. With their interests understood by each other, and guarded and protected by the good Dr. Roberta Wimer Ford as president and the many others of the O. W. N. A., there will be profit, entertainment and appreciation for them all.

Our nose and throat men are ever growing stronger in numbers and much greater in purpose. Having their own convention, they can come to our National Convention strengthened by their intercommunications and give us some invaluable advice. Here is a great public demand that these able osteopaths are fulfilling brilliantly; and we need their advice

and must help them in every way by a stronger and more unified support.

The conservation of the tonsils, the spreading far and wide of Dr. Bates' wonderful technique in eye treatment, and the merciful alleviation of conditions of tissue alterations will give to the public increased confidence in osteopathy as a great and comprehensive therapy.

The college students will be given special consideration. Dr. Thorburn's committee has secured some invaluable concessions from the Association officers in the matter of fees, and will have, we hope, a cordial body of residents who can put up some of the students for shelter and coffee in the morning. These are the men and women who will carry on our work in advancing osteopathy in the good opinion of the public. We need them as now they need us.

Transportation has been carefully attended to and the Committee will be ready for your inquiries.

OPPORTUNITIES

WANTED—To buy established good paying practice, or to form partnership, or serve as assistant. Address C. O. D., care of Western Osteopath.

EQUIPMENT and location for sale. Only osteopath in town. Excellent location. \$500 buys equipment, including X-ray, microscope, treating table, etc. Must give up practice on account of health. Address M-15, The Western Osteopath.

FOR SALE—Practice and office furniture in good oil field in Texas. For full particulars write Box 1676, Breckenridge, Texas.

COLLEGE and ALUMNI DEPARTMENT

C. O. P. S. NEWS
K. GROSVENOR BAILEY
College Editor

Field Day was emphatically worth while.

Everyone benefited to the extent of a two-day holiday, and some one won the dashes, the shot-put, and the long and tall leap. Add to that the eventful ball game put out by the male section, and the evening of song and dance, which was a success unto itself, and you have the *raison d'etre*. To Duane Stonier, athletic manager, and to Grace Beekhuis, social director, is due the credit for the successful concoction and conclusion of the affair. Much more might be said *ad infinitum*, but all who were at Fish Canyon that Friday, whether by day or by night, were amply repaid for absenting themselves from town.

Thanks to Harold Perry and his band of world beating artists de jazz, and to the courtesy of Mrs. Rutherford, many an advocate of classroom osteopathy enjoyed an evening's dance at Rutherford's, the 10th of May. In fact, everyone was so engrossed in the music as she am put out by that harmony demon Hal, that he was forced to bellow between toots, "Sit down, you're all tired out." Encores galore when they clapped for more, and a genial atmosphere, reminded us of other nights at Rutherford's and got us interested in a next time. Among others present were Dr. and Mrs. Edward T. Abbott, Dr. Clarke, and Dr. Gilchrist.

Dr. R. M. Donaldson, the pastor of Beverly Hills Presbyterian Church, addressed us at a recent Wednesday assembly. His plea for quick and accurate thought, appraisal, and judgment was embodied in what he chose to call "Snapshots."

He called to our attention the analogy of the camera and the keen intellect. The need for decisive thought and quick action, as became a true physician, was emphasized, as was the fact that, aside from professional treatment, a physician's opportunity is to help keep the lives of his fellow men in proper adjustment. Dr. Donaldson asked for physicians of the stamp of Dr. McClure in the "Bonnie Briar Bush," men with the high ideals of Weir Mitchell, the Philadelphia surgeon; J. A. Holland, and Oliver Wendall Holmes, doctors all, but men who had big minds and big hearts, whose philosophies and humanities are excellent examples of the larger applications of the knowledge of human life.

We noted with particular interest the speaker's desire to have us "thirst for a horizon." Illustrating his sentence with allusions to the American pioneer, he spoke of the sequence of first a desire to know, then a trail, then a road, then a highway. Pushing the known into the unknown, extending reason into faith and lighting the dark with faith, such (said he) was the province and opportunity of the true physician.

This championing of the broad vision was subsequently continued by Dr. Lillian Whiting, who addressed us May 2nd. High lights of hers were the facts that history is the unfinished drama of which our lives are a part, that newspapers are the living edge of history, that a scientific and literary education are essential to personal success thru the best contact with patients, and that plenty of rest in reason is the obligation of every practicing osteopath.

Anecdotes of her travels served to heighten our interest, and her practical solutions of practical problems sustained the high regard in which Dr. Whiting is held in our professional community.

Under the auspices of the freshman class an entertainment was given at the college Wednesday, April 25. The music was furnished under the direction of the Southern California Music Company by Mr. Nicholas Devereau, pianist, and Master Clyde Gates, violinist. The artists elicited keen attention. Mr. Devereau certainly "sold" the Chickering Ampico that day, demonstrating its potentialities with a finesse that quite amazed. Both he and the Ampico accompanied Master Gates. The phenomenal violinist rendered well-chosen selections from his difficult repertoire in a manner that took tremendously.

Thanks are due to the entertainers for their successful interpretations, and to Henry A. Stevens, who obtained their services for the assembly period.

At the assembly of May 9, Dr. Bruce Gordon Kingsley, pianist and educator, charmed us with his art. Dr. Kingsley is considered with great favor in musical circles. His gracious response to request numbers was thoroughly appreciated. Favor us again, Doctor.

Osteopathic State Board Examinations will be given and taken in the educational building of C. O. P. & S., June 11, 12, and 13.

At the same date the college offers a post graduate course, and following this the annual convention of the California Osteopathic Association will be held at Long Beach, June 14, 15, and 16.

In anticipation of the senior doctors' needs, sales offices are deluging their mails with samples of tooth paste, ointments, spatulas, pencils, blotters, charts, and literature galore.

We understand that Miss Helen Hoyt of the Ohio lake front asked who sent in the names to these copious advertisers, and why, being a soph, she wasn't the recipient of samples. Kindly address all correspondence in the future to B. Wise, sales-manager.

Final exams, May 28 to June 2.

After an interval of two weeks, the first quarter of the sophomore year will be inaugurated for those present frosh who can avail themselves of the opportunity. By action of the Board of Trustees of the college the summer quarter was made possible, and every one interested is anticipating a profitable course from June 18 to September 5. As announced in this department some time ago, the quarterly system will enable students to take a quarter's work during the summer months, if they so desire, thus advancing them through the curriculum in an appreciably shorter time.

Proof reading for the 1923-24 College catalog is in progress. The publication will soon be off the press and ready for distribution.

Dr. L. H. Gerdine of the Still-Hil-dreth Sanatorium at Macon (Missouri) was a recent classroom visitor.

Mr. Norman Phillip Cutner of Sidney, Australia, has enrolled in the sub-freshman class to complete his pre-osteopathic science requirements. Mr. Cutner expects to enter upon his freshman work in the fall.

Miss Agnes Cody, who has wrested many a correct trial balance from the books in the business office, has signified her intention of signing up for five years at hard labor, beginning the course in the fall quarter.

Miss Cody says her big reason for undertaking the work is that with the retirement of Mrs. Harris, some one must be enrolled who can get 100 per cent exam grades consistently.

On Saturday, May 5, the members of the Axis Club spent a most delightful afternoon and evening at the home of Dr. May Laidlaw in Sierra Madre. The event celebrated the return to health of one of our field members, Dr. Grace McCleary, who has been seriously ill for some time. A large number attended.

Delta Omega Sorority gave a dance at the Gamut Club Wednesday, the 16th of May. Sorority members and their invited guests who for some time had anticipated the pleasure voted the evening a decided success.

AMONG THE ALUMNI

DR. P. T. C. LLINGE
Alumni Editor

Reunion of Associated Alumni

The Associated Alumni of the College of Osteopathic Physicians and Surgeons will hold their Annual Reunion and Banquet at the Union League Club, 255 South Hill Street, Los Angeles, at 6:30 P.M., Wednesday, June 6, 1923.

The graduating class of C. O. P. S., 1923, will be our guests for the evening.

The College will be represented and many important announcements for the coming college year will be made.

Announcement will be made of the Alumni recommendation for their representative on the Board of Trustees.

An excellent banquet has been arranged together with entertainment that will surprise and delight you.

This is the one time of the year that affords us an opportunity to renew old friendships and revive again the spirit of our college days.

Dr. Glen D. Cayler, C. O. P. S., '17, of Los Angeles, and Miss Esther Hadlock of Arcadia were married May 1, 1923. The happy couple spent their honeymoon at Carmel-By the Sea.

Dr. G. H. Hazeltine, C. O. P. S., '23, and Miss Gladys Middaugh of Pasadena, were married May 14, 1923, at St. James Episcopal Church in South Pasadena.

Dr. E. A. Roe, C. O. P. S., '16, has moved from Toronto, Ontario, to Edmonton, Alberta, Canada.

Dr. Chester Foster, C. O. P. S., '21, of Salem, Oregon, is in Los Angeles.

Dr. Orilla Bigelow, C. O. P. S., '20, of Merced, California, is at Altadena.

Dr. Edith H. Badillo, C. O. P. S., '21, who has been ill for some time, is now at her new home in Monrovia.

Dr. Roy F. Buchman of Sacramento is a member of the McNeill Club, a male chorus of forty voices. The organization sang recently at the Greek Theater of the University of California.

A doctor who was making a call on one of his patients, a widow, said:

"You are slightly morbid, my dear lady. You should look about you and marry again."

"Oh, doctor, is—is this a proposal?"

"Allow me to remind you, madam, that a doctor prescribes medicine—but he doesn't take it."—*Judge*.

Women's Department

UNDER THE DIRECTION OF CALIFORNIA BRANCH
OSTEOPATHIC WOMEN'S NATIONAL ASSOCIATION

Send material for this department to
DR. MARY L. LE CLERE, 116 East Colorado Blvd., Eagle Rock, Calif.

MEETING OF CALIFORNIA BRANCH, O. W. N. A.

The California branch of the O. W. N. A. will hold its annual meeting on Saturday, June 16, the last day of the state convention. The meeting will be in the form of a luncheon at the Hotel Virginia, followed by an address on Public Health work, including a discussion of the workings of the Shepard-Towner Act. There will also be a talk on Vocational Guidance for women. Following the program the annual business meeting will be held, with election of officers for the coming year.

The committee arranging the luncheon is anxious to know what number to plan for, and those who will attend will confer a favor by notifying Dr. Emma Donnelly, 54 South El Molino street, Pasadena. A most cordial invitation is extended to all women of the profession and wives of osteopaths.

IMPORTANT

Notice: All City Clubs and State Presidents: We desire a full written report of all your club activities, covering the year to June 1st, 1923. Please act on this in lieu of personal letters of request. Forward them to Dr. Roberta Wimer-Ford.

Please send for publication in the Osteopathic Magazine, copies of Health Talks you have given.

A MEDICAL VIEW OF BACKACHE

The following, from the *Clinician*, shows how closely the medical point of view may sometimes approach the osteopathic:

"The cause of chronic backache (aside from hypertrophic arthritis) is unknown, although it probably is postural in origin. Subluxation or relaxation of the sacro-iliac joints is an explanation not supported by facts, and is probably of extremely rare occurrence. Chronic backache with limitation of motion, peculiar attitudes of standing, and severe pain may be due to a chronic synovitis with the formation of adhesions between the sacrum and ilia. Rational treatment is, therefore, the breaking of these adhesions. Backache is almost invariably associated with other indefinite disorders, such as constipation, visceroptosis, and neurasthenia, and the treatment should include all of these. It is slighted and improperly treated by the great majority of physicians and clinics, resulting in loss of prestige of the physician and in the popularity of the healing cults. Most cases of chronic backache could be properly treated, with good chance of cure, if enough time and thought were given them. The treatment should be detailed and sympathetic. It is (a) General—in which measures against constipation, visceroptosis, underlying complexes, wrong methods of standing or walking, gynecology, are con-

sidered; (b) Local—(1) For mild cases, a belt or adhesive strapping; (2) for more severe cases, a course of rest, and then a tight corset, as suggested by Dr. Lovett; (3) for severe cases, the breaking of adhesions by manipulation—the *osteopathic method*.—Dr. William Damshek, *Boston Medical and Surgical Journal*.”

The wise osteopath manipulates also the cases which are mentioned under (1) and (2). Recovery will be much more rapid if treated by manipulation than if by immobilization.—M. L. L.

Much publicity was given in the daily papers of Omaha to the examinations given during Spinal Curvature Week by the Osteopathic Women of Omaha. Pictures of spinal curvatures, also a normal spine were printed in the *Daily News*. Special mention was made of the work done by Dr. Jennie M. Laird (in whose office 54 examinations were made one afternoon) and Dr. Florence Mount.

The Women's Osteopathic Association of Nebraska have recently joined the State Federation of Women's Clubs. Lr. Angela McCreary is President of the Nebraska Osteopathic Women.

Dr. Louise P. Crow of Los Angeles is working in the infant feeding department of the City Child Welfare Conferences.

Dr. Lucena E. Turner of Las Crescenta, California, talked before the P. T. A. organization of her locality.

Dr. Minnie Potter of Seattle has patents in United States and England for an invalid's chair which she invented.

Dr. Emma Wing Thompson of Seattle is osteopathic chairman of the Seattle Women's Civic League, connected with the Common Council of the city. Dr. Wing Thompson is one of eleven directors of "The Wing Family of America, Incorporated," the first family in America to incorporate.

Your president would be delighted if by the combined team work of ALL O. W. N. A. members women everywhere could be taught that through osteopathy the nausea of pregnancy can be avoided, varicose veins prevented and all fears and dangers of the menopause removed.

Dr. Evangeline N. Percival of Los Angeles is chief of a Los Angeles City Baby Welfare Station and assistant on staff P. T. A. School Clinic.

Dr. Carrie Benefiel of Spokane lectured before the Observers' Club on "Women and Osteopathy."

Dr. Jennette H. Bolles of Denver gives illustrated stereopticon lectures to P. T. A. groups.

Dr. Louise J. Smith of Missoula, Montana, gives health talks before the high schools.

Dr. Susan Harris Hamilton of San Francisco is vice-president of her local business and professional women's clubs. She also lectured and worked in the children's clinic.

Third Annual Convention
Osteopathic Women's National Association

June 29-30, 1923

Waldorf Astoria Hotel, New York City

\$5000 REWARD FOR PREVENTIVE OF "KLEIG EYES"

A reward of \$5000 is offered by the Goldwyn Pictures Corporation for a preventive of "Kleig-eyes," the malady which, for years, has caused agony to motion picture players and loss to the producing companies. The *Los Angeles Times* prints the following information regarding the affliction:

"Every person whose work is in the intense glare of the powerful arc light necessary for indoor motion-picture photography is subject to the affliction. Directors, cameramen, electricians, carpenters and others, who work outside the camera lines, are liable to be affected. But, of course, the players themselves are the most frequent and severe sufferers. They spend 60 per cent of their working time with batteries of lights glaring in their eyes, and few have escaped the tortures of the malady.

"'Kleig-eyes' is an arbitrary name for the optical affliction that has haunted motion-picture players since the earliest days. The name refers to one of the makes of arc-light in common studio and theatrical use, but the malady is caused by all makes of arc-lights.

"These intense light, glaring into the unprotected eyes, dries the natural secretion from the optical glands which normally is distributed over the eyeballs by the eyelids. With this natural oil dried and stopped at the source of flow there is no lubrication between the eyeball and the eyelid. When the victim blinks or closes the eye, the lid rasps over the sensitive eyeball like a sheet of sandpaper. The inflammation and pain are almost unbearable.

"Physicians who attend many cases of Kleig-eyes have not sought a preventive, being absorbed in alleviating

immediate pain and effecting a quick cure without permanent injury to the eyesight."

The following is taken from the Goldwyn Corporation's announcement:

"While the reward is particularly called to the attention of the medical profession and illumination experts, it is not limited to them, and may be won by any person or persons fulfilling the conditions.

"These are as follows:

CONDITIONS OF AWARD

"(1.) That the device, method or formula for which the prize is claimed must, after thorough tests under actual working conditions, be found to be, in fact, a certain preventive.

"(2.) That the appliance or formula shall not interfere with motion-picture production methods in common use now, or at the time of claiming the reward.

"(3.) That the discovery or invention shall be first submitted exclusively to the Goldwyn Pictures Corporation, which agrees to make its benefits available to the entire motion-picture profession.

"The determination of whether any applicant for the reward has complied with the above conditions shall rest solely and exclusively with Goldwyn Pictures Corporation.

"The offer being made in good faith, and with a view to the best interests of players, public and pictures, it is expected that claims will be made in the same spirit."

Among those rendering valiant service at the state capitals for osteopathy's interests in 1923 legislatures, were Dr. Mary Gamble of Salt Lake City, Utah, and Dr. Ida J. Deane of Tacoma, Washington.

Here Is Where Every Men pathic Association Sh

✧

Three
days
of
post-
graduate
work
at the
College,
June
11-12-13.
(See
page 3.)

✧



HOTEL VIRGINIA, L

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A REAL OSTEOPA

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BEACH, CALIFORNIA

D ENJOY

THIC CONVENTION

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cooled
by
Pacific
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Make
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VETO IS GIVEN MEDICAL BILL

[From the Los Angeles Times]

SACRAMENTO, April 30.—Gov. Richardson today gave the members of the State Senate a chance to laugh their cares away, when he returned without his approval a bill requiring doctors to have their door signs include words showing from what college they graduated in medicine, and what other professional training they had. The text follows:

"To the Senate of the State of California:

"The misuse of the word 'doctor' has led in the past to much confusion and many abuses. When the name Doctor 'Will Healem' appears on an office door, on a card, or in a newspaper advertisement, it cannot be determined whether he is a dentist, . . . an osteopath, a corn doctor, a doctor of philosophy, a horse doctor, a nature doctor, or a 'regular' M.D. This is a condition which should be righted, and S. B. 331 seeks to do it. The bill attempts to right the use of the word 'doctor' and prohibits its use in advertising on doors, signs or in newspapers unless accompanied by words showing 'educational qualifications,' 'attainments,' (whatever that may mean) and 'degrees upon which such title is based,' and also the name of the school, college or university that conferred the degree.

"I am strongly in favor of the general purpose of this bill and of letting the people know the kind of a doctor they are patronizing.

"I am ready to concede the arguments advanced by the M.D.'s in favor of this kind of a law. This bill passed the Senate and Assembly without opposition, but after its adoption strong opposition began to spring up from various sources. This opposition ranges from 'regular' M.D.'s to newspaper publishers. . . . The oppo-

sition says it was unaware of the nature of the bill and had no opportunity to oppose it before the Legislature.

"One 'regular' writes that he has been practicing many years, but that his college long since ceased to function as a medical school, and is now a religious college. He objects to being compelled to advertise as a graduate of a religious school of a sect to which he does not belong. Another 'regular' says he is a graduate of a California school and has been practicing for many years, and that to compel him to name his school would put him at a disadvantage with some young and inexperienced doctor who has the prestige of graduating from a famous school like Johns Hopkins.

"A member of the State Board of Medical Examiners points out this practical objection: Where several doctors have one reception room, the reception room door would be too small to carry words designating all the titles and colleges of the various doctors. . . . Several optometrists have protested against the bill. . . .

"The advocates of the bill also say it will increase the amount of advertising done by doctors and that is one of the purposes of the bill. This might be the result. A number of publishers, however, have protested against the bill chiefly on the ground that Section 5 contains a statement establishing the presumption that any doctor who advertises is therefore guilty of misrepresentation, imposition and fraud. Section 5 says:

"This act shall be known and cited as the act to protect the public from misrepresentation, imposition and fraud of advertising doctors.'

"This bill, in the opinion of some attorneys who have examined it, is

so involved and ambiguous in its wording as to be impossible of enforcement and hence would not accomplish the end desired."

"False and misleading advertising is fully covered by Section 654 A, of the penal code known as the model advertising statute."

"Any doctor making false claims or false statements or false representations in any kind of advertisement can now be fully punished under Section 654 A."

"If the advocates of this bill will pass a plainly-worded and simple bill requiring all doctors who advertise to indicate what kind of doctors they are, eliminating the school provision and eliminating Section 5, I will gladly sign it.

"For those reasons I am compelled to return herewith Senate Bill No. 331 to you without my approval."

FURTHER ANNOUNCEMENT REGARDING POST-GRADUATE

The Arrangements Committee for the Postgraduate Course to be given at the College during the three days prior to the State Convention, wish to announce the following schedule: Technique, nine hours; Physiotherapy and Radiology, six hours; Minor Surgery, including Fractures, Dislocations and Burns, nine hours; Management of Acute Infectious Diseases, three hours.

These subjects have been arranged for in response to requests received from the profession. We are prepared to add to this course any work that we can if you make your desires known to us. In order to have any subject added to the course it will only be necessary for five or more osteopaths to apply for it.

Make your wants known to Dr. E. T. Abbott, Chairman of the Committee, at 721 S. Griffin Avenue, Los Angeles.

OSTEOPATHIC GYNECOLOGY

The seventh article in Dr. Jennie Spencer's series on "Osteopathic Gynecology," which was scheduled to appear in this issue, will appear in the next issue.

LEGISLATIVE NEWS

In Maine the senate has indefinitely postponed and the house has tabled the bill permitting osteopaths to practice surgery.

In Missouri the osteopathic bill requiring a high school education and four years of osteopathy passed both houses and the governor's signature is expected.

The medical bill to class osteopaths as a limited branch and remove practically all their rights failed to pass.

The Pennsylvania Osteopathic Association has secured the introduction of a bill providing that the examining board shall have at least one member who shall have had three years in the practice in the legally incorporated and reputable colleges of osteopathy, and that osteopaths may be licensed as osteopathic surgeons providing they will have served at least one year as interne or assistant surgeon in an approved osteopathic hospital with a certain specified capacity and equipment. The amendment also provides for osteopaths the same standing as other physicians with regard to official recognition, reports and the like, and that the osteopathic board will have more power for the revocation of the licenses of those who overstep their legal privileges.

The West Virginia Osteopathic Society sent all members of the legislature a letter explaining why they had introduced a bill to create an independent Board of Osteopathic Examiners.

(Continued on page 32)

The Western Osteopath

Published Monthly at 799 Kensington Road, Los Angeles, by the

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President, Dr. Harry W. Forbes, Black Building, Los Angeles

Vice-President, Dr. Iva Still Wallace, Fresno

Secretary-Treasurer, Dr. C. B. Rowlingson, Los Angeles

Official Organ of the Western Osteopathic Association
and of the Osteopathic League

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C. B. ROWLINGSON, D. O., Managing Editor

TWO KINDS OF OSTEOPATHS

All osteopaths may be divided into two classes: those who attend conventions, and those who don't. In the first group are found the leaders of the profession and our most progressive practitioners; in the second group are the followers, and those who are immune to new ideas.

Pathology has given us the term "vicious circle." It is used to designate any bodily condition which results in a symptom which in turn produces more of the original condition. So it is with many osteopaths in the second group: lacking a progressive spirit, they don't attend conventions; and in not attending, they get out of touch with progress, and thus sink deeper and deeper into a rut from which eventually they find it impossible to turn. It is truly a vicious circle which has a most deplorable effect on its victims.

Other osteopaths do not attend conventions because of fear: they fear they will lose a few dollars in fees, or they fear that some of their patients will go to another physician while they are gone. Both of these fears rest on false foundations.

The osteopath who does not attend conventions may make a few extra dollars, but he loses the mental stimulus which results from contact with practitioners from other localities; he loses the opportunity for advancement in his profession that is provided by the scientific program. Those who attend conventions get all of these things, and more: they get the increased prestige which accrues to any professional man who is known to be progressive enough to be a member of the organizations of his profession, and who has a reputation for keeping up with the advancement of his profession by attending conventions and otherwise keeping posted on new developments. This increased prestige means more practice and practice of a better quality, which not only compensates for the income which is lost while away, but in the end so much more than compensates for it that those who go make more than those who stay at home.

If you have followed this editorial so far, and if you are an osteopath who has not attended a convention for five years, ten years, or perhaps never

attended one, we would like to make this suggestion: Go to your state or your national convention (or both) this year. Get out of the rut before it gets so deep that you can't get out. Remember the law of compensation. The more you give to your profession, the more you will receive. After the convention is over, if you can conscientiously say that it wasn't worth while, that you haven't benefited by it, then we shall be willing to admit that you are an exceptional person.

ALBERTA INVITES OSTEOPATHS

The Alberta (Canada) Association invites Pacific Coast osteopaths to return from the New York convention by the Canadian route and attend the annual meeting to be held in Calgary, July 18-19-20. This organization of Canadian osteopaths is small but loyal, and will especially welcome any D. O. who will come and give them a real osteopathic message.

"We will provide entertainment and try to show them a good time," writes Dr. M. E. Church of Calgary.

It is only one night's run from New York to Montreal, whence through trains leave for Calgary, making the trip in three days. In comfort and completeness of equipment these trains rival those of any American railroad. In addition to the usual sleeping and dining car equipment, open observation cars are provided for the trip through the wonderfully scenic Canadian Rockies. From these cars an unobstructed view can be obtained of the towering snow-clad mountain peaks which rival the Swiss Alps in grandeur. Anyone who has never crossed the continent by the Canadian route has a scenic treat in store, and the invitation extended by the Alberta Association will enable osteopaths of the far West to "kill two birds with one stone."

NOTICE OF CALIFORNIA EXAMINATIONS

The California Board of Osteopathic Examiners has announced that examinations will be held June 11-12-13 in Los Angeles.

"TEDIOUS CANT"

H. G. Wells, the English author, classes the works of Shakespeare as "tedious cant." Mr. Wells thereby reveals the grade of his own mentality, for in making such a statement he is either trying to attract attention to himself by opposing the collective opinion of the majority; or, if he was sincere in making the statement, it is evident that his mind lacks the capacity to appreciate the truly great in literature.

In quantity of writing, Mr. Wells surpasses Shakespeare; as to the quality, posterity will be the best judge, but most of those now living who have read both authors have had no trouble in deciding. Mr. Wells is perhaps our most voluminous contemporary writer: in fact, he has an apparently incurable case of logorrhea. Thus he lives in a glass house, and in throwing stones of "tedious cant" at the work of a great literary genius, he hurls a missile that may prove to be a boomerang.

The death rate from cancer of the stomach shown by the United States Census Bureau is 19.3 per cent per 100,000 population, and the disease is a little more common among men than women, and occurs with increasing frequency with advancing years. After the age of forty years the onset of persistent indigestion, persistent colicky pains with diarrhea, and especially vomiting and the presence of blood in the stools are signals which call for a determination of the cause.

WILL YOU BE THERE? WHERE?

Twenty-seventh Annual Convention
American Osteopathic Association



Waldorf Astoria Hotel

NEW YORK CITY

July 1 to 7, 1923

Special train will leave Chicago Thursday evening, June 28, laying over at Niagara Falls June 29, arriving New York June 30.

Health Here and Now

Place the clock back ten or twenty years by giving your rundown, wornout body an over-hauling such as you give your automobile. The Milk Diet and rest combined with osteopathy secures wonderful results.

Investigate

The MOORE SANITARIUM

828 Hawthorne at 27th
Portland Oregon

INCOMPETENT MIDWIVES

A recent survey of midwifery conditions throughout Maryland, conducted by the director of the child hygiene bureau of the state department of health, has revealed that more than half of the midwives in Maryland are practicing without a license. A total of 696 midwives were found in the state outside of Baltimore, of whom 195 were white and the remainder colored. Classified according to intelligence, condition of homes, etc., 167 of them were rated "good" and 290 "fair," the remainder being "poor." Two of the women had had school training, 14 hospital training, and 658 "practical" training, which indicates that "a large majority of the midwives of the state have had no systematic training of any kind." "It is manifest," the report says, "that the midwifery situation in Maryland must be improved greatly before the mothers of the state and their babies are given a fair chance."—*Nation's Health*.

BAY BANQUET

The Bay, East Bay, and San Jose Osteopathic Societies were well represented at a banquet at the Hotel Stewart recently. Following the dinner, Dr. Lillian Martin of San Francisco, well-known psychologist and psychiatrist and professor emeritus of Stanford University, gave a talk on "Mental Hygiene of the Child." Those present unanimously voted the evening a pleasant and profitable one.

GET HEALTH—THE FIRST WEALTH

Health is the first wealth, bar nothing.

If you are sickly, or dying, what value can the world offer to you?

If you have to toil hard in pain, is life worth living?

If you have a break-down just at the moment when your presence is most needed, what is the good of all your precious long hours?

If you catch a disease because your powers of resistance are low, due to overtime labors, where is the sense of those labors?

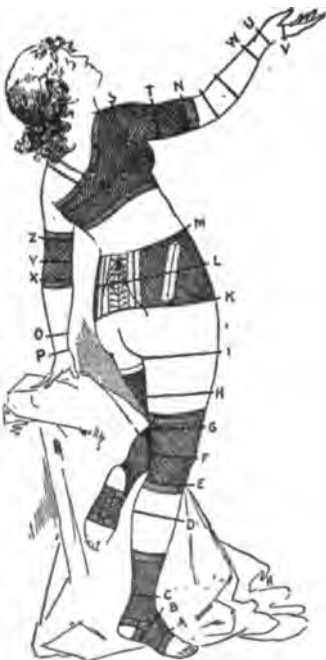
If bereavement overtakes you just after a financial loss, and you have only poor health to fight the two, are you not going to regret inattention to diet, to exercises, and to social recreation?

These questions, put to you in staccato fashion will bluntly pull you up if you are inclined to be indifferent. Answers to them will prove that care bestowed upon physical hygiene will help ward off disease; help bear trials and tribulations, particularly those of a personal kind; help endure a season of hard work without ill effects; help impart enjoyment to all activities; and help prevent the oncoming of any for moof pessimism or hopelessness.

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Americans are for the most part good hygienists, except in the matter of diet. The climate sharpens the appetite and develops the taste for rich foods; but as food and drinks are the chief items of a health regime they repay any restrictive attention bestowed on them.—T. Sharper Knowlson, in *Healthy Home*.

Some men would kick about anything. Uncle Levi Zink, says his nephew Walter is complaining about goldenrod being late and delaying his hay-fever.

PINE HEIGHTS HEALTH RESORT
Sanitary Cottages, Rooms, Meals
Visiting Nursing
DR. DORA ROPER
Colfax and Nevada City, Calif.

LEGISLATIVE NEWS

(Continued from page 27)

In 1907 the osteopaths had a bill to create such a board, when the medics proposed a compromise, agreeing to "stop all fight" and give the osteopaths "just and equitable treatment." Of course, you know the answer.

In Wisconsin the Assembly has voted to repeal the eugenics law in operation since 1913 and went on record as favoring repeal of the state compulsory vaccination law. It was voted to abolish the Blind Bureau attached to the State Board of Health.
—*Truth Teller*.

CONDITIONS GOVERNING REDUCED FARES

Osteopaths and immediate members of their families who are going to New York are asked to carefully read the following:

1. Tickets at the regular one-way tariff fares for the going journey may be obtained June 23 to 30. Be sure that when purchasing going ticket you request a **CERTIFICATE**. *Do not make the mistake of asking for a "receipt."*

2. Present yourself at the railroad station for tickets and certificates at least 30 minutes before departure of train on which you will begin your journey.

3. *Certificates are not kept at all stations.* If you inquire at your home station, you can ascertain whether certificates and through tickets can be obtained to place of meeting. If not obtainable at your home station, the agent will inform you at what station they can be obtained. You can in such case purchase a local ticket to the station which has certificates in stock, where you can purchase a through ticket and at the same time ask for and obtain a certificate to place of meeting.

4. *Immediately on your arrival at the meeting present your certificate to the endorsing officer, Mr. R. H. McClure, Business Manager, as the reduced fares for the return journey will not apply unless you are properly identified as provided for by the certificates.*

5. It has been arranged that the Special Agent of the carriers will be in attendance on July 5, from :30 a.m. to 5:30 p.m., to validate certificates. If you arrive at the meeting and leave for home again prior to the Special Agent's arrival, or if you arrive at the meeting later than July 5, after the Special Agent has left, you cannot have your certificate validated

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and consequently you will not obtain the benefit of the reduction on the home journey.

6. So as to prevent disappointment, it must be understood that the reduction on the return journey is not guaranteed, but is *contingent on an attendance of not less than 250 members of the organization at the meeting and dependent members of their families*, holding regularly issued certificates obtained from Ticket Agents at starting points, from where the regular one-way adult tariff fares to place of meeting are not less than 67 cents on going journey.

Certificates issued to children at half fares will be counted the same as certificates held by adults.

7. If the necessary minimum of 250 certificates are presented to the Special Agent, and your certificate is duly validated, you will be entitled up to and including July 11, to a return ticket via the same route over which

you made the going journey *at one-half of the regular one-way tariff fare* from the place of meeting to the point at which your certificate was issued.

8. Return tickets issued at the reduced fare will not be good on any limited train on which such reduced fare transportation is not honored.

9. No refund of fare will be made on account of failure to obtain proper certificate when purchasing going ticket, nor on account of failure to present validated certificate when purchasing return ticket.

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Yellow makes a room appear to be flooded with light, gives the feeling of sun warmth and produces a sense of comfort. Otherwise dingy rooms are enlivened and made more cheerful by yellow wallpaper.

Orange exerts the most marked warmth giving effect and disposes to cheerfulness. Orange colored curtains in a bedroom produce a tinting effect

that has a stimulative influence on the nerves.

Red is the color that best represents spontaneous youthful joy, but it is the hardest on the eyes. A pure neutral red causes unrest; persons inclined to melancholy are put in a livelier frame of mind, but persons who are nervous should avoid red.

Violet exerts a depressing effect. Blue has a calming and soothing effect. Patients will sleep better with a night-lamp, if provided with a blue shade, than they will in the dark. Green has a calming influence.

Gray, if it covers a wide area, is barren and dreary. Persons become depressed in such dingy rooms give evidence of lack of interest in their work. Especially patients are likely to be thrown into an unhappy frame



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CHEMISTRY AND THE OSTEOPATH

A knowledge of chemistry gives the student of osteopathy to understand that by chemical union all substances that appear in the body have been compounded and are prepared by the laboratories of the body from crude substances taken into the body when the work begins with the food and proceeds to atomize, separate, combine and form a compound of all elements that enter into the structure of man's body. That compound, blood, contains bone, muscle, nerve, hair and teeth. The how and why is beyond man's power of reason and he fails to be able to make any compounds that make a tooth, bone, muscle or hair, a drop of blood, nerve or fat. The laboratory of life makes and uses all, but we cannot even imitate an atom of that great manufactory of blood and flesh. One says, why study chemistry, if we cannot use it? We teach chemistry in our school hoping that the knowledge the student gets by studying chemical affinity and action will help him to know that living man is only a chemical laboratory in good action, from birth to death, and its good work is life and health and its bad work is sickness and death, and if the doctor keeps the laboratory in good shape to do its work, then he can hope for good results, but if he has no knowledge of elementary chemistry, he fails to be successful as a manager of the machinery of the physiological laboratory. Thus he fails to be able to relieve many cases that would be easily cured if he knew how the body formed blood and other substances and how the blood was taken to and from each part of the body. Some would tell you that you must learn chemistry in order to pass state examinations. That is not why we teach chemistry, but to make suc-

cessful thinkers, so you can get the good of the machinery that the body has in it for its preservation and repair. You are not supposed to be the makers of blood, bone and flesh any more than a locomotive engineer is supposed to make wood and coal. Your job is to put wood or coal in the furnace, open the supply and drainage pipes, fire up, light your pipes, stand back and look and listen. If it runs right, you can do no more than to feed and water.—*A. T. Still.*

AN OSTEOPATHIC SANATORIUM IN NEVADA

Dr. E. C. Galsgie of Reno, Nevada, announces that the Nevada Sanitarium and Health Home of Reno is now open and receiving patients and guests. Therapeutic methods used include osteopathy, physiologic exercise, heliotherapy, milk diet, rest cure, and hydrotherapy. We believe this institution will meet a real need, for so far as we know, there has been nothing of the kind in that region.

MICHIGAN BOARD REFUSES TO LICENSE OSTEOPATHS PRACTICING E. R. A.

The Michigan State Board of Examination and Registration in Osteopathy, in session at Jackson on April 21, 1923, passed the following resolution:

WHEREAS, The Board being formed for the purpose of examining physicians in the subject and practices of osteopathy, and of licensing said physicians to practice osteopathy and that alone; and,

WHEREAS, The practice of E. R. A. has no relation to nor connection with the principles and practice of osteopathy, be it

Resolved, That this Board refuse to grant license to practice osteopathy in the State of Michigan to any person engaged in the practice of E. R. A.

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publicity to the home-coming doctor. For some years Boston, Baltimore, Chicago and New York have vied with each other in regard to postgraduate work. But new plans are now being made to endeavor to make New York

the medical center of the world. A new Academy of Medicine is to be built which will not only house the largest medical library, barring the Surgeon General's Library at Washington, but the building will also be the disseminating point for all that is new in medical science. New York City will then become the lodestone to which the physician will naturally be drawn, and with Boston and Baltimore only a few hours' ride away he will be able to do his postgraduate work at the least loss of time from his practice.—*Pharmaceutical Advance.*

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THE OSTEOPATH

[From *Golden Age*]

The osteopath tells you that if the body is to function properly every part must be in normal relation with every other part, and that organisms contain within themselves the inherent power to cure disease. He has the idea that if there is anything serious the matter with you and if each one of the principal bones in your body can be used as a pudding-stick to stir up the rest of your anatomy and to get a good warm current of blood flowing through your body, you will get well; and you generally do.

He tells you how a sixth dorsal vertebra, being turned out of its true relationship to the vertebra above and below it, will involve the vasomotor nerves to the stomach, impair the secretory power of the gastric glands, make digestion slow and incomplete, form gas in the stomach and cause pain and distress of mind, all of which can be relieved by one who knows how to restore the slipped vertebral joint to normal.

He tells you how a slip off a curbstone or any other slight fall may cause a misplacement of the pelvic bones that will cause all the symptoms of appendicitis; and he suggests to you that before you let them cut you

open you had better find out whether or not it is necessary. Maybe the osteopath can fix you up in a few minutes so that you won't need to be cut at all.

He tells you how a fall may so affect the spine as to cause cystitis, and when the spine is corrected the bladder trouble disappears. He tells you how the neck vertebrae, getting out of proper relation to one another, may cause distortion of the features and pains in the face and jaw, stiff neck, or headaches which only osteopathy can relieve.

In a well authenticated case an infant suffered severely from worm fits. In one of these a worm eight inches long was taken from his nose. In the accompanying convulsions his chest became deformed by the knees being brought up so forcibly against it that one side was depressed nearly half an inch. After thirty-five years, osteopathic treatments removed the curvature of the spine which had persisted all this time, lifted the depressed rib and the appearance of the chest is now normal.

It is well that we come to reverence our bodies and their Maker. What a wonderful lot of soldiers are those white corpuscles, roaming about through the human system attacking and destroying invading germs and devouring particles of dead foreign matter! They form a defensive army; and whenever germ invasions occur they rush in great numbers, like trained soldiers, to destroy the invading host. Often many of them succumb in the struggle, and their dead bodies go to form the pus or "matter" so often observed after injuries. They are an embodiment of the healing power of nature; and recovery from infectious diseases is due largely to their activity. The blood contains other germicides and antiseptics, and health returns whenever it flows in

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axes, ball and socket movements, beams, girders, trusses, buffers, arches, cables, columns and supports known to science. The osteopath believes that if all of these parts are kept in good mechanical working order by the aid of a capable anatomical engineer, good health will persist for a decade or two after the body would ordinarily have gone to the scrap heap.

How wonderfully we are made! The Psalmist, using the human body as a picture of the Body of Christ, says, "I will praise thee; for I am fearfully and wonderfully made: marvelous are

thy works; and that my soul knoweth right well. My substance was not hid from thee, when I was made in secret, and curiously wrought in the lowest parts of the earth. Thine eyes did see my substance, yet being imperfect; and in thy book all my members were written, which in continuance were fashioned, when as yet there was none of them. How precious are thy thoughts unto me, O God."—Psalm 139:14-17.

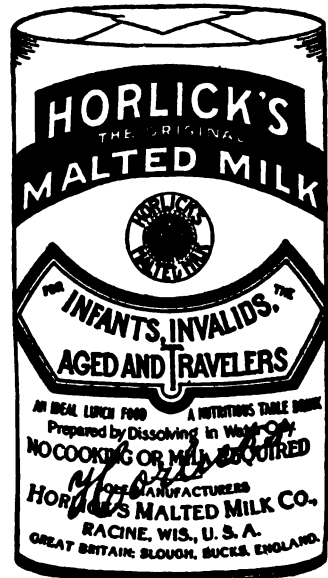
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Previous announcements have contained information regarding the trip up the Hudson to West Point, the theater party to which we are all going, and the banquet and dance.

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joy a museum? The Metropolitan Museum of Art or the Museum of Natural History are famous the world over. Do you want to see great buildings? The Woolworth Tower, Cathedral of St. John the Divine, St. Patrick's Cathedral, huge department stores, hotels and office buildings are without number. Do you want to see those things found only in New York?

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THE HEART

The heart, not the brain, is the center and source of an intelligence that constructs each division of the body, and combines all parts into one common personage or being. There, we find the first movement of life in the embryo, and the questions arise, "What is life? What is the heart?"

As we commonly speak of the heart we mean the organ of life, the fountain of blood, the engine of blood supply, and so on. We know that it supplies the whole system after building the arteries to carry it. Organs appear, all wisely formed and located to suit their different uses, and connected to the heart by the arteries, veins and nerves; when finished all parts are working in harmony. We try to reason how and why this lonely being, the heart, has done so much and shown through all its work such perfect wisdom. Is it the source of this constructive wisdom? Is wisdom an attribute of the heart? If not, what makes the plan by which it does the work and sets it out for inspection where it never fails to get the highest award on its exhibit? So far all evidence points to its individual perfection, its oneness in power to take charge and do all that could possibly be asked of a builder, from

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the first stroke to the perfected structure. It has not only to make the foundation faultless but to prepare the apparatus for the manufacture of the perfectly pure chemicals used to deliver and adjust all atoms to suit the design of the part under construction; as, some atoms are prepared to form bone, some blood vessels, some nerves, and others the different viscera, each perfect and adapted to the part it helps to form. Thus we rea-

son that wisdom rules in animal chemistry, otherwise confusion and failure would result. Through all from start to finish we find perfection absolute.

It is not enough to consider the heart a pump or an organ distributing blood to all parts of the body. Let us give the heart credit for all that it does; give it credit for native wisdom, the wisdom it proves by its work to possess. It builds its own workshop and works without assistance seeming



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to know its needs. If it makes a turtle, it decides a shell is necessary and constructs one for the protection of the being within. It builds and guards according to time—man, beast, bird, fish and reptile; all by its native mental and physical powers.

If the fetal heart begins as an atom and can build all around and over itself walls of protection, limbs of motion, and all that is of use to its personal demands, why not give it credit for wisdom to govern all its attributes and say, "You are substance refined to the power of union between life and matter."

If the heart is the center of force and constructive intelligence in the body, why not go to it for repair? Let the osteopath follow the course of the blood from the heart to its destina-

tion and return, and remove all obstructions, open all doors, for on it we depend for all the joys of perfect form and functioning, which is health. Be the watchman of the tower to cry, "All is well."—A. T. Still.

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| | | |
|-----------------|---------|--------------|
| Herpes | Sunburn | Pruritis Ani |
| Erysipelas | Chafing | Diaper Rash |
| Urticaria | Eczema | Dermatitis |
| Pruritis Vulvae | | Furunculosis |

Sample, literature, case reports etc.
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THE
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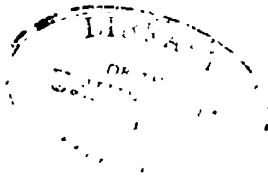


Clinical osteopathy

THE WESTERN OSTEOPATH

GIPT
JUN 15 1923

Success is the stamp of truth. I will say all men who fail to place their feet on the dome of facts do so by not sieving all truth and throwing the faulty to one side. Do one thing well and let the rest alone. Did you ever see a coon climb two trees at one time? If he did he would be like a man who had his head in many kinds of business at the same time, and fails because he can climb but one tree at a time.—*Andrew Taylor Still.*



MAY, 1923

17:11



BEACH SCENE AT LONG BEACH

THE WESTERN OSTEOPATH

Vol. 17 May, 1923 No. 11

Published monthly by the California Osteopathic Association at 709 Kensington Road, Los Angeles. Annual subscription, \$2.00. Entered as second-class matter August 25, 1922, at the postoffice at Los Angeles, California, under the act of March 3, 1879.

The College of Osteopathic Physicians and Surgeons

*announces the election by the
Board of Trustees of*

L. van H. Gerdine, M. A., M. D., D. O.

as President

Under Dr. Gerdine's administration this institution will work toward the development of an osteopathic college which will merit the fullest confidence of the profession.

It is planned to give special attention to post-graduate work in all subjects for which there is a demand. The conditions under which this work will be given are unusually favorable. The full legal recognition now accorded osteopathy in California, the opening of the Los Angeles General Hospital to osteopaths, and the abundance of clinic material available combine to make conditions for doing post-graduate work second to none:

Courses will begin this fall.

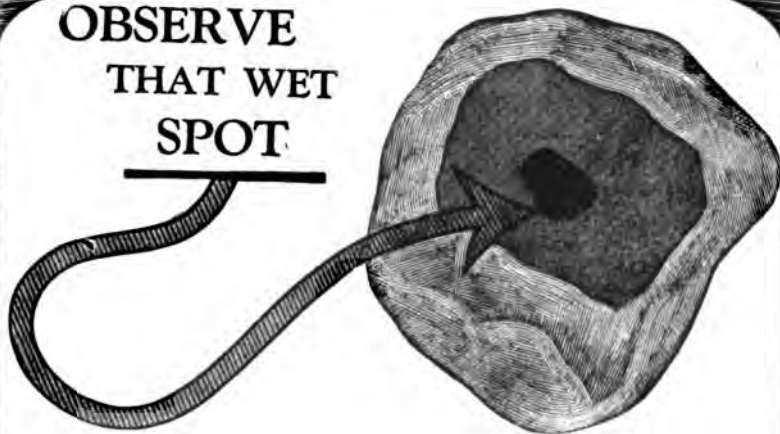
For further information address

College of Osteopathic Physicians and Surgeons

721 South Griffin Avenue

Los Angeles

**OBSERVE
THAT WET
SPOT**



The Antiphlogistine Poultice, some hours after its application to an inflamed area, reveals (on removal) certain phenomena.

The center is moist, where exudate has been drawn from the congested tissues—while the periphery, covering normal surrounding tissues is virtually dry.

Liquids follow lines of least resistance. The skin acts as a porous membrane separating two fluids of different densities—Antiphlogistine and the blood. An interchange occurs between their fluid constituents, endosmotic or exosmotic according to the direction of least resistance.

This "selective" action of

Antiphlogistine
TRADE MARK

in inflammatory conditions, may be considered almost "diagnostic."

THE DENVER CHEMICAL MFG. CO.

NEW YORK, U. S. A.

The Los Angeles Clinical Group

announces post-graduate courses, open to a limited number of members of the osteopathic profession, on the following subjects:

General Surgery
Diseases of the Eye, Ear, Nose and Throat
Mental and Nervous Diseases
Genito-Urinary Diseases, and
Obstetrics

The staff consists of the members of the Los Angeles Clinical Group. Didactic, operative and treatment work will be given. Instruction in these courses will be greatly facilitated by the opening of Monte Sano, the sanitarium and hospital operated by the Los Angeles Clinical Group.

The courses will begin in the Fall of 1923. For full information address the

Los Angeles Clinical Group
801 Ferguson Building **Los Angeles, California**

Pico 4952

DR. LORENZO D. WHITING

LABORATORY DIAGNOSIS

910-912 Consolidated Building

607 South Hill St.

Los Angeles

| | |
|-------------------------|------------------------------|
| Kidney Function | { Urinalysis |
| | { Blood Chemistry |
| Infections { Acute | { Microscopic Examination of |
| { Chronic | { Blood |
| Nitrogen Metabolism | { Blood Nitrogens |
| Carbohydrate Metabolism | { Blood Sugar |
| Malignant Conditions | { Tissue Examination |
| | { Stomach Analysis |
| | { Special Blood Examinations |

Specimens in town will be called for. Mailing cases will be sent to out-of-town doctors.



A LONG BEACH PARK

This and all other Long Beach pictures which have been printed in THE WESTERN OSTEOPATH have appeared through the courtesy of the Long Beach Chamber of Commerce.

THE WESTERN OSTEOPATH

Published by the
California Osteopathic Association

Vol. 17

May, 1913

No. 11

DR. GERDINE MADE PRESIDENT OF LOS ANGELES COLLEGE

Dr. L. van Horn Gerdine, who for several years has been consulting neurologist to the Still-Hildreth Osteopathic Sanatorium at Macon, Missouri, has been elected President of the College of Osteopathic Physicians and Surgeons at Los Angeles. Dr. Gerdine is now in Los Angeles and has already taken up the duties of his new position.

Educationally Dr. Gerdine is exceptionally well qualified to head an osteopathic college. He holds the degree of M.A. received at Harvard, M.D. received at Rush Medical College, and D.O. received at the Massachusetts College of Osteopathy, the Chicago College of Osteopathy, and also at the American School of Osteopathy at Kirksville. He has taken three postgraduate courses in diagnosis and mental and nervous diseases in European universities, and has taught these subjects at A. S. O. For nine years he has been consulting neurologist to the Still-Hildreth Osteopathic Sanatorium. In 1921 he made a circuit clinic trip under the auspices of the Western Osteopathic Association.



Dr. L. van Horn Gerdine

To Dr. Gerdine THE WESTERN OSTEOPATH extends a cordial welcome, and to the college congratulations on obtaining such a well qualified administrative head.

An Article of
EXTRAORDINARY IMPORT

Begins on page 23

Program

WILLIAM HORACE IVIE
Program Chairman

THURSDAY, JUNE 4

MORNING, 10 O'CLOCK

- Invocation.....Henry Kendall Booth, D. D., Long Beach
- Address of Welcome.....
-The Honorable C. A. Buffum, Mayor of Long Beach
- Response.....Lester R. Daniels, Sacramento
- The President's Address.....Harry W. Forbes, Los Angeles
- Soft Tissue Technique.....F. O. Edwards, San Jose

AFTERNOON, 2 O'CLOCK

- Technique in Sections
- (Note:—Dr. S. C. Edmiston's section will be from 1 to 1:30)
- Digital Pharyngeal Treatment in General Practice.....
-Ralph E. Waldo, San Francisco
- Surgical Advances.....Norman F. Sprague, Los Angeles
- Resume of Proceedings of Los Angeles Surgical Society....
-Edward Abbott, Los Angeles
- Business
- Roentgen Therapy for Hypertrophied Glands.....
-Herman E. Beckwith, Glendora
- The Interpretation of Laboratory Findings.....
-W. L. Bowling, Pasadena

EVENING, 8 O'CLOCK

Reception and Dance, Hotel Virginia.

FRIDAY, JUNE 15

MORNING, 9:30

- The Osteopath and the Prevention of Cancer.....
-Dayton B. Holcomb, Pasadena
- Address by Incoming President.....L. van H. Gerdine
- The Satisfied Patient....W. W. Vanderburgh, San Francisco
- Address by Retiring President of College.....
-E. H. Light, Los Angeles

The Correction of Eye Strain Without Glasses.....
Helen H. Shelley, San Jose
 Report of American Osteopathic Society of Ophthalmology
 and Oto-Laryngology.....T. J. Ruddy, Los Angeles
 Lumbar Lesions with Corrective Technique....Arza J. Noble

AFTERNOON, 2 O'CLOCK

Knee Technique.....Chas. H. Spencer, Los Angeles
 Business Session, with Election of Officers.

EVENING, 7 O'CLOCK

Banquet, Hotel Virginia.

SATURDAY, JUNE 16

MORNING, 9:30

Osteopathy, the Public and the Osteopath.....
A. P. Ousdal, Santa Barbara
 Ideals of Professional Service..Warren B. Davis, Long Beach
 Resume of A. T. Still Research Institute Investigations...
Clara J. Stillman, Pasadena
 Aspects of Cerebro-Spinal Syphilis..H. E. Penland, Berkeley
 Laboratory Diagnosis in Bed Side Cases.....
Lorenzo D. Whiting, Los Angeles

AFTERNOON, 2 O'CLOCK

Technique in Sections.
 Fatigue (Illustrated).....W. Curtis Brigham, Los Angeles
 The Non-Surgical Treatment of Peptic Ulcer.....
L. C. Chandler, Los Angeles
 Hernia in Infancy.....E. G. Bashor, Los Angeles
 Case Reports in Milk Diet....Olive Bondies, South Pasadena
 Exercises to Combine with Milk Diet.....
Wm. C. Bondies, South Pasadena
 Report of Osteopathic Women's National Association.....
Inez S. Smith, Los Angeles
 Business (if any remains unfinished).

12:30 NOON

Luncheon Meeting, California Branch of Osteopathic
 Women's National Association.

MARVELS OF THE AUTONOMOUS NERVOUS SYSTEM

By DR. HARRY W. FORBES

Los Angeles

(Concluded from preceding issue)

[At the request of the editor, Dr. Forbes recently revised a stenographic transcription of an address which he made at the State convention held at Los Angeles in 1918. The result is this article.—Editor.]

The condition we call shock is a particular state of the unconscious nervous system which can be brought about in a great many different ways. Many very different influences and agencies produce shock, but when it is produced, no matter what the cause, the condition is the same. It is a condition in which there is a suspension of activity in certain portions of the unconscious nervous system. Fatigue, overstimulation and many poisons operate on the body to produce a condition which is identical. It has been known for a long time that in local tissue injuries, identical lesions could be produced by many different agencies. A wound may be produced by heat, by mechanical violence, by poison, or by electricity; but the wound, when produced, is a wound. Inflammation as a process is not a different process because of a difference in cause. The same general process arises in reaction to a multiplicity of causes, and the state we call shock is likewise a reaction of the body which under the circumstances, is beneficial, or even life-saving, at least it prolongs the life of the individual. No matter how induced, it is the same kind of a reaction.

Individuals who do not have a stable balance between the two ends and the middle, individuals whose organs are not driven by an equally tight rein from the cranial and from the thoracic sympathetics are the individuals who are so susceptible to all kinds of injury.

Much has been said and written about shell shock. There are many individuals who could be killed by the influences which bring about shell shock, but they could not be shocked, just as there are hundreds of individuals who could be killed by extreme mental stresses, but they could never be driven mad. On the other hand, there are a great many individuals who have a thoracic nervous system that is excited, a thoracic system which can be stimulated to great activity by the slightest causes, and which, when so stimulated, will overcome the pull of the vagus and the other cranial sympathetics and go into various conditions of shock. One individual will display it in one way, another in another way; one individual will become paralyzed, another blind, another will lose his voice, another will become deaf: all sorts of reactions will arise, depending on previous conditions, but the mechanism is always that the balance between the thoracic and the cranio-pelvic system is lost.

The practical thing for us and one thing that we can be absolutely sure of is that the greatest good in treatment can be obtained in such individuals by maintaining an adequate supply of the body fluids to the base of the brain and thru the thoracic cord down to the lumbar enlargement. Susceptibility to disease is removed by restoring normal circulation and movement to the various regions of the spine.

The time is not far distant when we shall be able to make more specific diagnoses. When confronted with a group of symptoms such as constipation, anorexia, tachycardia, and high blood pressure, we know at once that there is something wrong that is increasing the activity of the thoracic sympathetic, or lowering the activity of the cranio-pelvic sympathetic. Loss of movement in the occipito-atlantal joint and rigidity in the upper part of the neck is probably the most common spinal lesion that causes illness. This lesion interferes with drainage from the brain. If this lesion and a high blood pressure are found in the same individual it means that the drainage from the brain is bad. When motion is restored to that joint, all of the general symptoms will disappear. Patients whose blood pressure is 190 to 200 during all hours of the day, after a very few weeks of treatment which restores motion to the occipital joint, will have a blood pressure down to 140. Let me take a few minutes to explain this reaction. The inter-brain, because it is the part that never stops working, may be considered as the most important part of the brain. The conscious part is not so very important: a man may live without that. In fact, we live half of our lives without it any way, and most of us live better when we are asleep than at any other time; but the part of the nervous system that does not sleep is so absolutely essential to life that there has been imposed upon the whole body the duty of keeping blood there. The brain blood vessels do not have the same dilator and constrictor mechanism that the kidneys, the arms and the legs have. When more blood is needed in the brain, the mechanism is this: the brain's need is first; there is not in the whole body

any other territory whose need can come ahead of the brain's need for blood. The brain gets blood when it needs it, not by dilation of its own vessels, but by constriction of the vessels in the rest of the body. Just the minute there is need for more blood in the brain all of the other blood vessels constrict. That is the method of forcing circulation through the brain, and it shows the wisdom of the unconscious nervous system. When there is an obstacle to the brain circulation, for example, a tumor inside the brain the size of a walnut, that increases the cranial contents immediately the blood pressure shoots up from 120 to 140, 150, 160, 200, 210, 250. Whenever there is an obstruction to the circulation of the brain, it is so important that the blood go through the brain, that all of the blood vessels thruout the body constrict, no matter what work they are doing. When the brain needs blood, it employs the blood pressure to force the blood thru it.

We have nervous patients with low blood pressure, too little action, a stiff dorsal spine, a spine that has no hyperextension. With individuals of this kind, who have low activity of the thoracic sympathetic, the general blood pressure is too low. A thousand and one symptoms that are called nervousness, hysteria, and so forth, are the most definitely determined symptoms that assail anybody. The time must come when the word hysteria must be dropped from medical literature. In the old sense, there is no such disease. In the old meaning of the word, there are no such cases. In every case a careful examination will reveal the cause; and the two most common causes of illness are rigidity of the occipito-atlantal joint and the rigidity of the thoracic spine.

OSTEOPATHIC GYNECOLOGY

By DR. JENNIE C. SPENCER
Hollingsworth Building, Los Angeles

Seventh Article

INFLAMMATIONS OF THE PELVIC VISCERA

The discussion of inflammations of the pelvic viscera from an osteopathic viewpoint is one that will raise the question, What is osteopathy?

These articles are going to emphasize manipulative treatment: otherwise there would be no excuse for writing them.

The simple catarrhal inflammation is first in order of frequency. Very frequently the entire pelvic area is involved. Vulvitis, vaginitis, cervicitis, endometritis, metritis, salpingitis and ovaritis with involvement of the peritoneum and cellular tissue may be present. Many of these cases are gonorrhoeal in origin, but after the gonococci disappear from the discharges we cannot longer consider it gonorrhoea. A great many cases are nervous in origin and are often associated with hay fever and other nervous manifestations. No doubt constipation is a common cause, as is also lack of physical exercise. Spinal lesions and innominate lesions are common causes.

Some people who specialize in diet are fond of mentioning as a cause "mucus-forming foods." There is a great difference of opinion as to what foods are "mucus-forming." No doubt diet has enough to do with any diseased condition to be a causative factor.

The symptoms produced vary with the amount of involvement. There may be only a leucorrhoeal discharge without pain. Often the discharge is irritating and causes vulvitis. The discharge may be as clear as the white of an egg, indicating only cervical involvement. A creamy discharge in-

dicates that the inflammation has extended to the glands of the endometrium. A periodic discharge preceded by pain usually indicates tubal involvement. There may be reflex headache and sacral backache. Dysmenorrhoea is not uncommon and menorrhagia is present in the cases that have continued for a long time. A long continued catarrhal inflammation will produce sterility.

The morbid anatomy in these cases is interesting and its study is a great help in reasoning how to assist nature in making a recovery.

The acute congestive stage is very short in duration. Gonorrhoea lasts only a few weeks but the engorgement of veins and lymphatics following may last for years. With this congestion must come the thickened mucous membrane and the engorged glands. Whenever the blood supply to glandular tissue is increased it must always follow that the glandular activity must increase. Some of the ducts leading from the glands become closed by the swollen membranes, others are closed by the infiltration of scar tissue. If enough of the glands undergo this change a cystic degeneration of the organ results. In the cervix the failure of glandular secretions to find an outlet produces what are called cysts of Naboth.

Nature's attempt to regulate the circulation after prolonged involvement results in the infiltration of connective tissue cells along the paths of the enlarged blood vessels and lymphatics. This change results in the sclerotic cervix and fundus with the resulting lessening of the leucorrhoea

and the gradual disappearance of the menses. The patient is relieved of many of her distressing nervous symptoms at this time.

As we think of the treatment to be given we must first determine what can be done that will assist nature and not hinder the laws of natural recovery.

First of all, the cause of the difficulty must be found if possible. The history may lead to a suspicion of gonorrhoea, but if the bacteria cannot be found in the discharge this cause must be eliminated, at least so far as making any statements is concerned. You may have back in your mind the belief that it is an outgrowth of a gonorrhoea, but if you cannot find the bacteria you cannot prove it and you will save yourself trouble if you keep that belief to yourself.

Examination of the spine and abdomen should be made, for some of the symptoms and not a few of the pathologic changes may be produced by general conditions. Exophthalmic goiter frequently causes enlargement of the uterus with menorrhagia and leucorrhoea as the chief symptoms, but treatment applied to the pelvis alone would amount to nothing. Organic heart lesions will produce similar changes. If spinal lesions or lesions of the innominate are present our first care should be to correct them.

Constipation and faulty diet often go hand in hand with lack of physical exercise as causes, and they are often the hardest to overcome. It is hard to teach the tired stenographer and the overworked school teacher that the gymnasium or swimming pool would rest them. The housewife assures you that she has taken all the exercise that she needs and more too, yet often some gardening, a game of golf, or other out-of-door activity will be extremely helpful. Perhaps the nervous condition is benefited by giving

these busy women a chance to play a little and to get out of doors instead of being in the house constantly.

The longer I live the less advice I give regarding diet. Only in acute conditions do I insist upon outlining exactly what people shall eat.

The patient suffering from a simple catarrhal inflammation is given two general treatments accompanied by pelvic massage. If a malposition is present the massage should be directed toward its correction. If no malposition or restricted movement is present, lift the uterus and give a straight massage for a minute or two. At the beginning of this course of treatment it is wise to insert a speculum and wipe away the discharge. This will protect the vulva and also allay the anxiety of the patient.

The douches advised are one large douche every other day taken in the reclining position, the temperature of the water being as warm as the patient can comfortably stand. This changes the character of the circulation and gives relief from pain. The patient is also advised to take some easy gymnastics. Some part of each day is to be spent out of doors. Tampons and suppositories are of no benefit in the large majority of cases, and we have found them exceedingly irritating. The best treatment is general osteopathic treatment with pelvic massage as indicated.

The great number of germicides, antiseptics and counter-irritants that have been tried over a period of fifteen years lead me to the conclusion that they are of little therapeutic value. The currette has fallen into disuse because it did not give results that justified the danger of acute infection that too frequently followed.

The prognosis varies considerably depending on the amount of involvement. Post-gonorrhoeal cases in which the endometrium and tubes have been

involved are the slowest to recover and often the sterility is never overcome; but the pain, discharge, and menstrual disturbances become less. We have found that this class of cases should be under observation for a period of two years. This is the average obtained by going over case records covering a period of seven years. Many cases in which the involvement was less were discharged in two or three months.

We have found that after the case has been discharged there is very little return of the condition. This differs greatly from the patient's history following the use of astringent tampons and suppositories. Patients have come to us with the vagina filled with caseous deposits from accumulated discharges. The patient of course had a decreased discharge but was no better since the discharge was merely coagulated by the suppositories and douches. This is not curing. The discharge should not disappear until nature has decreased the congestion and the cause has been removed. In some cases this occurs rapidly, in others it is brought about only by a protracted course of treatment.

General treatment, pelvic massage with the correction of malpositions of the uterus, and physical exercise has been the therapy that has given unqualifiedly the best results.

A GOOD PLAN FOR GETTING STUDENTS

An excellent plan for bringing osteopathy as a profession to the attention of eligible students has been successfully used by Mr. Edward H. Light, acting president of C. O. P. S., and a group of four osteopaths who are members of Beta Theta Pi fraternity. Each of the five men contributed \$3.00 to the cost of an ad-

vertisement in the Beta Theta Pi Magazine. Several inquiries resulted, and it has been suggested that other groups of osteopathic fraternity men or sorority women might follow the example. The advertisement was as follows:

AN OPEN LETTER ABOUT OSTEOPATHY

By Five Betas.

Brothers, we want you in Osteopathy.

The undersigned group of Betas is connected with the College of Osteopathic Physicians and Surgeons than which there is no finer in America. If you can meet this school's entrance requirements (which include a year's work of college chemistry, physics and biology or zoology), we want you to seriously consider this school and this great profession, which is making such a wonderful contribution to the science of healing. As Betas we are proud to have a part in upbuilding a fine osteopathic institution with a great future. What that future holds for this splendidly equipped college and for you who enter it cannot be told within the limits of this space. Therefore, we urge you to write today for literature about this great opportunity. Do not delay, for it is a *Great Opportunity* for you.

Signed,

H. E. BECKWITH, D.O.,
Wesleyan '08.

WADE MORRIS, D.O.,
Bethany '17.

HORACE A. BASHOR, D.O.,
Idaho '12.

EDWARD S. MERRILL, D.O.,
Beloit '02.

EDWARD H. LIGHT, A.B.,
Denver '06.

Address your inquiry to

BROTHER E. H. LIGHT, President,
College of Osteopathic Physicians and
Surgeons, Los Angeles.

DUES AND CONTRIBUTIONS TO INITIATIVE CAMPAIGN FUND

**Received from Members of California Osteopathic Association to
June 5, 1923**

EXPLANATION

In the first column below are reported all dues for 1922-23 received up to June 5, 1923.

The second column is the initiative campaign fund, and includes both pledges and receipts during the period from June 1, 1921, to June 5, 1923.

Amounts preceded by the asterisk (*) have not been received in full. The total amount of pledges not yet received is \$4612.45. In addition to this there are balances on notes not yet received to the amount of \$1389.87. The total still receivable is thus \$6002.32.

Where the word *Victory* occurs in the initiative column, it indicates that the person contributed to the Victory Fund. (See list of Victory Fund receipts.)

Each individual is credited only with the amount printed in figures opposite his name.

| | <i>Dues</i> | | <i>Initiative</i> |
|-----------------------|-------------|--|-------------------|
| Bashor, H. A..... | 25.00 | | 25.00 |
| Beckwith, H. E..... | 25.00 |  | ..... |
| Bell, James H..... | 20.00 |  | ..... |
| Bell, Wm. J..... | 25.00 | | 70.00 |
| Best, James T..... | ..... |  | 50.00 |
| Bickford, E. S..... | 25.00 | | 10.00 |
| Biddle, S. G..... | 20.00 | | 50.00 |
| Bingham, Harriet.... | 12.50 | | 250.00 |
| Bingham, W. L..... | 25.00 | | 250.00 |
| Birlew, Dorothy S.... | ..... |  | 25.00 |
| Blake, Elizabeth..... | ..... |  | ..... |
| Bland, Myrtabel..... | 25.00 |  | ..... |
| Blount, Wm. J..... | 25.00 |  | ..... |
| Bondies & Bondies.... | 37.50 |  | ..... |
| Bowling, R. W..... | 25.00 | | 120.00 |
| Bowling, W. L..... | 25.00 | | *120.00 |
| Bown & Bown..... | ..... |  | 120.74 |
| Brayton, F. C..... | 15.00 |  | ..... |
| Brigham, H. B..... | 25.00 | | 100.00 |
| Brigham, Margaret... | 5.00 |  | ..... |
| Brigham, W. Curtis.. | 25.00 |  | ..... |
| Broadhead, Annie M.. | 25.00 | | 25.00 |
| Browne, J. Coleman.. | 15.00 | | 50.00 |
| Brownback, Geo. G... | 5.00 |  | ..... |
| Bruce, Lewis..... | 25.00 | | 20.00 |
| Bryant, J. J..... | 25.00 | | 65.00 |
| Buchman, Roy F..... | ..... |  | 153.65 |
| Buck, Estelle K..... | 25.00 |  | ..... |
| Burke, Isaac..... | 25.00 | | 100.00 |
| Burton, Geo. F..... | 25.00 | | 125.00 |
| Caldwell, O. D..... | 10.00 | | *100.00 |
| Cale, Linnie A..... | 25.00 | | 50.00 |
| Carlin, H. G..... | 25.00 | | 90.00 |
| Carmody, Wilma..... | 5.00 |  | ..... |
| Carter, W. C..... | 25.00 | | 10.00 |
| Cary, Una W..... | 25.00 | | 119.00 |
| Caryl, Ella M..... | 10.00 |  | ..... |
| Cayler, Glen D..... | 20.00 | | 50.00 |
| Chamberlin, F. H.... | 25.00 | | 50.00 |
| Chambers, F. S..... | ..... |  | 260.00 |
| Chandler, L. C..... | 10.00 |  | ..... |
| Chapman, L. R..... | 25.00 |  | ..... |
| Chappell, Nannie J.. | 5.00 |  | ..... |
| Cheney, H. S..... | 25.00 | | 105.00 |

| | <i>Dues</i> | | <i>Initiative</i> |
|-----------------------|-------------|-----------|-------------------|
| Aaronson, J. A..... | ..... | \$ 508.53 | |
| Abbott, Edw. T..... | ..... |  | ..... |
| Abbott, Mary Lou...\$ | 5.00 |  | ..... |
| Adams, J. L..... | 25.00 |  | ..... |
| Allen, Nellie | 25.00 | | 25.00 |
| Allison, J. S..... | 25.00 | | 5.00 |
| Ames & Ames..... | 37.50 | | 75.00 |
| Arnold, Homer J.... | 25.00 | | 50.00 |
| Anderson, Carrie P... | 5.00 |  | ..... |
| Anderson, Mabel.... | 5.00 |  | ..... |
| Atwood, H. C..... | 25.00 | | 100.00 |
| Austin, Isabel..... | 25.00 | | 10.00 |
| Avery, Frank H..... | 25.00 | | 100.00 |
| Baber, K. P..... | 25.00 | | 300.00 |
| Balfe, Anna..... | 10.00 | | 25.00 |
| Balfe, Elinor..... | 25.00 | | 25.00 |
| Balfe, Sarah..... | 10.00 | | 25.00 |
| Barnes, O. W..... | 25.00 |  | ..... |
| Bartholomew, G. H... | 25.00 | | 30.00 |
| Bartosh, Wm..... | 25.00 | | 500.00 |
| Bashor, E. G..... | 25.00 | | 250.00 |

| | <i>Dues</i> | <i>Initiative</i> | | <i>Dues</i> | <i>Initiative</i> |
|-----------------------|-------------|-------------------|-----------------------|-------------|-------------------|
| Christensen, E. W.... | 25.00 | 255.00 | Edmiston, S. C..... | ..... | 25.00 |
| Clark, Annie S..... | 12.50 | 100.00 | Edwards, F. O..... | 25.00 | 250.00 |
| Clark, Chas. E..... | 5.00 | 40.00 | Elerath, Ora Webb... | 5.00 | ..... |
| Clark, Elmer S..... | 15.00 | *150.00 | Elerath, Walter..... | 2.50 | ..... |
| Clark, Frank C..... | 25.00 | 100.00 | Elliott, Mabel M.... | ..... | *250.00 |
| Clark, Wallace C.... | 10.00 | 25.00 | Ellis, Albert E..... | 25.00 | 50.00 |
| Clarke, Olive..... | 25.00 | 10.00 | Emery, Lora B..... | 12.50 | ..... |
| Cliff, A. B..... | 25.00 | 500.00 | Emery, Robert D.... | 25.00 | 50.00 |
| Clouse, D. H..... | 25.00 | 100.00 | Esterberg, G. A.... | 25.00 | ..... |
| Coffey, Eva Kate.... | 25.00 | Victory | Faires, Lucius..... | 10.00 | ..... |
| Collar, Emily..... | 25.00 | 50.00 | Farmer, Frank C.... | 15.00 | 100.00 |
| Collinge, Percy T.... | 15.00 | ..... | Farmer, Geo. C..... | 25.00 | 210.00 |
| Collinge, Maude..... | 5.00 | ..... | Farnham, D. C..... | 25.00 | 254.00 |
| Collins, F. T..... | ..... | 45.00 | Farnham, Margaret... | 5.00 | ..... |
| Golton, Guy W..... | 5.00 | ..... | Fenner, C. E..... | 25.00 | 250.00 |
| Comer, Grace P..... | 5.00 | ..... | Fingerle, Chas..... | 25.00 | 65.00 |
| Comstock, Carolyn L. | 5.00 | ..... | Finley, Chas. D..... | 25.00 | 500.00 |
| Conger, Mabel..... | 25.00 | ..... | Fitch, Marie G..... | 5.00 | 25.00 |
| Connor, Harriet L... | 25.00 | 55.00 | Fitch, Stewart J.... | 25.00 | 500.00 |
| Copeland, Glen H.... | 25.00 | 500.00 | Fleming, Ellsworth... | 25.00 | 200.00 |
| Coplantz, Russ..... | 25.00 | ..... | Forbes, H. W..... | 25.00 | 828.00 |
| Corby, M. Magill.... | 25.00 | 25.00 | Ford, Chas. F..... | 25.00 | 250.00 |
| Crain, Coral..... | 25.00 | 125.00 | Ford, Ernest L..... | 7.50 | ..... |
| Crain, Festal..... | 25.00 | 125.00 | Ford, Maude A..... | 5.00 | ..... |
| Crawford, Ada B.... | 25.00 | ..... | Fox, Adelaide L.... | ..... | ..... |
| Crist, Royal H..... | 25.00 | 500.00 | Frame, Ira S..... | ..... | ..... |
| Crow, Louise P..... | 25.00 | ..... | Gaddis, C. J..... | 5.00 | 250.00 |
| Cunningham, F. L.... | 15.00 | ..... | Gass, Preston Y..... | 25.00 | 100.00 |
| Cunningham, Helen.. | 12.50 | ..... | Gault, Sophia L.... | 25.00 | 58.00 |
| Cunningham, R. E.... | 15.00 | 50.00 | George, Elizabeth D.. | 5.00 | *50.00 |
| Dangler, J. H..... | 15.00 | ..... | George, Vera Irene.. | 15.00 | 44.00 |
| Daniels, L. R..... | 25.00 | 500.00 | Gibson, Axel Emil... | 25.00 | ..... |
| Davidson, Lottie..... | 25.00 | 10.00 | Gibson, Katharine... | 25.00 | 500.00 |
| Davis, M. Louise..... | ..... | 87.50 | Giesy, Norman W.... | ..... | ..... |
| Davis, Warren B.... | 25.00 | 254.00 | Gifford, Harry M.... | 5.00 | ..... |
| Deau, Exilda J..... | ..... | 10.00 | Gillespie, Mary A... | 25.00 | Victory |
| Decker, Curtis E.... | 5.00 | ..... | Glasgow, J. C..... | 25.00 | ..... |
| De Muth, L. E..... | 20.00 | 25.00 | Goode, J. Lynn..... | 15.00 | ..... |
| De Witt, Hugh M.... | 5.00 | ..... | Goodfellow, W. V.... | 25.00 | 100.00 |
| Dole, Emily..... | 5.00 | ..... | Goodrich, Jessie G... | 10.00 | ..... |
| Donnelly, Emma E.... | 25.00 | 500.00 | Goodrich, L. J..... | 25.00 | 25.00 |
| Doolittle, Harriet... | 25.00 | ..... | Gordon, A. R. M.... | 5.00 | ..... |
| Dormer, R. J. P..... | 5.00 | ..... | Gray, Myrtle Cramer | 12.50 | ..... |
| Dowlin, Mae L..... | 25.00 | 550.00 | Greene, Mary E..... | 5.00 | ..... |
| Dresser, Walter P.... | 25.00 | 500.00 | Griffin, F. A..... | 25.00 | Victory |
| Dumm, W. W..... | 25.00 | ..... | Griggs, Chas. B..... | 25.00 | 100.00 |
| Durfee, I. H..... | 5.00 | 10.00 | Haight, J. Franc.... | 25.00 | ..... |
| Eckles, J. E..... | 25.00 | 70.00 | Haines, Cyrus A.... | 25.00 | *500.00 |
| Edmiston, J. H..... | ..... | 25.00 | Hamilton, Susan H... | 25.00 | 125.00 |

POINTED PARAGRAPHS

From the *Journal of Ophthalmology, Rhinology and Oto-Laryngology*

Selected by T. J. RUDDY

One little sign of tugging at the ear is almost invariably indicative of furunculosis.—Hubert Leonard.

Have the Old Doctor's methods gone out of vogue? No!—Dr. Peacock.

Otosclerosis makes us realize our limitations.—T. J. Ruddy.

There is a surprising number of our own profession who need Eye, Ear, Nose and Throat treatments.—D. D. Young.

A few cases never prove anything.—A. D. Glascock.

Remember the triple cause of disease: pressure, poison, pus.—T. J. Ruddy.

The general practitioner can teach the specialist many phases of the relation of general disturbances to the etiology of disturbances in the eye, ear, nose and throat.—W. V. Goodfellow.

I am not removing tonsils in the treatment of catarrhal deafness.—J. D. Edwards.

If this Society is to stress any one feature of its work, I trust that it will be the feature of diagnosis, and that it will discourage the application of any therapy not based on active diagnosis.—W. V. Goodfellow.

Upon the acts of man rests not only his own survival but the survival of his fellows.—T. J. Ruddy.

Diagnosis first, then therapy. Motto of O. & O. L. Society.

EXTRA!!

There are four volumes annually of splendid articles containing practical points in diagnosis and treatment for the general physician. Send \$5.00 at once to Dr. Jerome Watters, 101 Aldine Building, Newark, New Jersey, and receive this journal.

DISBURSEMENTS

INITIATIVE FUND

April 1, 1922, to May 31, 1923

| | |
|--|--------------------|
| Printing | \$10,080.48 |
| Stationery, postage and express. | 4,611.64 |
| Campaign managers | 5,296.94 |
| Other services | 4,924.61 |
| Publicity | 4,020.98 |
| Advertising | 4,370.95 |
| Office rent | 827.35 |
| Office equipment and supplies.. | 1,028.68 |
| Telegraph and telephone..... | 316.26 |
| Traveling expenses and per diem | 974.33 |
| E. B. Harris, balance on petition work | 338.33 |
| Precincting names | 175.00 |
| Registered voters' lists..... | 164.58 |
| To Osteopathic League..... | 325.00 |
| Precinct workers on election day | 5,128.00 |
| Local Work— | |
| San Joaquin Valley..... | 373.60 |
| Bay Region | 101.00 |
| San Diego | 250.00 |
| Miscellaneous | 176.70 |
| Total | \$43,848.43 |

SUMMARY

INITIATIVE FUND RECEIPTS

| | |
|------------------------------|--------------------|
| From members | \$41,644.45 |
| From non-members | 5,371.40 |
| From Osteopaths outside | |
| California | 1,051.10 |
| From others | 310.00 |
| | \$48,376.95 |
| Less balance receivable..... | \$ 6,002.32 |
| | \$42,374.63 |
| Net receipts | \$42,374.63 |
| Osteopathic League | 2,209.75 |
| Victory Fund | 1,010.00 |

PROGRAM

NATIONAL CONVENTION OF AMERICAN OSTEOPATHIC SOCIETY OF OPHTHALMOLOGY AND OTOLARYNGOLOGY New York City, June 28, 29, 30, 1923

DR. J. DEASON

Chairman Program Committee

1. Dr. W. V. Goodfellow, Los Angeles: President's Address.

2. Dr. Jerome M. Watters, Newark, New Jersey: "The Bates Method of Imperfect Eyesight Without the Use of Glasses." Discussion, Dr. James D. Edwards.

3. Dr. Ed. J. Breitzman, Fond du Lac, Wisconsin: Subject to be announced. Discussion, Dr. Geo. V. Webster.

4. Dr. John B. Buehler, New York City: "Nerve Centers and Reflexes Affecting the Eye." Discussion, Dr. L. M. Bush.

5. Dr. Thos. R. Thorburn, New York City: "Earache, Its Significance to the General Practitioner. When Should He Call Counsel?" Discussion, Dr. A. C. Hardy.

6. Dr. Herbert H. Pentz, Boston: "Relation of Osteopathy and Surgery as Applied to the Nose." Discussion, Dr. L. S. Larimore.

7. Dr. Chas. M. LaRue, Lancaster, Ohio: "Relation of Toxemia Caused by Mouth Breathing and Infection of Adenoids and Tonsils to the Development of the Nervous System and the Production of Chorea." Discussion, Dr. H. J. Marshall.

8. Dr. Mary S. Crosswell, Farmington, Maine: "Causes, Diagnosis and Treatment of the Dry, Spasmodic, or So-Called Stomach Cough." Discussion, Dr. T. J. Ruddy.

9. Dr. Wm. Otis Galbreath, Philadelphia: "Relation of the Osteopathic Oculist to the General Practitioner." Discussion, Dr. C. C. Reid.

The above program does not seem to be very lengthy at first thought,

but when you consider that it requires three afternoons, from 1:30 to 6:00, you will realize that the plan is to have presented those subjects which are of the greatest interest to both specialists and the general practitioner, and have them thoroughly discussed and understood in a practical way by all present. The program will be a profitable one for all who attend.

If you are a member of the A. O. A., you will be welcome to attend this program, not only the afternoon sessions but the morning sessions of Surgical Diagnosis and Surgery from 8:00 to 12:00, including a number of laboratory courses for those interested in Laboratory Diagnosis.

All that is necessary is to send in your name at once, or if you do not have time, wait until you arrive, and give your name to Dr. Jerome Watters, Secretary, and he will issue you the card entitling you to this privilege, and also entitling you to a year's subscription to the Journal of Osteopathic Otolaryngology, Ophthalmology and Oto-Laryngology.

T. J. RUDDY,

Chairman, Publicity Committee.

The tuberculosis commission of the Grand Lodge of the Masonic Order of Aexas, Arizona, and New Mexico, recommends the construction of hospitals having a capacity of five thousand beds to care for Masons. The commission estimates that there are fifty thousand living tuberculous Masons in this country and that there are five thousand deaths annually from this disease.

COLLEGE and ALUMNI DEPARTMENT

MUSINGS OF THE COLLEGE MUSE

This world of ours is a world of matter, sure enough, but there is a power in mind with which we must reckon, and which is attested to in every note of triumph which has floated down the world. Triumph denotes action, and action presupposes thought. If you would get anywhere you must think. Thinking folks may never have had an education. The little red school house turned out men who thought instinctively. Now it takes a grammar school, a high school, and an accredited arts college to impress upon a man that society must be responsible for his individual success, and two years of actual experience thereafter to wake him up to the fact that he is grossly mistaken and that he has been sixteen years on the siding.

Every college teaches men to study; no college provides brains, the prerequisites of thought. The accepted A.B. conferred by our colleges is a personal luxury. It provides four years at college, a degree of valuable information, several vacations which may be used to real purpose in travel, or by otherwise gaining a practical understanding of the problems that the chap must meet after he comes out of the pipe dream of classes, frats, proms, and campus chatter. All that it provides, but of what value is six years of Latin, three years at Greek, and a degree at the end of it all which represents the absolute knowledge

contained in a thesis on "The Gelatinous Consistency of the Vehicle of Frog Spawn"? From experience I know that the classics are valuable to a degree, but I have forgotten the mechanics of the languages and most of the vocabulary. As for the frog spawn any one with an interest in nature knows what it is and can call a spade a spade when he sees it.

I have no axe to grind with the college. Personally I enjoy a vital satisfaction in having at least a speaking acquaintance with a variety of things which in a practical way are of no conceivable use. They allow me with Walt Whitman to "Loaf and invite your soul." It is the attitude of those in and out of the college toward the college, and their interpretation of its function, which is at fault. College gives one college life but not *life*.

Recently I have read an authority who states that at one time most college men were professional men, but that now the university men are taking their places in every practical experience. Many of these have an idea that because they have had an opportunity to spend four years beyond the high school in higher education that the world at large must make a place for them. Education can never take the place of initiative and brains, tho it may refine them. On the campus you will hear that athletics and extra-curricular activities make for initia-

tive. You will find, however, if you observe closely, that the men who profit by this training in competition are a comparatively small group, and are the very same who would be doing things in active life. Gray brains mean more to me than blue blood in these kaleidoscopic days. While blue blood may be running in circles, trying to decide whether the mark under a Greek vowel is an iota subscript or a fly speck, gray brains will be turned to practical thought. Even Plato is honored for his thought. Solomon chose wisdom, you remember, but he failed because he insisted on continuing the alliteration in wild women. The transient shifter and the flagrant flapper are merely signs of the times, and it behooves us as a generation responsible for and to the next to *think*.—K. G. B.

AMONG THE ALUMNI

DR. P. T. COLLINGE

Alumni Editor
907 Washington Building
Los Angeles

Dr. Verne M. Bodmer, C. O. P. S., June, '16, and wife of Pocatello, Idaho, are visiting in Los Angeles. They expect to attend the state convention before returning home.

Dr. Beatrice Dinsmore, C. O. P. S., June, '16, of Anderson, California, will spend the summer in Los Angeles.

Dr. Ione Ingles and Mr. Ralph de Bit were married recently in Los Angeles and are now located at 430 Western Avenue. Dr. Ingles de Bit has been practicing in Long Beach for the last few years.

The annual alumni banquet will be held June 6, at the Union League Club.

The Alumni Association will at that time welcome into their organization six new members as follows: Lily G.

Harris, Martha E. Carlsen, Brenda W. Brown, Edward W. Davidson, Bertha H. Harter, Winnie A. Fleming, and Dr. H. C. Gilcrest of the Post-Graduate Department.

The association extends greetings to these new osteopaths and wishes them the best of success in their chosen work wherever their field of labors may be, but we hope that at least part of them will decide to locate in California.

The graduating exercises will be held Thursday evening, June 7, at the College building, 721 South Griffin Avenue. The address will be given by Rev. O. P. Gifford of Pasadena. Mrs. Lily Harris, president of the class, will speak in behalf of the graduates.

The new president of the College will be present at the banquet and we trust many will take advantage of the opportunity to meet him.

Dr. Carolyn Dryer, C. O. P. S., June, '16, closed her office in Santa Ana the first of June and is resting for the present. Dr. Dryer practiced in Hilo, Hawaii, for three years before locating in Santa Ana.

Dr. P. T. Collinge, C. O. P. S., June, '16, left Los Angeles June 1 for Bellingham (Washington) to participate in the Washington State Osteopathic convention which meets June 8 and 9.

Dr. Wilbur S. Yates, formerly of Athol, Massachusetts, is now located at 225½ South Pacific Boulevard, Huntington Park (California), where he is associated with Dr. W. A. Preston.

Dr. Albert M. Weston of Los Angeles has left for Boston, where he will take a month of post-graduate work under Dr. Robert H. Nichols, afterward attending the A. O. A. convention in New York City.

Women's Department

UNDER THE DIRECTION OF CALIFORNIA BRANCH
OSTEOPATHIC WOMEN'S NATIONAL ASSOCIATION

Send material for this department to

DR. MARY L. LE CLERE, 116 East Colorado Blvd., Eagle Rock, Calif.

MEETING OF CALIFORNIA BRANCH, O. W. N. A.

The California Branch of the O. W. N. A. will hold its annual meeting on Saturday, June 16, the last day of the state convention. The meeting will be in the form of a luncheon at the Hotel Virginia, followed by an address on Public Health work, including a discussion of the workings of the Shepard-Towner Act. There will also be a talk on Vocational Guidance for women. Following the program the annual business meeting will be held, with election of officers for the coming year.

The committee arranging the luncheon is anxious to know what number to plan for, and those who will attend will confer a favor by notifying Dr. Emma Donnelly, 54 South El Molino street, Pasadena. A most cordial invitation is extended to all women of the profession and wives of osteopaths.

O. D. W. A. NOTES

All osteopathic women planning to attend the National Convention of Business and Professional Women in Portland, July 9-15, are requested to notify Dr. Lydia Merrifield, 421 Green building, Seattle. Announcement will be made from the convention floor where and when osteopathic women will arrange to meet each day.

The Ohio O. W. N. A. held a Children's Health Conference for the examination of children from 6 months

to 12 years of age, at Delaware Springs Sanitarium during the State Convention.

The Cincinnati Osteopathic Clinic was featured in the Picture Section of the Cincinnati Enquirer, Sunday, April 15. The three children who were awarded first place in their respective groups, for the best spine and ribs, were shown.

Due to affiliation with the National Business and Professional Women, the Seattle Branch of the Washington State Division had a column write up, with a picture of their president, in the May issue of the Independent Woman, the official organ of the National Business and Professional Women's Clubs.

The wife of every D. O. in the city of Lancaster, Pennsylvania, is a member of the O. W. N. A. If any other city has a similar record we should be glad to mention it.

Dr. Hattie Slaughter of Seattle has left for an extended European trip. She plans to visit twelve countries in Europe.

Dr. Gwladys Morgan is Chairman of a Committee on the Women's Public Welfare Commission to make San Diego permanently a clean city.

Dr. Grace Stratton Airey of Salt Lake City, Utah, recently talked on "Service" to the Theosophical Society.

Dr. Elizabeth Lightfoot Broach was the representative of the O. W. N. A. at the Biennial Council of the General Federation of Women's Clubs, in Atlanta, Ga., May 7-12, 1923.

LIQUID PETROLATUM IN THE TREATMENT OF BURNS

The following is quoted from the New York Medical Journal, 1922, CXVI, page 418:

In the stage of shock the patient receives liberal hypodermic doses of morphine. After the pain is relieved, the clothing is soaked in physiological salt solution and removed; if tar or molten metal is adherent to the tissues, it is not removed. The entire burned area is sprayed with liquid petrolatum without applying any other dressing. A gauze pad is placed under the body below the burned surface. Then a metal frame covered by a sheet is placed over the whole body from the neck to beyond the feet. One or two electric bulbs are hung from the roof of the frame, of sufficient power to keep the temperature at 105 degrees F. The patient is kept in the hot air bath during the whole treatment, and disturbed as little as possible. During the stage of auto-intoxication excessive toxemia may require saline by the Murphy drip or hypodermically to aid elimination. Saline is not used routinely and is rarely necessary.

The burned areas are sprayed three times daily with liquid petrolatum.

The gauze pad under the patient is changed once daily, and the patient adjusts himself in any comfortable position. But little pus appears with this treatment. The burned skin and any adherent material separate in about a week, and fall off or can be picked off without inflicting pain. The exuded serum from the raw surfaces forms lumpy, irregular, soft crusts with the petrolatum, which become detached spontaneously or are picked off every other day. These soft, crumbling scabs give the wound an unsightly look, but should not cause any anxiety.

The newly formed skin has not the dark-red, keloid character often seen after repair of suppurating surfaces, and the scar is comparatively soft and flexible; moreover, the cicatricial tissue is said to be much less than by many other methods, and not to have the tendency to contract, consequently disfigurement and loss of function are largely eliminated. Face burns receive the same treatment, with the exception of the hot-air bath.

—M. L. L.

Mrs. Chester D. Swope represented the O. W. N. A. at the Board of Directors' meeting of the National Council of Women, U. S. A., held in Washington, D. C., May 25-26.

Third Annual Convention

Osteopathic Women's National Association

June 29-30, 1923

Waldorf Astoria Hotel, New York City

LOS ANGELES GENERAL HOSPITAL TO HAVE OSTEOPATHIC STAFF

The Los Angeles General Hospital (formerly the Los Angeles County Hospital) has officially recognized osteopathy. The Board of Supervisors has passed a resolution which opens this great institution to osteopathy and establishes the rules and regulations governing osteopathic service in the hospital.

A complete unit of 140 beds is to be operated by an osteopathic staff. All kinds of patients will be served. The personnel required to operate the osteopathic unit will consist of a staff of: (a) consulting physicians; (b) senior attending physicians; (c) junior attending physicians; (d) two resident physicians; (e) one pathologist; (f) one roentgenologist; (g) six or more interns. The resident physicians, pathologist, roentgenologist and interns will be full-time salaried employees of the county of Los Angeles. The consulting and attending staffs will serve without pay. The rules and regulations which will govern the osteopathic staff will be the same as those governing the medical staff and interns.

An Examining Board of three osteopathic physicians will conduct examinations of applicants for the attending staff. The Superintendent of the hospital appoints the staff from the eligible list presented to him by the Examining Board.

The Civil Service Commission will conduct the examinations of applicants for internships. The questions will be prepared and the papers graded by the Osteopathic Examining Board. It is the plan of the Examining Board to arrange for examinations for interns to be conducted in various osteopathic college centers.

The significance of the opening of the Los Angeles General Hospital to osteopathy cannot be overestimated. This hospital is one of the three largest in the United States. It has a daily average of eleven hundred patients. Its maintenance costs the taxpayers of Los Angeles County more than one million dollars a year. Five million dollars of bonds will be sold this year to provide funds for new buildings, enlargements, and improvements. The population served by this institution is greater than the population of any one of sixteen of the States. To have osteopathy admitted to this hospital on an exact par with the old school of medicine is an opportunity never before enjoyed. This one result of the initiative victory more than justifies the effort and expense of the campaign to pass Number 20 on November 7, 1922.

Osteopathy's responsibility is as great as her opportunity. The same kinds of patients will be cared for in the same institution by the old school and the new school in direct competition. The results will be known. A complete record must be kept of each case. Statistics will be compiled that will tell the story to the world. The medical staff is composed of the very best in the profession. Every modern facility is provided for the care of patients. Those admitted are seriously and acutely ill with both surgical and non-surgical conditions. They will be assigned without favor to either unit. The best system will prove itself by results.

The clinical teaching facilities of the hospital will be available to osteopathic students, both undergraduate and postgraduate. The internships



LOS ANGELES GENERAL HOSPITAL: Above, Fr



will be highly desirable and much sought after by young men and women who desire an opportunity to perfect their osteopathic education by an additional year of actual practice under an experienced staff of osteopathic physicians.

At the request of the Board of Supervisors a mass meeting of the osteopathic profession of Los Angeles County was called to elect the first Examining Board. Drs. Tasker, Forbes, and Sprague were elected, and have been appointed by the Board



Below, Rear view, showing additional buildings.



of Supervisors. Dr. Tasker was elected Chairman and Dr. Sprague Secretary of the Board. Examinations will be conducted promptly and the osteopathic unit will be in operation in a few weeks.

The struggle to gain recognition

and the opportunity for service in this hospital has been of long standing. Drs. Tasker, Forbes and Sprague were appointed by the Los Angeles Osteopathic Society ten years ago to interview the Supervisors and take

(Continued on page 45)

INTESTINAL FLORA AND TOXEMIAS

By EMILIE VICTORIA SUTTON, D. O.
San Francisco

In presenting a paper, one should either set forth new facts, call attention to old facts, or draw conclusions to form a new combination. In this, the facts are not new, but I fancy that some in our ranks may be too busy to keep up with the modern trend along this line, or to take advantage of the large amount of work that has been done in the large eastern laboratories. Perhaps one of the most common complexes that we encounter in daily practice is the so-called autointoxication complex. So widespread is this diathesis that no matter what the specific condition, there is almost always the underlying and accompanying intestinal toxemia.

We are daily coming in contact with these cases that either primarily or secondarily, fall into one of the following classifications: (a) Chronic constipation, showing the symptom-complex of toxemia; (b) Obstipation, with a similar train of symptoms; and (c) Diarrheas, showing loss of appetite, loss of weight, insomnia, and general malaise. Handled osteopathically, we are able to check up a gratifying percentage of successful results.

Every little while, however, we are obliged to admit that our results are not in proportion to our efforts, and, seeking further, we find that the patient is not sufficiently stoical to follow the diet outlined, omitting enemata as a substitute for habitual physic, or, if cooperating faithfully, perhaps unable to afford the necessary number of treatments to bring about a cure. In seeking every possible aid, we find that the intestinal flora must be changed to a benign type, and for this purpose, feeding of *B. Acidophi-*

lous, has been found to bring about the desired results.

An examination of the feces of the three types of cases mentioned will almost invariably show a preponderance of a putrefactive type of bacteria, made up largely of various types of cocci and Gram-negative bacilli, of which the colon group is most numerous. These putrefactive bacteria are generally of the type that attack both carbohydrates and proteins, fermenting the former with the production of acid, and splitting the latter into toxic products which must be handled by the liver. When this organ, either through disease or dysfunction, is unable to handle these products, there is sufficient evidence to lead us to suspect that their absorption may be the underlying cause of many obscure conditions. The burden of eliminating these toxins may prove too much for any of the eliminative organs and bring about their failure, and the resulting systemic absorption may be held accountable for certain arthritic conditions, as well as lesser evils.

The large number of examinations that have been made is, I think, sufficient to prove that these invisible foes can be checked and in many cases almost completely replaced, provided sufficient quantities of *B. acidophilus* are administered. This may be proved, if necessary, by a simple Gram-staining of a standard solution of the feces, which is sufficient to show the change from a predominating cocci and Gram-negative bacilli, to a predominating Gram-positive, non-putrefactive flora. "Seeing is believing." And if, in addition, the patient shows clearing skin and conjunctiva,

absence of flatulency, marked lessening in insomnia, and intestinal stasis relieved, surely, the help to be thus obtained is well worth while.

Cases of intestinal influenza are particularly amenable to treatment with acidophilous cultures, as I proved with myself (my first clinic), recovering from the asthenia, depression, and insomnia with such marked results that I was led to apply the same treatment to other patients.

A few cases may be of interest.

Case 1. A man, 34, for 17 years confined to a wheeled chair. Chronic arthritis; spine, hips and knees completely ankylosed; jaws somewhat involved. Complaining of violent headaches and throbbing pains in region of liver, which was markedly engorged. Bowel movement absent, save by daily dose of Pluto water. X-ray showed calcified right kidney; Urinalysis revealed pus, blood and casts. Negative Wasserman. The case was accepted only to relieve pain, if possible. Aside from osteopathic treatment, especially directed to liver, shoulder, arm and mandibular joints, a change to petrolatum instead of Pluto, and a quart of acidophilous cultured milk daily for five months has resulted in cessation of headaches, all tenderness and engorgement absent from liver, marked gain in flesh, and improvement in color. And most gratifying, because unexpected, two absolutely normal urinalyses.

Case 2. A woman, 47, giving history of chronic constipation, liver stasis, and violent periodic headaches, growing more frequent. Blood count normal, hemoglobin 70. Frequent dosage with blue mass and two to three days in bed with onset of headaches. After use of all osteopathic, hydropathic and dietetic measures, which latter the patient seemed unable to follow because of social pro-

clivities, I prescribed, in addition to osteopathic treatments, acidophilous cultures, taken night and morning in water with a heaping tablespoonful of lactose and an extra tablespoonful of lactose in the middle of the day. Result: two normal movements daily. No headaches in six weeks, and general improvement marked.

Case 3. Woman, 43, giving history of chronic diarrhea (possibility of T.B. and organic disease being excluded). This case, which did not prove very faithful to dietary and other directions, was put on acidophilus, in connection with manipulative treatment, with the result that the diarrhea has completely cleared up and patient can now handle food that was forbidden for years.

In conclusion, I would call attention to the use of lactose, which, in connection with *B. acidophilus*, undoubtedly quickens results.

In cases of emaciation, the cultured milk alone, or with lactose is often indicated. If not easily handled, the pure culture taken in water with lactose may be substituted, and dosage increased to as much as three or four cultures daily, if required, having stool gram-stained to note changes.

Confidence in the cultures used is of vital importance; therefore, live, vigorous cultures, sent fresh and at frequent intervals to the patient, are most satisfactory in results.

The patient sometimes reports increased distress at first, but persistence in dosage and obedience to directions will bring about gradual relief from symptoms and a marked improvement in the general condition.

**SEE THE
ANNOUNCEMENT
ON
PAGE 35**

The Western Osteopath

Published Monthly at 799 Kensington Road, Los Angeles, by the
California Osteopathic Association

President, Dr. Harry W. Forbes, Black Building, Los Angeles
 Vice-President, Dr. Iva Still Wallace, Fresno
 Secretary-Treasurer, Dr. C. B. Rowlingson, Los Angeles

Official Organ of the Western Osteopathic Association
 and of the Osteopathic League

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\$2.00 A YEAR

C. B. ROWLINGSON, D. O., Managing Editor

A CRUCIAL EVENT

Giving to osteopathy entire charge of a unit of 140 beds at the Los Angeles General Hospital is an event which means more to our profession than might at first appear. Its importance is comparable to that of the first state law which gave us legal recognition. For ten years efforts have been made to have osteopaths accepted as members of the staff of this hospital. Progress has been made, but efforts might have continued ten years more without success had it not been for the osteopathic victory at the polls November 7 last.

Now the bars are down, and it will soon be possible for patients to enter the Los Angeles General Hospital and receive osteopathic care under a staff of osteopaths whose standing is in every respect equal to that of the medical staff. The osteopathic staff will include surgeons, resident physicians, consulting physicians, interns, and laboratory workers.

We can realize the significance of this event only by keeping in mind the dog-in-the-manger attitude of the

medical profession. In Class A hospitals throughout the country the physicians of the dominant school have in effect said to those who have been admitted as patients, "When you come here you must give up your right to have the physician of your choice, unless he bears the M.D. label. If you are not willing to submit to our methods of treatment, you cannot enter."

A hospital is "an establishment or institution for the care of the sick or wounded." (Century Dictionary.) This definition places no restrictions on the letters attached to the name of the physicians who are responsible for the care of the sick or wounded.

"The quality of mercy is not strained,

* * * it is twice blest;

It blesseth him that gives and him
 that takes;

'Tis mightiest in the mightiest: it be-
 comes

The throned monarch better than his
 crown;

* * *

It is an attribute to God himself;"

but the "regulars" will have none of it when those who are ill or injured want osteopathic care in a Class A hospital. There may have been exceptions to this attitude, but they have not come to our attention.

Los Angeles has acquired fame as the "white spot" of the business world. Now it may acquire new fame as the white spot where patients in

a Class A hospital may receive osteopathic care if they want it. The innovation will be watched with interest. When it has been in operation long enough to show that osteopathy is not second to any school of healing, we earnestly hope that the white spot will spread until it includes every Class A hospital in America.

THE MAN, THE BOY, AND THE DONKEY

A Man and his son were once going with their Donkey to market. As they were walking along by its side a countryman passed them and said: "You fools, what is a Donkey for but to ride upon?" Donkey and they went on their way. But soon they passed a group of men, one of whom said: "See that lazy youngster; he lets his father walk while he rides."

So the Man ordered his Boy to get off, and got on himself. But they had not gone far when they passed two women, one of whom said to the other: "Shame on that lazy lout to let his poor little son trudge along."

Well, the Man didn't know what to do, but at last he took his Boy up before him on the Donkey. By this time they had come to the town, and passers-by began to jeer and point at them. The Man stopped and asked what they were scoffing at. The men said: "Aren't you ashamed of yourself for overloading that poor Donkey of yours—you and your hulking son?"

The Man and Boy got off and tried to think what to do. They thought and they thought, till at last they cut down a pole, tied the Donkey's feet to it, and raised the pole and the Donkey to their shoulders. They went along amid the

laughter of all who met them till they came to Market Bridge, when the Donkey, getting one of his feet loose, kicked out and caused the Boy to drop his end of the pole. In the struggle the Donkey fell over the bridge, and his fore-feet being tied together he was drowned.

"That will teach you," said an old man who had followed them:

"PLEASE ALL, AND YOU WILL PLEASE NONE."

[From The Fables of Æsop, written about 600 B.C.]

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(For 1923-24)

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To Secretary-Treasurers of other Local Societies: Please send the names of your new officers to the State Secretary-Treasurer as soon as possible. Address Dr. C. B. Rowlingson, 799 Kensington Road, Los Angeles.

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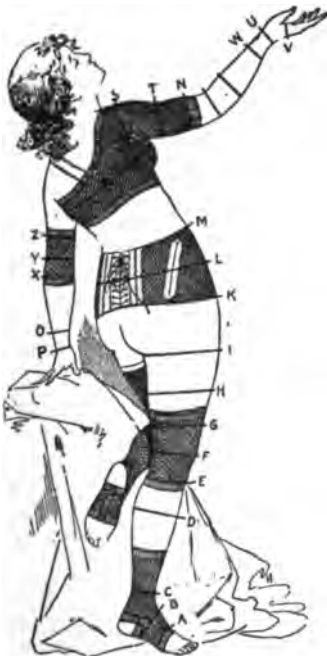
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| Transferred from C. O. A. Treasury (for expenses)..... | 325.00 |
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| Office rent and telephone..... | \$ 192.05 |
| Office supplies | 165.50 |
| Services | 615.94 |
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| Multigraphing and printing..... | 72.96 |
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Tracy Parker, who last year in the Tournament of the American Osteopathic Golf Association was a near runner-up. He threatens to be with us if golf will be on the program.



"Jimmie" Rule of Stockton, who still plays in the low 80's, even at his advanced age, as evidenced by the size of his belt.

Osteopathic Physicians & Surgeons, June 11-12-13, and the State Convention at Long Beach, June 14-15-16, and who are in the habit of wielding the brassie to keep your bodies fit should bring along your clubs. There will be ample opportunity not only at Long Beach, but at the thirty or more clubs in and about Los Angeles for you to spend your early morning hours interestingly and profitably whether you are a "dub" or "scratch" player. The local osteopaths who are members of the various country clubs will be glad to furnish you cards and join you if it promises to be exciting.

Other "crack" players whose pictures could not be purloined will be present, among them Doctors Spencer, Goodfellow, Jones, Ruddy, Forbes and Manhart. There were 32 in the tournament last year, so you will have company.

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Dues and Initiative Campaign Fund

(Continued from page 18)

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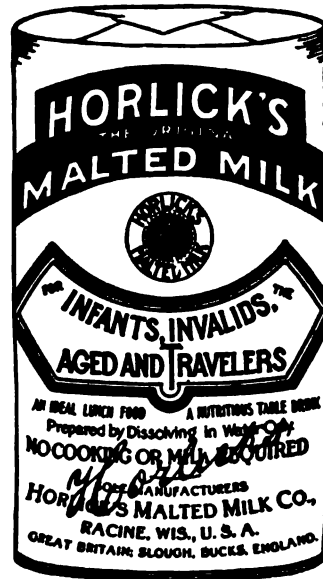
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LOS ANGELES HOSPITAL TO HAVE OSTEOPATHIC STAFF
(Continued from Page 25)

such steps as were necessary to gain admission to the County Hospital. Each year since their appointment some progress has been made; but complete recognition was refused un-

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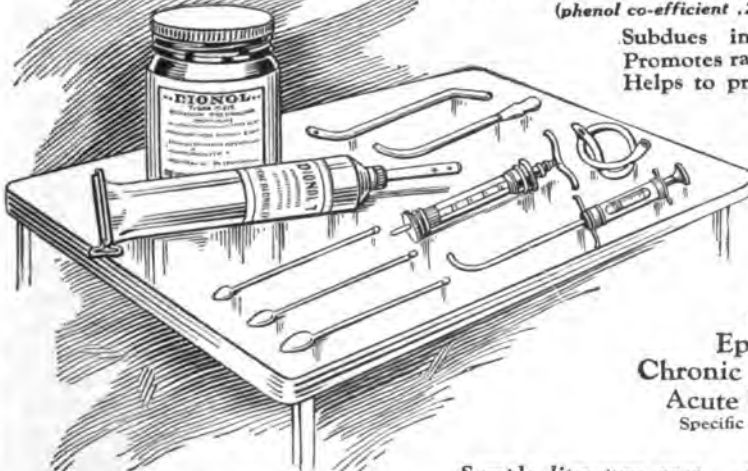
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til after November 7, 1922. The majority of 97,352 which Los Angeles County gave to Number 20 silenced all opposition to osteopathic service in the county institutions.

NEW YORK CONVENTION SUGGESTIONS

By DR. E. B. HART

All aboard! Last call for the big convention at the Waldorf-Astoria Hotel, New York City, July 1 to 7! If you have not made your reservations, delay no longer; write at once to Mr. Hamilton, Waldorf-Astoria Hotel, New York City, then make your plans to arrive in New York City not later than Sunday evening, July 1. Upon reaching New York City, look immediately for the TRAIN RECEPTION COMMITTEE, of which Dr. Frederic W. Treshman is chairman. There will be representatives of this committee at every train, beginning with Sunday, July 1, and they will either conduct or direct you to the hotel.

The Health Sunday Committee, with Dr. Richard Wanless as chairman, has secured a large number of pulpits for the morning service of Sunday, July 1. Progress is also being made to secure invitations to talk to several clubs during the week of the convention; these talks will all be on the subject of health and hygiene, not on osteopathy.

Plans are already completed for a large number of clinics through the chairmanship of Dr. Thomas R. Thorburn, and the list is constantly being increased. It is expected that the clinics at this convention will far exceed both in number and interest those held at previous osteopathic conventions.

The program under the leadership of Dr. Millard is to be one hundred per cent osteopathic. No speaker or

subject has been accepted by the committee except that of straight A. T. STILL OSTEOPATHY, so if you are longing for a real feast of this kind of osteopathy, be on hand Monday morning, July 2, when Dr. Goode sounds the gavel at 9 o'clock and be sure to remain until it is sounded by the new president at noon on Saturday, July 7.

COUNTY TO ALTER NAME OF HOSPITAL

[From Los Angeles Times, May 30, 1923.]

Psychological reasons caused the Board of Supervisors yesterday to change the name of the County Hospital to the Los Angeles General Hospital. The hospital will be known by its new name beginning June 1.

The change in the name of the hospital was approved by the Supervisors in accordance with recommendations of Superintendent N. R. Martin. It was pointed out by Mr. Martin that the present name of the hospital has led to the belief that it is entirely a charitable institution. For this reason many patients who otherwise would go to the hospital have refused treatment there, Mr. Martin stated.

The new name is expected to eliminate this complaint and to bring to the hospital more general recognition. It was pointed out by Superintendent Martin that the hospital is one of the best equipped in the country and is ranked as the third best in the nation, the Massachusetts and Chicago General hospitals being rated above the local institution.

With its name changed the institution is expected to take its place as second best in the United States. At present it has 1300 patients. The staff is comprised of 1800 physicians. The hospital has grown rapidly in a few years.

2

THE WESTERN OSTEOPATH

GIFT
JUL 10 1923

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OSTEOPATHIC REACTIONS
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JUNE, 1923

THE WESTERN OSTEOPATH

Vol. 17 June, 1923 No. 12

Published monthly by the California Osteopathic Association
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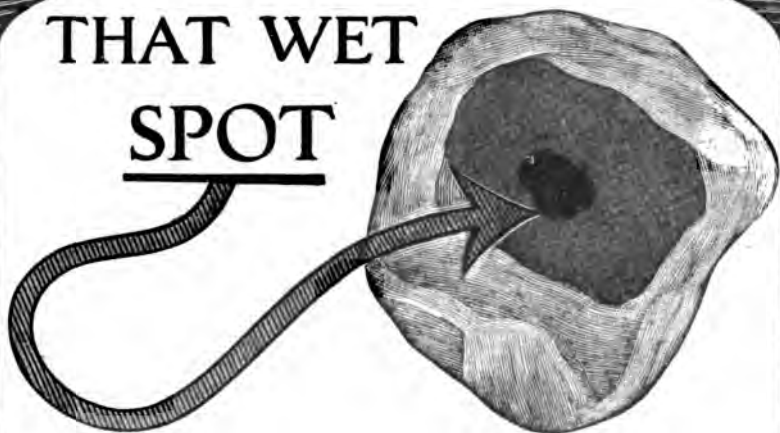
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THE WESTERN OSTEOPATH

Published by the
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Vol. 18

August, 1923

No. 2

WHY OSTEOPATHY?

BY LEWIS BRUCE, D.O.
Lindsay, California

There is but one reason why osteopathy is practiced today or ever was practiced. That is the failure of medical diagnosis and practice. Do you suppose if the medical practitioners in and around Kirksville had been getting good results and curing their patients, that Dr. Still would ever have had more than a small following of patients? It was the fact that he adjusted osteopathic lesions and used manipulative stimulation and inhibition to cure the cases which the regular medical practitioners had failed to cure that made it possible for him to continue in practice and eventually found the first college. Do you suppose that if Dr. Still had been able to cure his patients with the regular medical methods he would have discarded them for something less easy to give than a prescription? And did he cure them with osteopathy? Let the "regular" M. D. who was once the classmate of Dr. Billy Smith answer that.

Dr. Smith called on his old classmate at his office in Kirksville one day and found him at leisure.

Dr. Smith: "How is business?"

Classmate: "No good. There is a d—d old quack in town getting all the business."

Dr. Smith: "Usually where there

are quacks there is more business for the legitimate doctor."

Classmate: "Yes, but the h—l of it is he is curing them!"

If he was curing them, there surely was a reason for osteopathy.

The osteopathic colleges have always taught, along with osteopathy and osteopathic diagnosis, surgery and surgical diagnosis, and also laboratory diagnosis or what some seem pleased to call medical diagnosis. I see no reason why laboratory diagnosis is not just as much osteopathic as medical. I am sure there is no osteopath today who would belittle the value of laboratory diagnosis. It may be true that a certain proportion of them do not use laboratory diagnosis. There are various reasons for this, which it is not necessary to enumerate. But the proportion of osteopaths who do not use it is certainly not larger than the proportion of the medical profession who do not. Why should osteopathy cast its anchor in the port of medicine?

Every osteopath who has had a reasonable amount of practice has been confronted time and again by incorrect diagnosis made by medical practitioners. I believe my experiences along this line are but a good sample of what the majority of osteopaths have seen. In the twenty-three years

I have been practicing, osteopathic diagnosis has revealed a condition entirely different from the one diagnosed by medical methods. In most of these cases the osteopathic diagnosis has been proved correct by the fact that under osteopathic treatment recovery took place. For example, I have cured dozens of cases, diagnosed as appendicitis by medical practitioners, by removing a simple osteopathic lesion. One case just comes to mind where the only lesion was a pound of partially ripe cherries. Yet the best surgeon in the county (and in fact he was so considered by his profession of the state) had diagnosed the case as appendicitis and had set the time to operate for seven o'clock that evening.

Here is another case, this time brain tumor. Two medical physicians diagnosed the case as hysteria. The D. O. in charge of the case had found the lesion. Yes, I mean osteopathic lesion. It was of the third cervical. Probably the osteopathic lesion had been caused by the same injury that had caused the start of the new growth. I was called as counsel. My suggestion of the probability of the growth in the brain was scorned by the medics. The patient was sent to the city for expert diagnosis and treatment. Her death followed, and an autopsy assisted the medics in diagnosing brain tumor.

Give me osteopathic diagnosis as against any medical diagnosis (with the same amount of experience back of it) every time.

The osteopathic lesion, which we all know means a great deal more than simply bony lesion, as a causative factor in disease is here to stay,

and no amount of laboratory diagnosis will ever supplant it.

To me there are but two reasons why any one who has ever really had the osteopathic concept of disease and its treatment would change to any other: (1) Greater financial gain. I am too much of an optimist, however, to believe any one guilty of being dishonest until he is proved so. Therefore that reason may be disregarded.

(2) Lack of self-confidence. This condition might be accounted for in this way: ever since we have had any records, the treatment of disease has been shrouded in mystery. A layman becomes afflicted. He calls a doctor and expects him to give him a pill or potion that in some mysterious way will make him well. He does not inquire how it will accomplish the results; in fact he does not want to know. If he did, he would be as the doctor himself.

Osteopathy has been practiced but a short time, reckoning time as history reckons it; yet it is safe to say that in the five decades since Dr. A. T. Still discovered the science more people have lost confidence in pills and potions than during any previous five centuries. One of these twentieth century laymen is ailing. Having little or no confidence in drugs, he calls an osteopath. He is given a manipulative treatment. During that time the doctor explains that his object is to stimulate or inhibit certain nerve impulses as the case may demand. That is simple. No mystery. The doctor loses the psychological effect. Perhaps this patient or the next one does not do so well. The next one he gives a little something. That fellow does better. The doctor

may honestly believe the benefit due to what he gave. But I have known even a morphin user to go for months without any morphin; a hypodermic of sterile distilled water was given each evening in its place. She was told and she believed that each injection contained morphin. She had used morphin for two years and had reached the point where she "had" to have a shot every evening to secure rest and sleep. The mysterious thing was not there; but she believed that it was. If an osteopathic lesion had been there, she might learn about it; but regardless of what she might have thought or known, if the osteopathic lesion had been the exciting cause of her condition she would not have received relief until it had been found and removed.

When the D. O. starts in practice alone, he may feel that perhaps the M. D. "has something on him." I know many a time that thought came to me. But then I would remember what Dr. Byron Robinson, the great abdominal surgeon, said when he visited one of the classes of which I was a member when in college. He said, "I don't know anything about osteopathy, but I do know that the equipment in this college and the instruction given will fit any student who will work to be entrusted with the lives of his community: which is the greatest trust that a community has to bestow." (These were not the exact words, but they contain his meaning.) After I had thought of this, I would feel that I was not so much handicapped. Later in my practice, as I came in contact with the M. D.'s of the community, I gained more and more confidence.

Now it seems ridiculous that any graduate of an osteopathic college should even think of using anything but osteopathy as his main armamentarium.

ROCKY MOUNTAIN CONFERENCE

BY MARTHA A. MORRISON, D.O.
DENVER

The Seventh Annual Rocky Mountain Osteopathic Conference was held at the Rocky Mountain Osteopathic Hospital, Denver. The special guests who helped to make the meeting a success were Drs. W. V. Goodfellow of Los Angeles, Dr. Evelyn R. Bush of Louisville, Ky., and Dr. O. G. Weed of St. Joseph, Mo., who are all so well known as to insure interest. Over a hundred osteopaths and their friends were in attendance, and the most of them attended the sixty-five mile drive through the mountain parks, with dinner at the Mt. Vernon Country Club.

The following officers were elected:

President, Dr. G. W. Bumpus, 625 Empire Building, Denver; Vice-President, Dr. F. E. Johnson, Bennett Building, Colorado Springs; Secretary-Treasurer, Dr. J. Burris Perin, 512 Empire Building, Denver.

At the business session the Constitution and By-Laws were revised confining the attention of the association to our own state and permitting the local societies to manage their own affairs, but emphasizing the fact that we are a division society of the A. O. A.

Dr. Nannie J. Chappell of St. Louis, Missouri, has removed her office from 946 Belt Avenue to 5023 Washington Boulevard.

A PARTIAL RESUME OF THE WORK OF THE PACIFIC BRANCH OF THE A. T. STILL RESEARCH INSTITUTE

BY DR. CLARA JUDSON STILLMAN

104 North Los Robles Avenue, Pasadena, California

Read Before Annual Meeting of California Osteopathic Association,
Long Beach, June 14-15-16, 1923.

It will not be possible in a brief space to make anywhere near a complete report of the work that has been done or is being attempted at the Research Institute. If I can interest you to the extent that you will keep in mind that we have here in our midst one of the most important branches of our osteopathic education, presided over by one of the most indefatigable workers in the profession, to whom we are indebted for the greater part of our proven osteopathic data, then I am sure that in the future you will not fail to give to the Institute and its Dean the moral and financial support they so justly deserve.

The Western Branch of the Institute, known as the Western Osteopathic Laboratories, as you may know, is located in Los Angeles, with its animal experimentation houses on a small ranch at Sunny Slope, about ten miles east of Los Angeles.

The location of the ranch was decided upon for two special reasons: First, that the animals might have the proper surroundings, so far as climate and quietude is concerned; and second, that being outside of the city limits there might be less objection raised against the project.

The Clinical Laboratories, in charge of Dr. Ann Perry, Dr. Lorenzo Whiting and Dr. Katherine Cherrill, under the supervision of Dr. Louisa Burns, who is Dean of the In-

stitute, are within the city of Los Angeles. Dr. Perry works in her own laboratory at 1645 Ingraham Street. Drs. Burns, Whiting and Cherrill work in the laboratory at 910-912 Consolidated Realty Building, Sixth and Hill streets.

The need for statistics based upon human subjects is apparent. In the clinical laboratories work in laboratory diagnosis is done for osteopathic physicians in Los Angeles and vicinity. Suitable cases are made the subject of especial care, with the co-operation of the doctor who sends the patient to the laboratory, and the results of treatment are filed with the other records. These are later correlated with the work of the animal laboratories.

Patients who are able, are expected to pay the usual fees for laboratory work, though many charity cases are studied. These fees carry all the expenses of the clinical laboratory and a part of the expense of the other work of the Institute.

The work covers a definite plan which has been followed ever since the establishment of the Institute.

This general plan of work radiates around the interpretation of the structural lesions artificially produced, particularly of the spinal column, and the exact nature of the pathology and associated physiological variations that result from such lesions.

In general terms some of the lines of study may be summarized as follows:

1. Study of the different nerve centers of the cord.

2. The effect of treatment applied to different areas of the spine.

3. The effect of the lesion when produced in different areas of the spine artificially in normal animals.

4. The effects of the lesion on the formation and the quality of the blood.

5. The effects of the lesion on the secretion and quality of the different body fluids, as saliva, gastric juice, bile, pancreatic juice, urine, cerebrospinal fluid, etc.

6. The effects of the lesion on the functioning of different organs, such as the stomach, intestines, heart, liver, lungs, and how the correction of such lesions affect such perverted functions.

7. The study of the exact relation of the structural lesion to all separate disease conditions.

8. The lesion as a cause of disease, the mode of its operation as a cause, in acute and chronic conditions.

9. The study of the effect of the lesion on child development and the effect on heredity and other factors.

The method of study is conducted by means of the X-ray, autopsy, laboratory findings, palpation and other methods, and embraces the study of the pathology of the bony lesion, the changes occurring in adjacent tissues and the visceral disturbances produced by the lesion; also the study of the results of the correction of the lesion and the effect of osteopathic treatment in diseases not primarily due to lesions.

Experimental work has shown so far that physical derangement of body structure produce physiological disturbances in the organism. This

has been demonstrated in many laboratories other than osteopathic, and clinical evidences further demonstrate this fact.

The lesion itself has been studied with especial care. The traumatic production of a lesion, such as is caused by our work on the animals and probably such as is sometimes caused by unskilled attempts at correction of lesions, is followed by these events:

1. Slight congestion of the tissue near the affected vertebrae.

2. Edema of these tissues, with somewhat greater extent of edema than of congestion.

3. Edema is associated with diminished alkalinity of the loose connective tissue and of the muscles in the neighborhood of the lesion.

4. Edema and diminished alkalinity of the tissues affect by pressure and by chemical action the neighboring sympathetic ganglia, the efferent and afferent nerve trunks of the lesioned segments. Nerve impulses are transmitted with difficulty through an area of diminished alkalinity or of increased carbon dioxide, both of which conditions are present in the edematous tissue through which the nerve trunks pass, and in the fluids of the nerve trunks.

5. The effects produced by the lesion upon distant organs probably depend chiefly upon the disturbance of the nerve impulses due to the edematous pressure and diminished alkalinity of the fluids of the lesioned region.

6. The tissue affected by the lesion through nervous control include congestion, edema, small hemorrhagic areas and some degeneration of the secretory cells.

Findings:

1. Lesions anywhere in the spinal column lower resistance to infection.

2. Second lumbar lesions cause various pelvic disturbances both in the male and female. The progeny of lesioned does and the progeny of lesioned bucks are never quite normal. The effects of such lesions are recognizable in the third generation, which is all that time has permitted in these experiments.

3. Tenth thoracic lesions cause various digestive and metabolic disturbances in young rabbits and kittens. The weight variations are being studied. The variations in the sugar content of the blood and the variations in the size of the spleen, due to tenth thoracic lesions, are part of the work for the coming year.

Sixth cervical lesions cause disturbed vision in all animals. Congestion of the lids and eyeballs is invariable also. Blindness followed this lesion in three rabbits.

Second thoracic lesions have just been produced. The effects following such lesions are to be reported when any part of the work is completed.

The effects produced by lesions upon connective tissues are important. Generally speaking a ligament from a lesioned animal breaks under a weight sixty per cent of that required to break the same ligament from a non-lesioned animal of the same age, inheritance and care. In general, the stretching caused by a certain weight upon a ligament from a lesioned animal is five times the stretching caused by the same weight upon the same ligament taken under the same condition from a non-lesioned animal. These statements apply to ligaments

taken from the area innervated by nerves from the segments of the spinal cord most closely related to the lesioned vertebrae. All the ligaments of the lesioned animal are somewhat less strong and elastic and more extensible than are ligaments from normal animals.

The effects produced upon the vertebral disc by lesions of the adjacent vertebrae are of interest. The lesion is followed at first by swelling of the disc, the turgidity increased until movement between the affected vertebrae is difficult to secure, and this swelling tends to perpetuate the lesion. Manipulations given in an attempt to correct the lesion presses some of the liquid from the turgid disc, and permits its return to its normal condition; the next treatment may then lead to the correction of the lesion. Sometimes several treatments given on successive days are necessary to secure correction of these lesions in animals.

Later, after two or three years in our animals, the disc loses liquid and becomes very dry and inelastic. The discs of a lesioned area are often perfectly dry and senile while the discs of the normal spinal areas remain elastic and retain the ball-bearing functions of the normal *substantia gelatinosa* of the intervertebral disc.

At the Sunny Slope Animal Laboratory, William J. Vollbrecht, D. O., is in charge. Dr. and Mrs. Vollbrecht live on the place. About two hundred animals are used each year, many of them being kept for several years under observation or used for breeding. Lesions are produced by osteopathic manipulations, so modified as to cause rather than correct spinal lesions. No suffering is caused.

After being lesioned, animals are watched for varying periods of time; some of them are then killed in order that the lesion-pathology may be studied; others are given osteopathic treatment in order that the processes involved in recovery may be studied. Lumbar and cervical lesions have been studied in this way.

There are at the present time on hand 218 rabbits, 18 guinea pigs, and a few cats. These animals are kept in good condition, are well fed and well treated in every way. During the year 25 rabbits, 20 cats and kittens and 2 guinea pigs were killed for experimental work.

Lesioned animals are now under observation as follows:

Second lumbar lesion, 10 rabbits, 3 cats.

Tenth thoracic lesion, 23 rabbits, young and old, and 5 kittens.

Sixth cervical lesion, 9 rabbits, 3 cats.

Second thoracic lesion, 9 baby rabbits.

Controls are normal animals, of the same age, usually the same family as the lesioned animals.

The library of the Research Institute, in charge of Mrs. Eleanor Armour, and several privately-owned collections, have been placed in a room partly provided by subscriptions by local osteopathic physicians, 914 Consolidated Realty Building, adjacent to the laboratory. The books are at the service of all visitors. Nearly every reputable osteopathic book or periodical is on the shelves, and all of the best books on diagnosis and pathology are provided. A fairly good collection of medical books is also in the library.

All books are indexed, so that any subject may be studied with comparatively little difficulty.

Five bulletins have been published, giving the results of the research work done under the auspices of the Institute.

These include reports of work done by Drs. C. P. McConnell, C. A. Whiting, C. W. Proctor, J. M. Littlejohn, Louisa Burns, N. A. Bolles, J. Deason, L. G. Robb, H. L. Collins, H. A. Wendorff, F. M. Nicholson, A. Hollands, Laura J. Deason, E. R. Hoskins, Avis G. Hoskins, Jane Slosson (now Bashor), C. B. Atzen, W. J. Vollbrecht, Homer J. Arnold, and Ann E. Perry. These reports cover work done in the study of the nature and the effects of bony lesions, and subjects of related interest.

The publication of books prepared by the co-operative work of various members of the profession, edited by some one of special note in each line, is a part of the duty of the education department of the Institute. "Clinical Osteopathy," edited by Dr. C. P. McConnell, was so published. "Public Sanitation and Other Papers," by Dr. C. A. Whiting, was published soon after his death.

A new book published by The A. T. Still Research Institute, "The Osteopathic Treatment of Children's Diseases," by Ira Walton Drew, D. O., and twenty osteopathic pediatricians, will be ready about August 1st, 1923; price \$5.50, postpaid. Advance subscriptions, cash with order, \$4.00, no discounts.

Volume 1 of a new edition of "Hullett's Principles of Osteopathy," revised by teachers in the Osteopathic Colleges and published at the request

of The American Osteopathic Association and The Associated Colleges of Osteopathy, is now ready. The price is \$2.50, postpaid. (This is not one of the Institute books, hence no discounts apply.) Address, Louisa Burns, D.O., 910 Consolidated Realty building, Los Angeles, California. The sale of these books covers the expense of publication and, in some cases, adds to the income of the Institute.

TO MAKE AMENDS

Dr. Roland F. Robie of Oakland should have been listed as a \$250 contributor to the initiative fund instead of the smaller amount which was given in the report recently printed in these pages. We regret this error, which evidently crept in through a slip in proofreading. We hope any others who found errors will not be backward about calling them to our attention.

On Thursday evening, August 16, Dr. Samuel M. Wilson, L.A.C.O. 1913, of Los Angeles, and Mrs. Hazel Anna Bruster of Glendale were united in marriage at the home of Reverend H. M. Stansifer in Santa Barbara.

Arriving in Santa Barbara Thursday, Dr. Wilson made several attempts to locate a clergyman, only to be told in each instance that the clergyman in question was out of town or on his vacation.

He at length appealed to Dr. A. P. Ousdal, who obligingly acted as first assistant to Dan Cupid by producing a clergyman patient, Reverend Stansifer, who was recuperating from a recent illness but as yet was unable to be out of town. Later Dr. and

Mrs. Ousdal and Dr. Harris acted as witnesses to the happy event. Friday morning Dr. and Mrs. Wilson continued their journey by motor to San Francisco.

Dr. Ousdal takes this opportunity to call the attention of the profession to Santa Barbara, the ideal spot for a honeymoon. The scenic attractions of the city are unsurpassed, and the doctor will always endeavor to keep at least one clergyman sufficiently ill to be on call in emergency cases.

THE AMERICAN CREED

BY WILLIAM TYLER PAGE

(The City of Baltimore awarded a prize of one thousand dollars for the best creed offered, embodying ideals of Americanism. The prize was awarded to William Tyler Page, of Friendship Heights, Maryland.)

I believe in the United States of America as a government of the people, by the people, for the people, whose just powers are derived from the consent of the governed; a democracy in a republic, a sovereign nation of many sovereign states; a perfect union, one and inseparable; established upon those principles of Freedom, Equality, Justice and Humanity for which American patriots sacrificed their lives and fortunes.

I therefore believe it is my duty to my country to love it, to support its constitution, to obey its laws, to respect its flag, and to defend it against all enemies.

DANGER!—Young man, don't go West. Thousands of movie-mad girls are out of work in Los Angeles. —*Reading Times.*

Women's Department

UNDER THE DIRECTION OF CALIFORNIA BRANCH
OSTEOPATHIC WOMEN'S NATIONAL ASSOCIATION

Send material for this department to
DR. MARY L. LE CLERE, 116 East Colorado Blvd., Eagle Rock, Calif.

FEEDING THE BABY

By DR. HESTER T. OLEWILER

114½ East Fourth Street, Santa Ana

AGE—10 MONTHS

If the baby is on the bottle, diminish sugar or dextri-maltose one-half tablespoon daily until entirely omitted. Then increase cereal water one ounce daily until following formula is given (or if on breast, gradually wean to the same formula):

Whole milk 32 oz.
Cereal water 8 oz.

This will make five feedings, and 8 ounces are to be given every four hours.

CEREALS: Use any of the following kinds: Rice, farina, oatmeal, barley or cream of wheat, and prepare as follows: Two tablespoons of the cereal to one pint of water, boil briskly for ten minutes, then put in a double boiler and cook for at least three hours or all night in a fireless cooker. Add salt. Strain through a wire sieve. Part of this is used in above formula and part fed from a spoon at 10 A. M. and 6 P. M. Begin with one teaspoonful. This should be of a jelly-like consistency. Serve with part of formula but *without* sugar.

COTTAGE CHEESE: One dessert-spoonful two or three times a week. This may be made with junket tablets.

EGGS: Coddled, twice a week. Begin with one teaspoonful and slowly increase to one-half of whole egg. Add salt.

GREEN VEGETABLES: Spinach, cooked lettuce, peas or carrots, one tablespoonful daily. Begin with one teaspoonful and gradually increase the amount. These vegetables should be mashed and put through a sieve. Do not use canned vegetables.

BEEF JUICE: One or one and one-half ounces with rice or toast crumbs three or four times a week. Alternate with broth.

BROTH: Two or three ounces three or four times a week.

BREAD: Crisp, dry toast or zwieback. Educator graham or arrow root crackers or Educator rings.

FRUITS: Orange juice or prune juice with strained pulp. Baked apple sauce.

DIET SCHEDULE

6:00 A.M. Formula 8 oz. Toast or cracker.

8:30 A.M. Orange juice 2 oz., or prune juice with pulp mashed through a sieve, 1 or 2 oz.

10:00 A.M. Cereal, 1½ to 2 tablespoonfuls with salt and milk (milk is part of formula). Remainder of the 8 oz.

- 2:00 P.M. Beef juice, 1 or 1½ oz. or broth 2 or 3 oz. with rice or toast crumbs. Egg, ½ of whole egg, or cottage cheese occasionally.
Zweiback or toast, 1 dessertspoonful.
Green vegetables daily, 1 tablespoonful.
Formula 8 oz. (Baby will not take this much at first, but later will.)
- 6:00 P.M. Cereal, 1 or 2 table-
spoons.
Prune pulp or baked apple or apple sauce, 2
tablespoonfuls.
Formula 8 oz.
- 10:00 P.M. Formula 8 oz.

FEEDING RULES

1. In order to get baby on this diet begin cautiously with a small amount of one new food at a time, and very slowly increase to amount specified on above schedule. Begin by giving 1 teaspoonful of extra cereal with the 10 A.M. and 6 P.M. feeding. The following day give 2 teaspoonfuls and slowly increase amount to 1½ or 2 tablespoonfuls twice daily. Then 1 teaspoonful of strained green vegetable may be given at 2 P.M., and slowly increased to 1 tablespoonful daily. After the cereal and green vegetable have been added to baby's diet, the cottage cheese and coddled egg may be added, and so on until all the foods are given on the schedule. Use precaution to begin with; a very small amount and increase. Do not begin two new foods on the same day.

2. Begin the new article of food at the beginning of the meal with nothing else in sight.

3. Do not force food.
4. If the new food is refused, try again the following day, with smaller quantity until she has acquired a taste for it.
5. Begin by giving formula from a cup with 2 P.M. feeding. Gradually take all bottles away from baby so that he will be drinking all liquids from a cup when 1 year old.
6. Teach baby to chew by giving zweiback 10 minutes before the 2 P.M. feeding.
7. Give egg or cottage cheese when broth is given.
8. If bowels are loose, decrease cooked fruit with 6 P.M. meal. If constipated, fruit is increased.
9. This diet should be increased in two months.

AGE—12½ MONTHS

Diminish cereal water which is now being used in formula 1 ounce daily until entirely omitted. Then give 1 quart of whole milk daily.

COTTAGE CHEESE: 1 or 2 table-
spoons 2 or 3 times a week. This is a good non-laxative food.

CEREALS: Cream of barley, cream of wheat, arrow root, farina, germea or rice. Use any of these cereals, and prepare as follows:

Two tablespoonfuls of cereal to 1 pint of water. Boil briskly for 10 minutes then put in a double boiler and cook for at least 3 hours or all night in a fireless cooker. Add salt.

EGGS: Coddled, soft boiled or poached 2 or 3 times a week, whole egg.

GREEN VEGETABLES: Spinach, cooked lettuce, squash, string beans, carrots or peas, 1½ to 2 tablespoonfuls daily. These vegetables should be mashed and put through a sieve.

Do not use canned vegetables.

BEEF JUICE: 2 or 2½ oz., alternate with broth.

BROTH: 3 or 4 oz., thickened with rice or dry toast crumbs.

SOUPS: Puree of dried peas or beans, 3 oz. once a week.

BREAD: Crisp, dry toast or zwi-back.

CRACKERS: Educator g r a h a m crackers, rice or arrow root crackers. Educator grahamette.

FRUITS: Orange juice or prune juice with strained pulp. Baked apple or apple sauce, 1 or 2 dessertspoonfuls, or occasionally cooked peaches or apricots, 1 or 2 dessertspoonfuls.

Arrow root, junket or tapioca pudding, 2 or 3 dessertspoonfuls occasionally.

DIET SCHEDULE

- 6:00 A.M. Milk 8 oz. Toast or zwi-back.
- 9:00 A.M. Orange juice, 1 or 2 oz., or prune juice with pulp (mashed through sieve), 1 oz.
- 10:00 A.M. Cereal, 3 or 4 table-spoonfuls with salt and part milk. Milk, 8 oz. Toast or cracker.
- 2:00 P.M. (1) Beef juice, 2½ oz., bean puree, 3 oz. (2) or broth, 3 or 4 oz. (3) Coddled egg, whole egg, 2 or 3 times a week, or cottage cheese. Give when broth is given. (4) Toast. (5) Daily 1½ to 2 tablespoonfuls of green vegetables. (6) Apple sauce, 1 dessertspoonful. (7) Oatmeal or arrow root crackers.

May have 8 oz. milk at this meal until above schedule is being followed. Then give 3 or 4, increasing the 6 A.M. and 6 P.M. to 9 or 10 oz.

4:00 P.M. Water. May add fruit juice if necessary for constipation.

6:00 P.M. Cereal or milk toast, arrow root, or tapioca or junket, 2 to 3 table-spoonfuls.

Baked apple or stewed fruit, 1 or 2 dessertspoonfuls. Milk, 8 oz. Crackers.

10:00 P.M. Omit this feeding.

SAMPLE OF 2 P. M. MENU

1. Broth, 3 or 4 oz., and toast crumbs. Coddled egg (whole egg). Spinach, 1½ tablespoonfuls. Apple sauce, 2 dessertspoonfuls. Rice cracker. Toast. Water. Milk, 3 or 4 oz.
2. Beef juice and toast crumbs, 2 to 2½ oz., or puree of dried beans, 3 oz. Carrots, 1½ to 2 tablespoonfuls. Prune pulp or baked apple, 1 or 2 dessertspoonfuls. Graham cracker. Toast. Milk, 3 or 4 oz.
3. Broth, 3 to 4 oz. Cottage cheese, 1 to 2 table-spoonfuls. Arrow root cracker. Apple sauce, 1 to 2 dessertspoonfuls. Milk, 3 to 4 oz.

FEEDING RULES

1. Keep diet varied, not allowing baby to make an entire meal of one

or two articles. Work in all the foods on above list.

2. Begin all new articles of food with small quantities, 1 or 2 teaspoons, and increase slowly to required amount.

3. Give plenty of water to drink between meals.

4. When bowels are loose, limit or omit cooked fruit with evening meal. Arrow root, rice and cottage cheese are good non-laxative foods.

5. This diet should be increased in three months.

RECIPES

PEA OR BEAN PUREE: Soak beans over night. Drain off water and put to cook in enough water to cover them. Add 1 medium sized carrot and $\frac{1}{2}$ onion or less. When done, mash through a sieve with the liquid in which they were boiled. To 1 tablespoonful of bean pulp add enough top milk or cream to make 5 ounces. Add small piece of butter. Cook 3 minutes.

POTATO PUREE: Boil one small potato in just enough water to cover it. Mash through a sieve with salt water in which it has been boiled. Add 3 or 4 ounces of top milk and one slice of onion. Boil 3 minutes. Remove onion. Add butter and salt to taste.

OPPORTUNITIES

WANTED—Assistant in osteopathic office in large California city. Recent licentiate and a graduate of the California school preferred. Address W-51, care of the WESTERN OSTEOPATH.

WANTED — Will buy used McManis table; state age, condition, price, location, etc., in full detail in first communication. J. J. Otey, D.O., 702 E. Broadway, Glendale, Cal.

SIGNIFICANCE OF EARACHE

Earache occurs only in cases of disorder of the structures of the ear. Any pain referred to the ear area not caused by disorder of the tissue of the ear is easily distinguishable from true earache. Fortunately, most earaches of childhood are due to simple inflammation of the ear drum membrane. They are spasmodic and usually of brief duration. They are relieved best by hot steaming compresses and should never be treated by instilling any substance whatever into the ear, except at the direction of a physician.

A continuous heavy earache is usually due to pus forming in the middle ear, and usually is not relieved until free drainage of the pus takes place. Fortunate is the person, child or adult, whose ear drum membrane ruptures or is lanced before this pus finds its way back into that complex labyrinth of air cells known as the mastoid region.

Because nature is kind and rupture of the drum takes place in nearly all neglected cases, the idea is prevalent that to lance an ear drum is unnecessary and that it is better to wait for it to "break." Unfortunately, the public in general regards a "running ear" very lightly, because so many of such cases recover unaided. Until parents recognize that each case may possibly lead to mastoid trouble and give adequate attention from the very first of the attack, we will continue to have an unnecessarily large number of mastoid operations to perform upon these little unfortunates. Most cases of discharging ears can be prevented by adequate timely attention to abnormal tonsil, adenoid and nasal conditions.

—*Verbal Vitamines.*

Washington Osteopathic Association

DR. L. H. WALKER, Ellensburg.....President
DR. HENRIETTA CROFTON, Seattle....First Vice-President
DR. HENRIETTA CROFTON, Seattle....First Vice-president
DR. H. F. MORSE, Wenatchee.....Treasurer
DR. CLARENCE B. UTTERBACK, Tacoma.....Secretary
DR. W. T. THOMAS, Tacoma.....Trustee
DR. A. B. CUNNINGHAM, Seattle.....Trustee

Dr. R. M. Roberts of Seattle conducted a free clinic in the office of Dr. C. A. Porter, Port Angeles, Saturday, July 7. The work Dr. Roberts did on the throats of the children was especially gratifying to the parents.

Dr. George S. Fuller, A.S.O., January, 1923, has opened his office at 319 Commerce Building, Everett. Let's give Doc the glad hand.

Dr. C. E. Abegglen sent in the following news item and makes some suggestions:

"The firm of Davis, Heil & Davis, attorneys-at-law, has been retained by the Eastern Washington Association of Optometrists for legal counsel during the ensuing year. An important test case in the sight-testing machines case is scheduled for hearing on June 27th, which all local optometrists are watching with interest."

Every state osteopathic association would do well to retain a good firm of lawyers, and when there are any legal matters come up, competent advice would be quickly available. Washington osteopaths are being shamefully discriminated against by the Industrial Insurance Commission. There are fewer optometrists in the state than osteopaths, and the latter would find it to their advantage to be prepared.

On Sunday afternoon, July 22, a young man fell from a high cliff at Agate Beach and broke several bones. Dr. C. A. Porter was there and he rendered first aid.

Immediately upon her return from the State Osteopathic meeting early in June, Dr. Lois Fear of Pullman started on an overland journey to Chicago with friends. She then went on to Detroit, where she took possession of a new Dodge coupe at the factory and drove it home via Portland, where she visited relatives for a short time.

Dr. and Mrs. E. A. Archer of Pullman spent most of July touring Yellowstone Park and other points of interest in Montana, including Billings, Roundup, Lewistown, Great Falls and Helena, east of the mountains, besides Butte and Missoula on the west side.

Dr. A. B. Cunningham of Seattle read a paper at the Oregon State meeting Saturday, June 16th.

Dr. Grace M. Nichols of Spokane died June 3. She had practiced in Spokane since her graduation at the Northern School of Osteopathy in Minneapolis, in 1900.

The following osteopaths were admitted to the practice of osteopathy in Washington at the July meeting of the Examining Committee: Thos.

W. Thurston, Spokane; Vernon E. Holt, Yakima; Wm. S. Holt, Yakima; Hanford R. Kent, Cedar Falls, Iowa; B. Ramey LeRoy, Kirksville, Mo.; Enoch A. K. Roddy, Winnipeg, Manitoba; Jas. M. Farnham, St. Cloud, Minn.; J. W. Church, Harlowton, Mont.

An interesting article taken from "The Log Book" of the D. M. S. C. O. is as follows:

A clipping from a local paper of Tacoma, Washington, reached the office here containing an article concerning George Wallace of that city, who received a scholarship in the D. M. S. C. O. awarded by the Pierce County Osteopathic Association. Mr. Wallace is a graduate of this year's class at the Sumner High School. It was his fitness and aptitude which won for him this scholarship.

This interest shown by the Pierce County Osteopathic Association is indeed encouraging. It shows real spirit and determination by the members of this association to further the betterment of our work and to encourage better quality and material for osteopathic physicians.

Dr. W. T. Thomas of Tacoma and Dr. E. B. Neffeler of Everett spent July 24 and 25 at Olympia, conducting the state examination.

Are we all advertising osteopathy as much as we should? The following was on a letter that came to the secretary's office:

The Osteopathic Laboratory

Dr. Kaylor Long Bldg.
Bellingham Washington

What Is Osteopathy?

For more than half a century osteopathy has successfully treated disease and injury. Osteopathy treats

the fundamental cause of all sickness: lowered bodily resistance.

Nature gives the normal body power to keep itself strong and well. Only when resistance is lowered by abuse or misuse does it become sick. Only when normal resistance is restored will health return. Osteopathy builds resistance by direct methods. It frees the nerve channels by adjusting the frame-work of the body at the points where it impinges them. It makes sure of proper blood supply by freeing blood channels from all obstructions. The body does the rest. Osteopathy is the natural way to insure and restore health. It follows in nature's own footsteps.

The dues are coming in very good this year, but a few more are still unpaid, so please be prompt, as the money is needed.

If you hear of anyone who is not getting their Western Osteopath it is either a mistake or they did not pay their dues last year.

The following committees have been appointed by the president:

Bureau of Legislation—Dr. H. L. Chadwick, Spokane; Dr. W. T. Thomas, Tacoma; Dr. H. F. Morse, Wenatchee.

Bureau of Clinics and Statistics—Dr. W. T. Thomas, Tacoma; Dr. A. B. Cunningham, Seattle; Dr. Frank Holmes, Spokane.

Bureau of Public Health, Publicity and Education—Dr. C. B. Utterback, Tacoma; Dr. Roberta Wimer Ford, Seattle; Dr. H. E. Caster, Spokane.

Bureau of Membership—Dr. Leonora Grant, Seattle; Dr. J. W. Kaylor, Bellingham; Dr. C. E. Abeglen, Colfax.

Bureau of Finance—Dr. Henrietta Crofton, Seattle; Dr. L. H. Walker, Ellensburg; Dr. C. B. Utterback, Tacoma.

Bureau of Program—Dr. E. A. Archer, Pullman; Dr. Elizabeth Hull

Lane, Seattle; Dr. H. F. Morse, Wenatchee.

Please send all news and other material for this department to the Bureau of Public Health, Publicity and Education.

OREGON CONVENTION

The annual meeting of the Oregon Osteopathic Association was held June 16, 1923, at McMinnville, in the First Presbyterian Church, with seventy-five members present. The program included the following papers:

"Most Valuable Thing I've Learned in Practice," Dr. A. P. Howells, Albany.

"Business End of Practice," Dr. L. C. Marshall, Salem.

"Some Things We May Do to Advance Osteopathy," Dr. L. H. Howland, Portland.

"Encephalitis Lethargica," Dr. Ruth L. Eaton, Oregon City.

"Relation of Applied Psychology to Osteopathy," Dr. A. B. Cunningham, Seattle, Wash.

In the evening the annual banquet was held at the Hotel Elberton, during which a splendid musical program was rendered, the main feature being a delightful trio by Drs. Cunningham, Stryker and Beaumont. Following the banquet short talks were made by Drs. Ingle, Howland, DeLapp, Moore and Cunningham.

At the business session action was taken changing the wording of Article IV, Section 2, to read one-fifth instead of one-tenth, thereby allowing \$5 of the annual state dues of \$25 to revert back to the local society instead of \$2.50 under the old reading. This was done with the idea of stim-

ulating local interest in osteopathic affairs and making a stronger organization both locally and state-wide.

Election of officers for the coming year resulted as follows:

President, Dr. Wm. Stryker, McMinnville; Vice-President, Dr. G. E. Holt, Pendleton; Secretary-Treasurer, Dr. C. H. Beaumont, Portland.

Much credit must be given the McMinnville osteopaths for the splendid program and hospitality displayed to make the day the success it was.

President Stryker announced the appointment of the following to head the various committees for the coming year:

Legislative

J. E. Anderson, D.O., Portland.

Publicity

J. L. Ingle, D.O., La Grande.

Program

A. P. Howells, D.O., Albany.

Social

K. S. Myers, D.O., Portland.

Clinic

Mary Howells, D.O., Albany.

Public Health

L. H. Howland, D.O., Portland.

Public Education

S. L. DeLapp, D.O., Roseburg.

Professional Education

J. L. Lynch, D.O., Salem.

Student Recruiting

L. C. Marshall, D.O., Salem.

EXERCISES MOST EFFICACIOUS IN MILK DIET

BY DR. WM. C. BONDIES, SOUTH PASADENA

Read Before Annual Meeting of California Osteopathic Association,
Long Beach, June 14-15-16, 1923.

Patients on milk diet, to whom exercises may be applied with advantage, are very enthusiastically taught the following facts and laws concerning them:

1. That their diseased condition is, in varying degrees, due to and accompanied by deviations from normal alignment of their bony frame-work; and that those lesions occurring in the spine, pelvis and ribs are most effective in their deleterious influences, through the nervous system, upon proper or normal functions of the body. It is made clear to them that the development of some osseous lesions *may* be made possible by insufficient tone and under-development of muscles, whose functions include that of maintenance of proper alignment of bones.

2. That exercise, while on milk (the wonder muscle builder), is an ideal means with which to reinforce osteopathic adjustments for permanent correction of such osseous lesions as are correctable. When patients are once made to understand that just lying abed for four weeks or longer invariably adds about an inch to their height, it requires less effort on the part of the physician to enlist cooperation in such development of muscles as will most certainly and effectively help in the accomplishment of the much-desired corrections.

3. That continuance of exercises, combined with treatment and observation from their regular osteopath, is essential to best possible results and for making such results permanent. Graduation prescription is issued to each patient on leaving sanatorium.

4. That, as yet, the human animal is unable to attain or maintain its *physical best*, without proper kind and amount of exercise, and that *mental fitness* is greatly dependent upon *physical fitness*.

5. That there are only two natural ways to activate secretion of appetite juice, namely, work and cold.

6. That by common experience we know one's best digestion, assimilation and elimination are impossible without proper exercise.

The following laws pertaining to exercise, and their bearing on each individual case, are brought to the notice of patients:

One's chances for self-mastery are greatly enhanced by good development plus control of one's musculature.

Essential movement of lymph and venous blood is greatly dependent upon general muscular activity.

Improvement accomplished in muscles will, in some degree, be extended into such organs, viscera and glands as may underlie them.

Persistent exercise of a muscle, while its insertions are approximated, will serve to shorten it, and in many cases stretch its opposing muscle. This is the law that governs our corrective exercises.

One's red blood corpuscle count can be increased most easily by such deep breathing movements as include vigorous elevation of shoulders and clavicles with thorough separation of ribs. This, of course, is based upon the wonderful revelations of Dr. Burns' work on "The Blood."

No exercise that stretches a ligament away from its normal length or

tone should be practiced, because of destruction of support to bones. Especially is this true in regard to ligaments of spine and pelvis. (Here demonstrate error in advising practice of touching fingers to floor in forward bend, without bending knees. Then demonstrate forward bend from hips, thereby stretching hamstring muscles.)

Tension exercises, involving opposing muscles on the same limb, should not be used, because such practice becomes a habit that persists during the execution of work, whereby effort is increased and efficiency decreased. (Demonstrate with biceps and triceps groups.)

Sudden cooling of body after exercise should not be done, because elimination through pores of skin is thereby abruptly discontinued, causing double work on part of the kidneys in throwing off toxic matter. Short nap, while body is kept glowingly warm, followed by cooling and cleansing bath, is ideal.

Exercises for certain heart conditions should be done without snappy or jerky execution of movements. Body should not be raised and lowered quickly or violently, because of severe disturbance to heart. Considerable vigor may be used in heart exercises, provided the above precautions are observed and progress from minimum to maximum work is accomplished slowly and carefully. Exercise of muscles that elevate shoulders and clavicles are most tonic to the heart.

(TO BE CONTINUED)

No gem stands higher than this one legacy given to us by our forefathers, unless it be the brains of the osteopath, whose mind is the knife to sever the cords of ignorance which bind the public to drugs.—*A. T. Still.*

GOLF NOT DANGEROUS

There seems to be quite a stir over the country regarding the death of a few golfers during the past year. We have taken the trouble to look up some of the statistics, and have kept track of those who have died during the golf season, and we find that the majority of those ten who died this last year were "occasional" players, and, likewise, started the game of golf rather late in life.

We have likewise noted in the papers during the last year that twenty-two people died while attending church or just after leaving church. There is no occasion for the statement that golfing is dangerous.

While it is true that the English golfers have had greater casualties than the Canadians or Americans, it is possibly due to the fact that the Englishman takes his "tea and toast" before playing the game of golf, and that the Englishman is thicker through than the average Canadian. There is always a danger of acute indigestion and resultant heart failure when a golfer has too much "tummy."

Anyone taking up the game after middle age is in danger of straining the muscles and ligaments. There is, likewise, danger of a man over sixty rupturing a blood vessel, but the man who started early playing golf and has followed it through year after year is the man who need not fear dropping dead on the golf course.—*From a statement prepared for the press by F. P. Millard, D.O., Toronto, Ontario.*

The "back-to-the-farm" movement would be all right if it did not break the back.—*Cleveland Press.*

The Western Osteopath

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California Osteopathic Association

President, Dr. Ernest G. Bashor, Ferguson Building, Los Angeles
Vice-President, Dr. Inez S. Smith, Hollingsworth Building, Los Angeles
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C. B. ROWLINGSON, D. O., Managing Editor

AN EDUCATIONAL YEAR

During 1923-24 the California Association is committed to a program of professional education. Since the Long Beach convention in June, President Bashor and the Department of Professional Education have laid a foundation. THE WESTERN OSTEOPATH will co-operate in the program.

A more worth while activity for our state organization could hardly have been conceived. It is a worthy successor to the high tension initiative campaign of last year. During that campaign the mind of the profession was more or less diverted from the subject of professional education. We must make up for lost time. What the biased medical writer in the *Atlantic Monthly* was so fond of referring to as "the established facts of medical science" may have gotten a few jumps ahead of us, and we'd better hurry and catch up.

We should accept truth, but there is no reason why we should accept doubtful truth, or what is called truth by its promoters, but is not veri-

fied or proved by others. We must be on our guard against mistaking a statement of truth for proof. If we keep in mind the fact that "proof is not a statement of truth, but evidence of the truth of the statement," we shall keep on firm ground.

The laws of logic are immutable. Scientific truth is not proved by a few hundred or a few thousand experiments, particularly when the results are not uniform. Before the scientific world considers a thing proved even to a tentative degree, unnumbered thousands of experiments must be conducted over a long period of time, often by many different workers, all without a single failure. So inexorable is scientific logic that if in all these thousands of cases there is an unusual result that cannot be accounted for, the case is not regarded as proved.

Let us therefore not espouse new causes in haste, lest we live to see the day when we shall repent at leisure. Or, as the sagacious Montaigne so

well said, "How many things served us yesterday for articles of faith, which today are fables to us!"

A beginning has already been made on the program for this year of professional education. Every Tuesday evening at the College of Osteopathic Physicians and Surgeons Dr. Forbes is conducting a post-graduate class in General Diagnosis and Practice. Last month THE WESTERN OSTEOPATH printed an article by Dr. Tasker, head of the Department of Professional Education. Other good things are to follow; but the officers of the Association and heads of departments cannot do it all. They are willing to do their share and many of them do more. But if this work is to bring anything to the local societies, members all over the state must co-operate. Some of them probably are. We happen to know of one local society that is already planning to have speakers from another city at every alternate meeting this year. This is only one of many ideas which the local societies can work out with benefit to every member. Make your plans, write them up, and send them in. THE WESTERN OSTEOPATH will print them, and thus other local societies will be stimulated to action.

The point I wish to have you bear in mind is this, that to be an osteopath you must study and know the exact construction of the human body, the exact location of every bone, nerve, fiber, muscle and organ, the origin, the course and flow of all the fluids of the body, the relation of each to the other, and the functions it is to perform in perpetuating life and health. In addition, you must have the skill and ability to enable you to

detect the exact location of any and all obstructions to the regular movements of this grand machinery of life. Not only must you be able to locate the obstruction, but you must have the skill to remove it.—A. T. Still.

INSULIN

Insulin, a patented pancreatic extract, has been widely heralded in the newspapers as the long-sought cure for diabetes. That the medical profession must accept it with reservations and use it with caution is evident from what has come to our attention in medical journals regarding it.

The preparation does not remove the cause of diabetes, hence it is not a cure. In fact, Banting and Best, of Toronto, the discoverers, have at no time claimed it to be a cure, nor have the medical journal references to it which we have seen made such a claim. As an example, we quote the following from an editorial in *The Nation's Health* (Chicago):

"Already insulin has been used in a sufficient number of cases to permit an evaluation of its usefulness. It is definitely not a 'cure'; its discoverers have never claimed it to be a cure. It has the power of allowing the diabetic organism to burn sugar, thus causing urinary sugar to disappear, and blood sugar to drop to normal. Properly given, it will bring patients out of diabetic coma; it allows surgical operations on even the severest diabetic. In children it has a particular field of usefulness in permitting development and growth where formerly the course was steadily downhill to death."

An American pharmaceutical house is now offering insulin to the medical profession. Their advertisement of the preparation in a recent well-known medical journal contains the following significant statement: "This extremely potent extract will be supplied to physicians willing to assume the responsibility for its use."

Insulin must be given hypodermically every day. The dosage must be regulated to an amount that will control the sugar excretion without producing toxic reactions. The effects do not persist when its use is discontinued. The cost is high. We venture that of the diabetic patients who can look forward with equanimity to a hypodermic injection every day for the remainder of their lives, and who at the same time have sufficient financial means to afford the treatment, the number is not large.

HOW VACCINE IS MADE

[From *The Log Book* D.M.S.C.O.]

BY DR. H. C. ENGELDRUM

A living calf or heifer is bound down on a movable tilting table and its abdomen is shaved, and on the clean, tender skin of the most tender part a hundred or more cuts or scratches are made. Into these open wounds is rubbed some "seed virus," obtained directly or indirectly from human smallpox, and other known or unknown human infection.

After the calf or heifer has been inoculated, it is taken from the stable to a stall, where it is securely tied and carefully fed for about a week, during which time the hundred or more festering wounds are gradually filling up with ulcerative or suppurative disease matter. This disease mat-

ter contains the germs of human smallpox, cowpox or "vaccina" and many other known and unknown germs even more dangerous and fatal than smallpox. The diseased matter is squeezed and scraped out of the many wounds and mixed with glycerine in order to dilute it and to kill many dangerous germs which the complex virus is known to contain to some of which glycerine, in a certain percentage, is fatal, but it is not fatal to the germ of smallpox or vaccina which it is aimed to preserve in more or less virile condition. The glycerine and virus mixture pass through various tests to free the many fatal disease germs from the smallpox germ, which is dangerous enough in itself. But it is impossible to guarantee that the smallpox virus will be separated from the many other dangerous germs. Hence, many dangerous or fatal results follow inoculation of vaccine into the body of a child or adult. Dr. M. J. Rosenau, one of the best authorities in the country on vaccine virus, in his recent work, "Preventative Medicine and Hygiene," says, "Vaccine virus always contains bacteria. There is no such thing as aseptic virus. Staphylococci, streptococci, members of the hemorrhagic septicemic group, and, in a few instances, tetanus spores and gas bacilli have been found in vaccine virus."

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THE CLINICAL THERMOMETER

[From the *College Journal of the K. C. C. O. S.*]

BY DR. GEORGE J. CONLEY

What about your clinical thermometer? How do you handle it? What is your technique before placing it in the patient's mouth? What is your method of restoring it to its case after using? "Useless, foolish questions," I imagine you are saying. "Of course, everybody knows how to use a clinical thermometer." I wonder if they do! As I recall some of the doctors I have met in consultation and their demonstration of the thermometer I am positive that there is much need for the few homely ideas that follow.

I have stated many times that the thing I observe most carefully when meeting strange doctors in consultation is their use of the clinical thermometer. One can get a very good line on the doctor by so doing. If he is clean, careful and thoughtful, he will take every precaution to insure cleanliness before introducing the thermometer into the patient's mouth. If he is careless in this little matter, if he is not cleanly, I naturally conclude that he is not trustworthy in bigger things.

Years ago this matter was forcefully hammered home in an entirely unexpected manner. A gentleman brought his wife to my office for examination. They were strangers to me. In the course of the examination it became necessary to ascertain the temperature. I employed my routine method for preparing the thermometer, also in caring for it after using. The result of the examination was a surgical diagnosis. They told me then

they had been to several surgeons that day and all were agreed as to the cause as well as the line of treatment necessary. They paid me my fee and went on their way. You can imagine my surprise when they returned next day and said they were ready to go to the hospital for operation. Inasmuch as they had consulted some good men in the city before coming my way, I was interested in learning why they decided on me. The lady told me it was the way I handled my thermometer that decided her. She said she had never seen a doctor do what I did with it before sticking it in her mouth. She told her husband that she figured that a man who was careful in the little things would prove dependable in the big ones. And so I got the case, all because she was convinced that I was clean with a clinical thermometer.

Years ago it fell to my lot to call on a good old lady 'way down in South Missouri. As usual, I prepared my thermometer at the bedside. She was greatly interested. She said she had never seen a doctor do that before. Said old Doctor ——, the last time he came to her house to wait on her, wiped his thermometer on the bed sheet and it left a black mark that never did come out. That made her mad, and she saw to it that he never came back. He lost a case because he was careless with his thermometer.

At another time I met a prominent city doctor in consultation. I was greatly interested in the way he han-

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dled his thermometer. He sat down by the bed, unscrewed the thermometer from its case, and wiped it carefully and thoroughly on his dirty pocket handkerchief, then he placed it in the patient's mouth, after which he wiped it carefully with the same handkerchief and returned it to the case. As that was his method, he evidently treated them all alike. You can imagine the feelings of a patient who has been subjected to the ordeal of temperature taking by this method day after day.

The method I have employed for years is to saturate a pledget of cotton with alcohol and scrub the thermometer in the presence of the patient, then rinse in water to remove the excess of alcohol. After using, the same method is employed, always in the patient's presence, except the alcohol is not removed after the second washing. I carry a small bottle of alcohol for this particular purpose. The method is simple, easy and effective. It has a reassuring effect upon the patient.

A clinical thermometer treated in this manner was subjected to a laboratory test. Three tubes of sterile agar were cultured, and incubated for 48 hours at a temperature of 37° C. No bacteria were demonstrated.

A very general practice is followed among the medical profession of agitating the thermometer in a glass of water a few seconds or holding it under the faucet for an instant before using. At best it only wets the instrument; nothing is removed. It is not cleansed. It is not even macroscopically clean, to say nothing of asepsis. What would you think if you went into a restaurant for your noonday lunch and found the dishwashing

plant in plain view for publicity purposes, with knives, forks, spoons and other utensils under an open faucet, and then, without rubbing or drying, send them to you to use? You would never patronize that place. You would keep on moving. And yet the method of treating a clinical thermometer by the average doctor is on a par with it.

The clinical thermometer is an indispensable instrument. We must have the information it imparts. It should be used in a manner that will mollify the most fastidious. Patients generally do not call your attention to your careless methods, but they are very prone to talk about them to their friends.

Time spent and consideration given to this, as well as other homely little details relative to cleanliness in general practice, is a most excellent foundation for a lucrative and successful practice.

CHANCES ARE HE DIDN'T.—A girl in Johannesburg recently ran for fifty-six miles. The report doesn't say whether the man got away or not.—*London Daily News.*

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ADRENALIN AND "THE RESTORATION OF LIFE"

Under the foregoing caption, the following appeared as the leading editorial in a little magazine published by a prominent American pharmaceutical house.

Supplies of adrenalin solution and adrenalin tablets sold to the army several years ago have from time to time been purchased since at auction by little-known drug brokers who have endeavored by every means within their power to get their money back. The customary method is to offer the material at cut prices, but we are now somewhat embarrassed to find that another procedure is being followed.

One of these brokers has recently taken sensational advantage of the

fact that adrenalin has been used to restore heart action a few minutes after that organ had ceased to beat. Postal cards have been sent broadcast to physicians and others, and to the uninitiated it looks as though we were behind the startling claims made for adrenalin. We do not need to assure you that we are in no wise responsible for this publicity, and that it is simply the act of a drug broker who wants to get rid of a lot of old adrenalin and convert it into money.

Nor is this all. From advance propaganda matter sent from Hollywood, California, we learn that a moving picture called "Legally Dead" is soon to make its appearance and that adrenalin is to play a striking role in the melodrama.

We cannot prevent such publicity, but it ought to be perfectly understood by the medical profession that

we are in no sense responsible for it. We may well seize upon this occasion, indeed, to say a few words regarding the capacity of adrenalin to "restore the dead to life."

In the first place, the adrenalin stories that are so prominently featured in the public press really present nothing essentially new; the medical profession has known all about this "life-restoring" quality of adrenalin for ten or a dozen years. What catches the eye and the imagination, and unfortunately the hope of the uninstructed layman, is the

inaccurate and misleading phraseology employed by the journalists who write the adrenalin articles.

Adrenalin cannot bring the dead to life. But one is not dead until all the vital organs cease to function. The mere cessation of heart-beats does not tell the whole story; we cannot say that death has actually supervened until the lungs, too, have given up their task, and the cells of the brain and the rest of the nervous system no longer respond to ordinary stimuli, such as heat, cold, light, touch, sound, etc.

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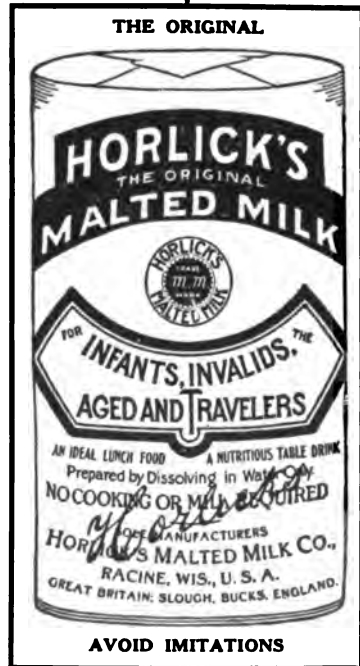
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Adrenalin acts on the myoneural junctions—the tiny organs in which the sympathetic nerve endings coalesce with the muscle tissue which they innervate—and if the nerve cells are

incapable of receiving adrenalin impressions no reaction can possibly occur in the heart muscle.

For all practical purposes it may be accepted as a rule that if eight minutes have elapsed between the cessation of the heart-beat and the injection of adrenalin the nerve tissue has been irreparably damaged, coagulation has at least begun, and attempts at resuscitation must be futile.

Adrenalin is of course a wonderful drug. It is without doubt the most

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One thing that France seems unable to do is to shoot the German stork. — *Milwaukee (Wisconsin) News.*

serviceable emergency remedy at the command of the physician. Perhaps, in the past, we have not said enough about its ability to restore life processes in the dying and the apparently dead. Our attitude in this matter, however, is entirely consistent with the dignity of our general promotion policy. We avoid the sensational; we avoid even the appearance of exaggeration.

We urge physicians to have adrenalin on hand as an emergency remedy in cases of shock, collapse, apparent death from heart failure, hemorrhage, and the paroxysms of asthma. But lay publicity we deplore. And particularly regrettable is the false hope engendered in the hearts of the uninformed by sensational articles in the public press, that with adrenalin available death itself can be defied.

MARVELS OF THE BLOOD

There is but one agent by which the body was built, one agent by which it is repaired and to which, consequently, any remedial measure can possibly appeal, and that agent is the circulation of the blood. Just stop to think of it. The blood planted every cell that was laid in every tissue of the body, it removes all the debris of the physical workshop and conducts away all the dishwater. If that is true, if the blood stream is responsible for all bodily building, all bodily functioning, does it not seem reasonable that we ought to scurry around and make friends with it, so that we can make use of every measure that can possibly pale or flush a face? If it be true, as pathologists tell us, that all diseases start in blood stasis, ought we not to study all measures that can act on the circulation? Then we can control functioning and rhythm.

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WHERE WERE THE GROOMS?

[From the Los Angeles Times]

TWENTY-SEVEN BRIDES ON SHIP

New York.—The Furness-Bermuda liner Fort St. George sailed for Bermuda with a collection of old shoes hanging over her taffrail and her promenade slippery with rice.

She carried twenty-seven brides, at whom the shoes were thrown and on whom the rice was showered. She broke the record as a June bridal ship.

We suggest that some one start to manufacture spare parts for pedestrians. It looks like a profitable business.—*Charleston Gazette.*

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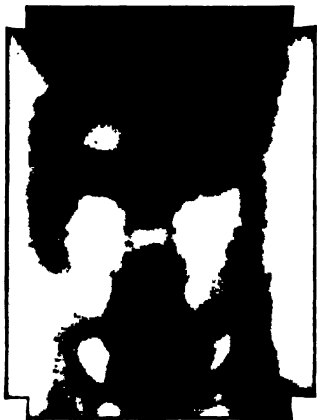
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I point to Sam Blythe as an example of what a man may do by taking care of himself. In the old days, when he was a high liver, and the star performer on the *Saturday Evening Post*, his writing was becoming a little dull. Whereupon he reformed his diet, and renewed his youth. I think he is writing better now than ever before. No doctor has ever written as wisely and helpfully as to what should go into the stomach, and what kept out, as old Sam Blythe has written since his reformation.—*E. W. Howe's Monthly*.

If a doctor lacks sense in other things, he is sure to lack it in medicine and surgery. Let me hear a doctor talk ten minutes on general subjects, and I can tell whether his medical advice is of any account.

—*E. W. Howe's Monthly*.

METHUSELAH OUTDONE

"The surgeon-general's office proved by rather elaborate statistics that the average mental age of all white drafted men in the world war was 1308 years."—Extract from an article in *The Osteopath*.

But Faith, fanatic faith, once wedded fast,
To some dear falsehood, hugs it to the last.

—*Thomas Moore*.

"Did you give the penny to the monkey, dear?"

"Yes, mamma."

"And what did the monkey do with it?"

"He gave it to his father, who was playing the organ."—*Boston Transcript*.

TO THE OSTEOPATH

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Clinical osteopath

THE WESTERN OSTEOPATH

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OSTEOPATHIC REACTIONS
OF STILL*

SEPTEMBER, 1923 1813

THE WESTERN OSTEOPATH

Vol. 18 September, 1923 No. 3.

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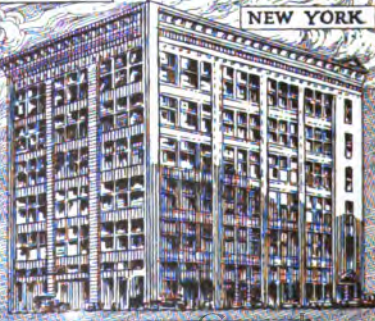
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WILLIAM ALLEN GRAVETT, D. O.

President of the American Osteopathic Association, 1923-24

THE WESTERN OSTEOPATH

Published by the
California Osteopathic Association

Vol. 18

September, 1923

No. 3

A MESSAGE FROM THE A. O. A. PRESIDENT

The message that I have for the western osteopaths is one universal in application. It is pertinent wherever an osteopath may be practicing, whether he be fighting it out alone or aided and abetted by others. In a word, the message is: **CONCENTRATE**. I am urging concentration on the one thing an osteopath should know the most about: the one thing for which he prepared himself: *osteopathy*. Concentration in osteopathy means individual research in osteopathy. Concentration has always paid big dividends in osteopathic practice the same as in anything else. It will continue to do so indefinitely because the surface has only been scratched. Underlying are vast storehouses of truth which will yield abundant returns. Concentration produces the biggest men with the greatest prestige and the largest incomes we have in the profession today. Concentration on the part of an outsider made it possible for him to collect one hundred thousand dollars from the osteopaths for an osteopathic idea.

Back in the days of '49 men rushed to the newly discovered gold fields of California. Visions of untold wealth, easy of acquirement, stampeded the prospectors in their pursuit of buried treasure. Only a small proportion realized their dreams. The rest suffered loss and deprivation, abandoning the venture and the state which has since become world-famous as the land of fruit, flowers and sunshine. Few foresaw the great possibilities for wealth in the future sites of great cities. Had the others but recognized these, the fondest dream of the most avaricious gold digger would have been exceeded.

Osteopathy likewise experienced a transitory period

wherein those seeking easy money received their reward and likewise suffered disappointment proportionately. There were others with a real vision who saw something greater in Dr. Still's concept: a basal law of physics, the foundation upon which all systems and all schools of medicine must eventually rest. Their hopes and their dreams have become an actuality. Their reward is not so much in material gain as in the consciousness of having helped to unfold and develop a great truth, to witness in their own time the work of their own hands and the confirmation of their predictions. They are true benefactors of humanity.

Concentration means continued growth, power, and success for osteopathy. The opposite, *mental inertia*, means decay and death.

W. A. GRAVETT, D.O.,
President, American Osteopathic Association.

Dayton, Ohio.

NOTICE OF CALIFORNIA EXAMINATION

The next examination given by the California Board of Osteopathic Examiners will be held October 8, 9 and 10, in Los Angeles.

(Signed)

LESTER R. DANIELS, D. O.,
Secretary.

HELPFUL BOOKS

THE PRINCIPLES OF OSTEOPATHY, by G. D. Hulett, B.S., D.O. Revised at the request of the House of Delegates, American Osteopathic Association, and the Associated Colleges of Osteopathy. Published by the A. T. Still Research Institute, 910 Consolidated Realty Building, Los Angeles. Fifth Edition. Octavo, 180 pages. Cloth, \$2.50.

Any author who attempts to cover a large field in a limited space is confronted at once with the problem of what to leave out. On the other hand, when an author has unlimited space at his disposal, he is liable to put in too much. Only yesterday we were reading a review of a recent book in which the reviewer said that while the book contained 614 pages, it would be a better book if it were cut in half. Of the two extremes, we prefer the one of brevity. Surely it is better to have our appetite for knowledge whetted than to be bored with a prolixity that causes us to lose interest.

This fifth edition of Hulett's "Principles of Osteopathy" is a recent revision of one of our standard works. The field it covers is a large one, and to cover it exhaustively would require a volume several times the size of this; but we venture that such a volume would receive less attention than will this shorter work. With so many demands on his time, the busy student or practitioner wants books that will give him the most in the smallest compass.

By reducing the size of the page, Hulett's Principles could be made a pocket-size volume. Although this would be a decided departure from

the accepted practice, such a book would, we believe, encourage study. Do not most students see many hours of opportunity for study lost because they have nothing with them to study from? The foregoing is offered not as a criticism, but as a suggestion.

Just as a standard work on navigation is an essential in the library of every sea captain, so Hulett's Principles is an essential in the library of every osteopath.

A MANUAL OF BANDAGING. Adapted for Self-instruction. By C. Henri Leonard, A.M., M.D. With 139 illustrations. Sixth edition. Octavo, 159 pages. The Illustrated Medical Journal Company, Detroit, Michigan. Cloth, \$1.50.

This is the latest revision of a work that has long filled a real need. Following a chapter on bandages in general and one on the classification of bandages, successive chapters take up bandages of the head, the neck, the upper extremity, the body, and the lower extremity. There is also a chapter on immovable dressings (including plaster of Paris), one on strapping (with adhesive), one on cataplasmata, or poultices, one on compresses, and one on knots. In the latter chapter is at least one bit of information which is valuable not alone to the surgeon, but to everybody who ever ties a knot. The common granny knot so closely resembles the reef knot that many are not aware of the difference; yet the former is prone to slip, while the latter is sure to hold. The difference between the two knots is shown, and the secret of avoiding the granny knot is explained.

This work has stood the test of time, and no physician need be in doubt as to its value.

LATERAL CURVATURE OF THE SPINE AND ROUND SHOULDERS, by Robert W. Lovett, M.D., Sc.D. Fourth edition, revised, with 172 illustrations. Octavo, 217 pages. P. Blakiston's Son and Co., Philadelphia. Cloth, \$2.50.

Lovett is generally recognized as one of the leading authorities on lateral curvature of the spine. The *American Journal of Surgery* considers that "It is, without doubt, the most complete and up-to-date monograph on scoliosis contributed to English medical literature."

In the preface to the new fourth edition, Dr. Lovett says:

"In revising this book it has been my intent to eliminate methods of treatment which have fallen into disuse or which have proved inadequate, and to lay more emphasis upon those which have stood the test of time. I have endeavored so far as possible to shorten and simplify those portions of the book which permitted it, and I have adopted the personal point of view in presenting doubtful matters.

"A good deal of new material has been added, although no radical advances in the treatment of scoliosis have been made in the last few years; but the great importance of mobilizing distorted spines constitutes, I believe, the most important changes in the point of view."

This is one of the exceedingly few books by medical authors which osteopaths need not hesitate to accept. The methods of treatment it advocates are physical methods which are in entire accord with the osteopathic concept.

THE SUCCESSFUL PHYSICIAN, by Verlin C. Thomas, M.D., Visiting Physician to Franklin Hospital, San Francisco. Octavo, 303 pages. W. B. Saunders Company, Philadelphia.

The field covered in this work by Dr. Thomas is one which has been greatly neglected. Just why this should be so is a matter for speculation, but the fact remains that while there is a wealth of books on various subjects bearing on the scientific side of practice, the number of those dealing with the business side is all too few.

In the present work Dr. Thomas takes up such subjects as personality, how to attract and hold patients, choice of location, how to become favorably known, changing ability into income, the various forms of practice, office equipment and management, office systems and accounts, investments, the physician and the law, ethics, insurance, vacations and hobbies.

The professional type of mind and the business type of mind are rarely combined in the same person. While it is possible that the purely professional type may succeed after a fashion without any business ability, there are tremendous odds in favor of the man whose professional ability is supported by a certain amount of business knowledge. Business ability may be either natural or acquired. An individual capable of mastering a profession surely has the capacity to acquire at least a small knowledge of business principles. Perhaps the only reason he does not do so is because he does not realize his need. His attention has been so largely absorbed by scientific subjects that others have been eclipsed.

It is safe to say that the percentage of physicians who would fail to profit by reading this book is exceedingly small. Undoubtedly there are many on the borderline between success and failure who would become decidedly successful if they would read and apply the principles set forth by Dr. Thomas. Many physicians have no system of keeping records and accounts and collecting money. The income of all of these is much less than it should be, while in the case of some, the absence of a system of this kind is what changes success into failure. If the doctors practising without such a system would adopt the one recommended by Dr. Thomas in his chapter on office systems and accounts, they would soon receive cash dividends that would repay the investment manifold.

The book contains several pages of tabulated information which is of particular value to those seeking locations. There is a table showing wealth per capita and percentage of physicians (by states); one showing the rate of growth of the first 100 cities in the United States and the percentage of physicians in each; another showing the fastest growing cities of 10,000 to 25,000 in each state, with the percentage of physicians in each.

In writing this book Dr. Thomas has done the medical profession a great service. The work can also benefit the osteopathic profession to a scarcely less degree; for there is little in it that does not apply just as well to the osteopath as to the allopath or the homeopath.

OSTEOPATHS NEEDED IN THE SOUTH

After a trip south which included Atlanta and New Orleans, Dr. H. V. Halladay is quoted in the *Journal of Osteopathy* as saying:

"The big chance for osteopaths, it seems to me after my visit down there, is in the South. They are needed and the cities and towns are crying for them. Why it is the new physicians don't go down there, I don't understand. But certainly there is a rich field. Atlanta and New Orleans in particular, are in need of more osteopaths. Atlanta should attract many, it seems to me. It's a fine city and comfortable the year round."

Some people may honestly believe that they discovered and are sole users of the spine. Others, who should know better, think they can get along without the spine in treatment. Yet this fact remains: A. T. Still put the human backbone on the therapeutic map and there it will stay despite any effort of nature fakers or perverters of history to the contrary. These latter will bear watching, for as the idea of structural perversion as a factor in disease gains strength, a more determined effort to steal the credit will be made by the medical historian.—C. C. Teall, D.O.

Another thing the world needs is less use of monkey glands and more general use of sweat glands.—Chat-ham (Ont.) *Daily News*.

There are few matters in the world so urgent that they can't wait until the train gets past the crossing.—Portland (Ore.), *Telegram*.

OSTEOPATHIC GYNECOLOGY

BY DR. JENNIE C. SPENCER

Hollingsworth Building, Los Angeles

Ninth Article—Tumors of the Pelvis

In this article the tumors of the pelvis will be viewed from the clinical standpoint only. The general classification of benign and malignant tumors is the one that is of most interest to the clinician.

In the early years of my teaching I deemed it of the utmost importance to make this diagnosis very early, having the greatest faith in *early* surgery as a cure for the malignant type, but experience has taught me that surgery, when resorted to in the earliest stages, did not stop the invasion of the cancer cells. In fact, many cases spread like a prairie fire after a surgical operation. Therefore, in these later years, I am much more cautious and take much more time in making a differential diagnosis between benign and malignant tumors of the pelvis.

The most frequently observed tumor of the uterus is no doubt the fibroid. We find the interstitial variety much more often than either the submucous or the subperitoneal.

These tumors often reach considerable size without giving any marked symptoms. The symptom most commonly found is menorrhagia. There is seldom any dysmenorrhea and a leucorrheal discharge is rarely observed. Pressure upon the bladder may give rise to frequent micturition, but the uterus often rises above the bladder and this symptom is not marked. Constipation is one of the common symptoms and is often the one that leads the patient to consult a physician.

The differential diagnosis between fibroid tumor and subinvolution or chronic metritis is the one that seems most difficult to the average practitioner. The main difference is in the irregularity of the uterus in the case of even small fibroids. In chronic metritis the uterus does not lose its symmetry even though it has increased in size markedly.

The symptoms of subinvolution or chronic metritis are many. Menorrhagia, leucorrhœa, dysmenorrhea, and reflex nervous disturbances, the last being much more marked than in cases of fibroid tumors. I feel that it is highly important to make this differential diagnosis, for the metritis cases respond to osteopathic treatment and it is rarely necessary to resort to surgery.

Small fibroids that are not giving rise to marked symptoms should never be mentioned to patients, for in this day of enlightening the people along health lines we have succeeded wonderfully in implanting fear, and the very mention of tumor is apt to give rise to a frenzy of fear. It seems much better to carry a few secrets about with us than to expose any human being to needless terror. The greatest work the physician has is to give the human race courage to bear the ills thrust upon it, and not to add anxiety needlessly. It is our part to be anxious without putting this burden upon our patients.

It behooves us to be very slow in expressing the possibility of a radical

operation being necessary until the time has come when, in our judgment, the surgery must be employed, and then the sooner the better.

Cystic tumors of the ovaries are probably next in frequency. Enlargement of the ovary until it reaches the size of an orange is most frequently only a congested ovary, and under treatment will decrease in size—at least the exudate about it subsides and the patient complains of no symptoms. This type of tumors of the ovary should be left alone after the inflammation subsides, and it seldom changes or gives rise to symptoms. They sometimes become dropsical at the time of the climacteric, and when this occurs they should be removed, for they have a tendency to increase to great size after the menopause as well as before.

The great difference between fibroid tumor of the uterus and a cystic ovary is this: the fibroid tumor tends to decrease in size at the climacteric and never grows after this time unless a malignancy develops in such a uterus. The cystic ovary tends to enlarge at this time and to continue its enlargement after the menopause has passed.

After a cystic ovary has reached the size of an orange and shows no tendency to decrease in size after two or three months of observation and treatment, the best therapy is its removal.

There are small tumors of the cervix, called cysts of Naboth, and occasionally a lipoma of the vagina that give rise to discomfort and should be removed. You will be surprised to find how many cysts of Naboth disappear when bimanual

treatment is given to restore normal circulation. Erosions of the cervix accompanying cysts of Naboth are often wrongly diagnosed as carcinoma of the cervix.

The more we observe benign tumors of the pelvis, the more forceful becomes the conviction that we should leave them alone until the symptoms become so marked that we are justified in advising our patients to enter the dangerous field of surgery. For the more skilful the surgeon the more he will tell you: "I do the best surgery I am capable of, yet there are many cases that fail to recover satisfactorily." If you advise surgery only as a last resort, you will find your patients much better satisfied with the results obtained.

As I start a brief discussion of malignancy of the pelvis I am confronted with the thought that during the last twenty years—the period covered by my clinical experience—extremely little has been accomplished toward stopping this dread disease once it is established. How little we know of the cause of this growth of embryonic cells! There are many theories and little proven fact. It seems reasonable that a normal blood and nerve supply to any viscus would keep it from being the seat of any pathological condition. From this it follows that the osteopath may have a right to claim that, by keeping the body in as near perfect adjustment as possible, he can prevent cancer. As a possibility, it is at least worth thinking about.

The reports from the use of radium are not so favorable as we at first hoped they would be.

The deep penetrating X-Ray has not had time enough to show what can be accomplished with its use.

We all know that surgery can do no more than call a halt in the progress of invading cells. This is so thoroughly recognized by pathologists that one defines malignancy as a new growth that has a tendency to reappear after its removal. We must, therefore, keep our minds directed toward the prevention of malignancy rather than its cure.

We must be very careful not to make a diagnosis of malignancy unless we are sure the condition exists. Many women have come to me greatly alarmed because some doctor has told them that they had cancer of the uterus, when I could not find any grounds for such a diagnosis.

Hemorrhage alone does not mean cancer. There must be the characteristic growth of tissue. This growth is rapid and soon undergoes necrotic changes which give rise to the watery discharge. The lymphatics become enlarged and produce the nodular feel of the broad ligament.

The hemorrhage is one of the earliest symptoms, but it alone is not sufficient. Many women suffer from metrorrhagia during the climacteric, but without any accompanying rapid growth of tissue. These cases are helped by radium and the X-Ray without any surgery being used. They should not be diagnosed cancer.

Facing the fact squarely that no cure for malignancy has yet been discovered, why should we make the diagnosis of cancer until the evidence is overwhelming?

SUPPLY COMPANY IN NEW QUARTERS

Matthay's Professional Supply Company of Los Angeles, long located on West Fifth Street, facing Pershing Square, has moved to new quarters at 809 South Hill Street. This firm carries a dependable line of physicians' supplies, and is always ready to serve the osteopathic profession.

NEW OFFICERS OF WESTERN CANADA ASSOCIATION

The Western Canada Osteopathic Association has elected the following officers for 1923-24:

President, Dr. M. E. Church, Calgary.

Vice-President, Dr. J. T. Atkinson, Vancouver.

Secretary, Dr. R. C. Ghostley, Edmonton.

Treasurer, Dr. G. Glen Murphy, Winnipeg.

During her recent visit to England and Wales, Dr. Gwladys Morgan was frequently asked about American inventions, such as the washing machine, the suction cleaner, and other up-to-date conveniences. One day Dr. Morgan was telling a Welsh woman about a baby that had been born in San Diego, altho the mother had planned to be in a Los Angeles hospital at the time.

"You know, the mother expected to be away when the baby was born," said Dr. Morgan.

"Oh!" gasped the lady, "is that one of the modern conveniences in America?"

"Yes," replied Dr. Morgan, "that is one of America's labor saving devices!"

Women's Department

UNDER THE DIRECTION OF CALIFORNIA BRANCH
OSTEOPATHIC WOMEN'S NATIONAL ASSOCIATION

Send material for this department to
DR. MARY L. LE CLERE, 116 East Colorado Blvd., Eagle Rock, Calif.

FEEDING THE BABY

BY DR. HESTER T. OLEWILER
114½ East Fourth Street
Santa Ana, California

Age 15 Months

Articles of food allowed:

Whole milk: 1½ pints daily.

Cottage cheese: Good substitute for meat, 2 tablespoons once or twice a week.

Cereals: Wheatena, oatmeal, farina, germea, rice, rolled oats, phospho, cracked wheat, Pettijohn's, yellow cornmeal, hominy grits or cream of barley.

Cook as before: Add salt. Do not strain.

Serve with salt and milk but without sugar.

Do not give ready to eat kinds, such as corn flakes, etc.

Eggs: Coddled, soft boiled or poached, 3 times a week only. Whole egg. Add salt.

Meats: Broiled lamb chops or steak, scraped or finely minced, two or three times a week. Give a teaspoonful at first and slowly increase to 1 dessertspoon. Crisp bacon, 1 or 2 small slices twice a week.

Potatoes: Give none.

Green vegetables: Spinach, peas, asparagus, string beans, cooked lettuce, swiss chard, or carrots or squash 1½ to 2½ tablespoons daily.

These vegetables should be mashed but need not be put through a sieve.

Do not use canned vegetables.

Beef juice: 2½ to 3 oz. Give when meat is omitted. Alternate with—

Broth: 3 to 4 oz., with rice or dry toast crumbs occasionally.

Soups: Thick puree of dried peas or beans, 3 to 4 oz., once or twice a week. This is a good meat substitute.

Bread: Crisp dry toast or zwieback.

Crackers: Oatmeal, graham, whole wheat, animal crackers, Educator graham crackers, Educator golden maize biscuits or Educator grahamette, Arrowroot crackers.

Fruits: Orange juice or prune juice with strained pulp. Baked apple or apple sauce. Stewed prunes, peaches, apricots or pears.

Desserts: Tapioca or rice pudding. Junket. Apples may be added to tapioca if desired.

DIET SCHEDULE

6 a. m.: Milk, 8 oz. Dry toast or cracker.

8 a. m.: Orange juice or prune juice with prune pulp 2 to 3 oz. in water.

10 a. m.: Cereal, 4 to 5 tablespoons with milk and salt. No sugar. Egg or bacon. Toast and milk, 8 oz.

2 p. m.: Scraped meat, 1 dessertspoon, or cottage cheese, 2 tablespoons, or beef juice, 2 to 3 oz., or bean puree. Toast with butter. Green vegetables

as listed above, daily, $1\frac{1}{2}$ to $2\frac{1}{2}$ tablepoons. Cooked fruit, 1 to 2 dessertspoons. Crackers, water. No milk.

4 p. m.: Fruit juice if necessary for constipation.

6 p. m.: Cereal or occasionally tapioca pudding or cottage cheese or junket or one of the purees. Stewed fruit or prune pulp or baked apple, 1 to 2 dessertspoons. Crackers or toast. Milk, 8 oz.

SAMPLE MENUS FOR 2 P. M. FEEDING

1. Scraped steak, 1 dessertspoon. Spinach, $2\frac{1}{2}$ tablepoons. Toast. Baked apple, 1 to 2 dessertspoons. Oatmeal cracker, water.

2. Beef juice, 2 to 3 oz. or cottage cheese, 1 to 2 tablepoons. Peas, 2 tablepoons. Prune pulp, 1 to 2 dessertspoons. Zwieback. Graham cracker, water.

3. Bean puree, 3 to 4 oz. or broth, 3 to 4 oz.. Carrots, $2\frac{1}{2}$ tablepoons. Toast. Cooked apricots, 1 to 2 dessertspoons. Arrowroot cracker, water.

FEEDING RULES

1. Give 4 meals only, at definite regular hours with absolutely nothing between except water or fruit juice.

2. Begin all new articles of food cautiously with small amount, 1 to 2 teaspoons, and increase slowly to required amount.

3. This diet should be increased when baby is 18 or 19 months old.

4. When egg is given in morning do not give meat with noon meal, but instead give beef juice, cottage cheese or pea puree, although bacon may be given at breakfast when meat is given with noon meal.

5. If bowels are loose decrease fruit, if constipated increase amount of fruit.

Age 18 to 19 Months

Articles of food allowed:

Whole milk, $1\frac{1}{2}$ pints daily only.

Buttermilk: May be substituted for sweet milk and is very desirable.

Top milk or cream, on cereals, in soups and purees.

Cottage cheese: Occasionally. A good meat substitute.

Cereals. Any of following: Wheatena, rice, germea, farina, rolled oats, phospho, cracked wheat, Pettijohn's, hominy, grits, Ralston's, corn meal or cream of wheat. Cook these cereals at least 3 hours in double boiler or all night in fireless cooker.

Serve with top milk and salt, but no sugar.

Do not give prepared foods, such as corn flakes.

Eggs: Coddled, soft boiled or poached 3 times a week only. Give whole egg; add salt. May occasionally be given in custards.

Meats: Broiled lamb chops, steak, or fish, scraped or finely minced, 2 dessertspoons 3 or 4 times a week.

Crisp bacon, 1 or 2 slices twice a week.

Green vegetables. Spinach, peas, cooked lettuce, squash, cooked celery, string beans, carrots, swiss chard or asparagus tips when in season.

Give these liberally, $2\frac{1}{2}$ to 3 tablepoons with each dinner. Mashed but not put through sieve. Give two kinds when potato is omitted. Do not use canned vegetables.

Potatoes. Baked preferably, size of an egg with beef juice or butter, once or twice a week.

Puree of potato once a week.

Beef juices, 2 or 3 oz. occasionally. Give when meat is omitted. (Round steak seared and juice pressed out.)

Soups: Thick purees of dried peas or beans once or twice a week. May be given occasionally for meat substitute.

Bread. Crisp dry toast or zwieback. Stale whole wheat, graham, or rye bread, or dry toast made from these.

Give a moderate amount of butter with these.

Do not give plain white bread or hot bread.

Crackers: Wheatmeal, oatmeal, graham, or whole wheat, or animal crackers. Arrowroot or any unsweetened crackers. Educator or Huntley & Palmers' crackers.

Fruits: Orange juice or prune juice with strained pulp. Baked apple or apple sauce. Stewed peaches, apricots or pears. Occasionally scraped raw apple.

Desserts: Junket, boiled or baked custard. Tapioca or rice custard. May add raisins or apples occasionally if baby is constipated. Gelatine or Jello, cornstarch or arrowroot pudding.

DIET SCHEDULE

7 a. m.: Orange juice, 2 to 3 oz. with water.

7:30 a. m. Cereal 4 to 5 tablespoons with top milk and salt. No sugar. Egg or bacon or cottage cheese. Toast. Milk, 8 to 10 oz.

10 a. m.—Milk, 4 to 6 oz., with cracker.

1 p. m.: Scraped meat, 2 dessertspoons 3 or 4 times a week or cottage cheese, 1 to 2 tablespoons, or bean puree, 3 to 4 oz., or beef juice, 2 oz., with toast crumbs. Potato or puree of potato. Green vegetable, 2½ to 3 tablespoons daily. Stewed fruit, 2 to 3 dessertspoons or junket or simple dessert such as Jello or gelatine.

Cracker. Water. No milk.

4 p. m.: Fruit juice, 1 to 2 oz. with water as necessary.

6 p. m.: Cereals or desserts such as cornstarch, arrowroot, tapioca or rice custard or cottage cheese. Stewed fruit. Cracker or toast. Milk or buttermilk, 10 oz.

FEEDING RULES

1. It may be found advisable to now put baby on a three meal schedule with a lunch of milk and crackers at 10 a. m. Omit lunch if found necessary.

2. Give nothing which is not on the above list.

3. Insist on slow eating and very thorough chewing.

4. Never force any food.

5. Keep the diet varied, not allowing baby to make an entire meal of any one or two articles. Work in all the foods on the above list.

6. Begin all new articles of food cautiously with small quantity—one or two tablespoonfuls, and increase slowly to required amount.

7. Give plenty of water to drink between meals, at least 4 glasses each 24 hours.

8. If bowels are loose discontinue stewed fruit with 6 p. m. meal. If constipated, increase amount of fruit.

HYSTERICAL HEALTHERS

"Brainstorms epidemic among hysterical health officers result daily in gross injustices to the profession, to the laity and to the nation. There is too much law and too little horse sense."

These vigorous words from Dr. Whalen, editor of the Illinois Medical Journal, sound a healthy note in the medical world.—*Truth Teller.*

\$1,500,000 FUND TO WIPE OUT IRREGULAR MEDICAL CULTS?

(From *The Truth Teller*)

A writer in this issue calls attention to the remarkable failure of the newspapers to make any comment on the circumstances of the extraordinary taking-off of President Harding. Yet here was a man in the full vigor of later middle-age, attended by physicians popularly supposed to be of the country's best, one of them ranking so high as to head a great university and to have been elected only a year ago as president of the American Medical Association. As any fairly intelligent person could see by reading the bulletins issued, his doctors did not know what really ailed their distinguished patient. They supposed him on the high road to recovery when he suddenly died of the very common affection called apoplexy. (Was it apoplexy?)

One great reason why the matter should be widely discussed and thoroughly aired is that medical orthodoxy claims by virtue of its superior knowledge and skill the right to a monopoly of the practice of the healing art. Even as this is written, a well-authenticated report comes to us that the American Medical Association has just now assessed its membership in such a sum per capita as will bring in one and one-half million dollars for the special purpose of "wiping out the irregulars." . . . The medical practice act in Ohio creates a complete monopoly, no practitioner of any system being allowed without passing the medical examining board. A similar law has just gone into effect in Texas. All over

the country the demand of our "officially recognized" medics is for absolute supremacy. They control our health boards, and unless the current awakening spreads faster, the whole country will soon be at their mercy.

We contend that all the newer systems of practice have merit. We believe that, had the President had his illness in a hut in a wilderness, with nothing but water within his reach, and no attendance whatever, he would have survived. We believe that a good practitioner of any of the new systems could not only have saved his life, but could have aided him to a better condition of health than he had enjoyed for some months. We are certain that thousands of them know this and are proving it right along in their practice. We believe it is of the first importance to everybody that these facts should be made known.

Dr. John H. Styles, Jr., C. O. P. S. '15, is now managing editor of the Williams publications, *The Osteopath* and *Right Living* (Kansas City). To meet and know Dr. Styles is a privilege and a pleasure, and we are glad that his personality, as reflected in the pages of these journals, is being carried to a greatly enlarged circle. Dr. Williams is to be congratulated on having found so capable an assistant. If he could now find a printer who could impart to his publications the typography they deserve, he would have a combination hard to beat.

Washington Osteopathic Association

DR. L. H. WALKER, Ellensburg.....*President*
 DR. HENRIETTA CROFTON, Seattle.....*First Vice-President*
 DR. E. A. ARCHER, Pullman.....*Second Vice-President*
 DR. H. F. MORSE, Wenatchee.....*Treasurer*
 DR. CLARENCE B. UTTERBACK, Tacoma.....*Secretary*
 DR. W. T. THOMAS, Tacoma.....*Trustee*
 DR. A. B. CUNNINGHAM, Seattle.....*Trustee*

Dr. J. W. Church, one of the recent state board applicants, has opened an office at Montesano.

Dr. Geo. A. Barrett spent the first week of August in Paradise Valley, snowballing and climbing our old mountain.

While we still have some of the vacation spirit left, let's decide where we want the convention next year. Shall it be at Lake Chelan or Paradise Valley?

Dr. Clarence B. Utterback has just moved his family into their new home on Gravelly Lake.

Are you one of the thirty-seven that have paid their dues?

Dr. J. E. Heath of Walla Walla and Miss Grace C. Dunn of New York City were married August 2 at Seattle.

Dr. Emma Wing-Thompson sends in the following item: "My son, Harold A. Thompson, who has been a student in the University of Washington for the past two years, has gone to New York City and has entered vaudeville as a comedian on the Keith circuit. During his high school course he gave chalk talks, took part in plays, and painted the scenery. While in France during the World War, after his hospital unit had demobilized he was sent out officially

by the army to entertain the soldiers in the hospitals. During his two years in the U. of W. he was monologist in the University Glee Club and was in demand in Seattle and over the state as an entertainer."

Dr. Wilfred C. Cawkins, a graduate of the Chicago College, has opened offices in Tacoma.

Dr. Anne Brekke of Crookston, Minnesota, has decided to locate in Washington.

Dr. C. E. Abegglen is secretary of the Kiwanis club of Colfax and is writing some snappy stuff for their weekly bulletin.

The Pierce County Osteopathic Association held their first meeting of the season Tuesday evening, September 11, at the summer home of Dr. Stotenbur on American Lake. The annual election of officers took place, which were as follows: President, Dr. Fred L. Montgomery, Puyallup; Vice-President, Dr. John Deane, Tacoma; Secretary-Treasurer, Dr. Nelle Guthridge, Puyallup.

Dr. Ida F. Rosencans, who has practiced osteopathy in Seattle for many years, is moving to San Francisco. The best wishes of the profession in Washington go with her.

George Wallace, who won the scholarship in the essay contest put

on by the Pierce County Osteopathic Association, is now enrolled in the Des Moines Still College of Osteopathy.

Dr. Caryl T. Smith of Aberdeen is much pleased with the way his new sanitarium is being received. The surgical department is well equipped to take care of this class of cases.

Dr. Geo. V. Lyda of Olympia is back in his office after an absence of several months in Kirksville, taking special work.

A COUNTRY PRACTICE

(Read by Dr. C. A. Hughes of Yakima at the State Meeting, 1923.)

1. *You and the Town*

A. Does it pay to be a worker in your lodges, churches and clubs? In the main I believe it does not. Many doctors get the idea that they can work institutions and organizations for a practice, but they are wrong, or else they are quacks. The only good your organizations will do you is to gain you an acquaintance.

B. You cannot safely have too large a social life, as the psychology of the people is such that they wish to call a doctor who is too busy for extensive social activities.

C. It does not pay to have a large circle of personal friends, especially as patients, for one of two things is bound to happen: you either work for them for nothing, or soon they become your enemies.

2. *You and Your Patients*

There is much danger, especially in large cities, of osteopaths becoming specialists. This has the vicious tendency of making the general public consider the osteopath good for some things, but not a physician in the

broadest sense of the word. The confidence of the people in osteopathy is based largely on its great success in the treatment of chronic cases. In a country practice your field of endeavor includes all the people, and the variety of work is unlimited. I want to remark at this time that the sick person is not always the one you must make good with. The real trouble is often in handling the relatives and friends.

Remember that you must use the right psychology in handling your patients. No two are alike, but studying them should enable you to know how to adapt yourself to each individual.

Never appear to need patients. As I have stated before, being busy is one of your big drawing cards. In fact, the old saying is right, "Nothing succeeds like success."

3. *What Does a Country Practice Signify?*

It signifies the capability to meet and care for any case you are called on. You are called miles; you are alone; you must make decisions. Decide whether you can handle your cases and in most cases decide to handle them. Don't make a snapshot diagnosis, but do something. Stop the pain if possible, or make the person understand that it cannot be stopped except by opiates. In extreme cases, if in your judgment opiates should be used, use them (provided, of course, the laws of the state in which you practice give you the right).

If you must call in help, be careful that you keep control of the case. If your patient has confidence in you and likes you; if you are sufficiently "solid" with him, he will get more

good out of just talking with you than from the other fellow's medicine.

4. *Responding to Calls*

The telephone rings and I am called five miles in the country, to leave at once. The thing I do first is to diplomatically take care of any patients who may be waiting in the office; to see that as few as possible get offended. Next I get my bag and examine it to see if it contains gauze, cotton, sutures, needles, scissors, knives, catheters, phonendoscope, thermometer, local anesthetic, lysol, hemostats, hypodermic syringe and needles, and alcohol for sterilizing.

Patients—and members of the family as well—appreciate your coming promptly. The average family does not call a doctor until the illness has begun to worry them, hence the longer the time they have to wait for you to come, the greater their anxiety when you get there. If you are too long in coming, the family may resent it, and the next time there is an illness in the household, some other physician may be called. So I get to my case as nearly the time I have promised as possible. I laugh with my patients whenever I can. I sit down by them and talk a few minutes, unless instant action is demanded. I want to get their point of view. Then I try to determine, and mark you I said *try*, what is the matter with the patient.

5. *Some of the Problems*

Can you differentiate smallpox, typhoid and "flu" the first few days?

Do you know a mild case of erysipelas when you see it?

Can you differentiate pneumonia, hypostatic congestion and pleurisy with effusion? Can you tell when a "flu" case goes into T. B.? Can

you diagnose a case of scarlet fever before the rash? How would you treat it?

Can you differentiate smallpox, erythema multiforma, measles, chickenpox?

How would you give first aid in a case of compound fracture of the tibia and fibula? What prognosis would you give in such a fracture in a man of seventy?

In conclusion, I wish to beg that more osteopaths be regular physicians, that you rub shoulders in a professional way with the best in the world. I realize that this is a day of specialists, but let us pray that among us there are those who will still be willing to take the country practice, the complete practice, and thereby uphold the saying of the Old Doctor that "Osteopathy is a complete system."

OREGON ENUMERATES CRIPPLED CHILDREN

Oregon has passed an act providing for the enumeration, instruction, and cost of instruction of crippled children within the state whose physical condition makes it impossible for them to attend the public schools. A penalty for the violation of the law is provided and previous laws in conflict with it are repealed.—*Nation's Health*.

DEATH OF DR. GIFFORD

Dr. Harry M. Gifford of 4910 Budlong Avenue, Los Angeles, died July 2. Dr. Gifford was a graduate of the American School of Osteopathy at Kirksville, class of January, 1904. He had been licensed in California since 1917, but owing to poor health has been able to carry on but little practice.

AN UNUSUAL EDITORIAL IN A MEDICAL JOURNAL

The leading editorial in the *Medical Review of Reviews* for August was such a radical departure from the type of editorial commonly printed by medical journals that it is here reproduced in its entirety.

NOURISHMENT VERSUS ELIMINATION

It is an "old wives' tale" that if so much nourishment is not taken in the twenty-four hours, the person will die. This tradition dates from ages when war and the greed of monarchs and ruling classes actually deprived large masses of people of food. The medical profession did not originate this mistake, but doctors have done almost nothing to fight the superstition.

In the present day in America a grocery store is on every corner. Starvation, except in exceptional isolated cases, has been unknown for so long that the festival of Thanksgiving Day only preserves the history of a day when food in New England was an actual luxury. The mass of people in America at the present time are suffering from an accumulation of hastily-eaten nourishing food, while Nature, with her marvelous processes, is struggling to relieve people of the result of their own mistakes. But Nature is often defeated in the battle; for the ignorant owner of the aches and pains keeps up his mistakes daily and death results when Nature is finally beaten. In these cases, the adult is the result of the infant feeding.

Advice as to diet is often met by

the objection, "Oh, this trouble of mine began twenty years ago," or "forty years ago." The size and importance of the question of diet cannot be grasped at once by the unscientific person. The age of the disease is all the more proof that daily habits have produced the disease. A fresh disease can be dispelled by superficial methods of relief.

Americans are unwilling to allow the element of time in the cure of their diseases. "Speed" is the American god, and unless a doctor offers speedy relief, he gets an impatient hearing. There is no substitute at the present day, with the prevalence of the aforesaid grocery store and the increase of chronic diseases, for a systematic effort to explode the "old wives' tale."

There is no way to do this except through the public press. Private methods are no longer sufficient. People must know the nature of food, the nature of their bodies, and what the combination of food put inside the body affects as to their comfort. Public safety demands this course. As well keep an engineer in ignorance of his engine.

Processes of elimination of old disease poisons are slow, especially when bad habits of living have lessened vitality. It is necessary (to get results) to "dig in" to the habits of the people, to find out what they do daily to produce the phenomena of diseases that are well known and widespread. The kitchen is the most important part of the house, and the

grocery business of the nation.

Science cannot expect to advance much farther until it is realized that medical and surgical methods that were successful on a people that lived outdoors and earned its living by manual work, are now practiced on a people who live indoors and whose manual work is mostly done for them by machinery. Science has not kept pace with economic changes which have quickened mentality while lowering vitality.

During a day that food is not eaten nor liquid nourishment taken, this process of elimination of waste products of internal tissues into the excretory organs is faster than when this process is stopped by the process of assimilation called into play by the taking of nourishment. Of course, a fast is as disagreeable as a dose of bad-tasting medicine. There is no pleasure or exhilaration in the remedy.

The first effect of fasting is often a coated tongue and a constipation of the intestines, as the internal waste matter assembles in the organs that open to the exterior. While not pleasant to the patient, this process is so far hopeful for the disease as to call for frequent repetition, as a dietary of two meals or even one meal a day for a period of months when chronic disorders are present. The patient needs encouragement, for he cannot have immediate results.

The power of fasting to bring internal poisons into the more external organs cannot be safely ignored in the study of cures in the presence of so many chronic disorders produced by indoor living and what is generally called civilization. Remedies that help acute attacks may only drive

chronic ones farther into the recesses of the human being where curative treatment cannot reach. Disease is the effort of Nature to eliminate poisons.

To put both food and medicine into a digestive canal that is already crowded with the effluvia of internal tissues, where space is already at a premium, is to cause the effluvia to run over, and the patient thinks he has a "cold" as his nose becomes troublesome. A "cold" is like filling a pitcher with water in the dark—the holder is not aware it is full until it runs over.

OPPORTUNITIES

WANTED—By woman osteopath, position as assistant. Address P-110, care of Western Osteopath, 799 Kensington Road, Los Angeles.

TO RENT—Furnished office, with use of reception room, in modern, well-located building in heart of Los Angeles shopping district. Address A-14, care of Western Osteopath.

TO RENT—Downtown established osteopath (Los Angeles) having very attractive furnished office will rent one or two rooms. Use of reception room and telephone, also secretary's services, included. Might assist. Address S-18, care of Western Osteopath.

While in London, Dr. T. J. Ruddy addressed the British Osteopathic Association. Dr. Ruddy is now on the Continent. He has visited clinics in Paris, and Barcelona (Spain), and expects to go to Rome and Vienna before returning to Los Angeles October 1.

The Western Osteopath

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Secretary-Treasurer, Dr. C. B. Rowlingson, Los Angeles

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C. B. ROWLINGSON, D. O., Managing Editor

STOOP SHOULDERS A CAUSE OF OLD AGE

Does the commonly accepted belief that stoop shoulders are the result of old age put the cart before the horse? Under the date of September 5, the following Associated Press report was sent from Portsmouth (England):

Dr. Peter MacDonald startled the British Medical Association conference here by stating that a stoop of the shoulders causes old age—a direct inversion of the popular theory.

He said that by following the advice of a layman he threw a score of years from his shoulders.

"I was feeling old and decrepit," explained Dr. MacDonald, "when I picked up a book, published by this layman, from a bookstall. I was then a prematurely aged man.

"I saw the author, and he told me that I was old simply because I stooped. Under the treatment he laid down I threw off my stoop, and in a few weeks I became a different man."

Dr. MacDonald is an upright, spruce-looking man, with an eye-glass and when he stretched himself to his full height and carefully adjusted his monacle he looked barely 30 years of age.

"We doctors," he said, "are too prejudiced against laymen who make a study

of a certain subject, and often learn more than we do, despite all our knowledge of medicine and surgery.

"We have accepted the idea that the stoop of the shoulders and the bend of the neck are inevitably linked up with old age.

"I know it will sound unorthodox to you all to suggest that old age is brought on by this stoop of the shoulders, but I have been convinced that it is so; the stance of the body seems to be bound up with the period one can live, and if every man would hold himself upright he would live years longer."

HOW CANDY AFFECTS TEETH

The microscope has been employed in recent investigations into the effect of candy on the teeth. Hard and dense as the teeth apparently are, the microscope has revealed the fact that they are made up of countless numbers of extremely small particles. Around and between these particles are correspondingly small spaces. In eating caramels and other candies which require strong contractions of

the jaw muscles, the candy is forced into these minute spaces in the substance of the teeth, often to a considerable depth. The result is softening of the teeth and an increased tendency to decay.

Candy is a highly concentrated form of bodily fuel. The body's capacity to burn it is limited. It should not be eaten between meals, as it spoils the appetite for wholesome food. If one must indulge, only soft, easily chewed varieties should be eaten, and these at meal time, in place of other dessert. The quantity should be small—not more than two or three ounces at a meal.

President Coolidge will retain the doctors who formerly attended President Harding as personal physicians.—*News Item.*

Take keer of yourself, now, Cal, and don't get sick.

OSTEOPATHS WANTED IN MINNESOTA

Under the new law now in effect, Minnesota will have an independent Board of Osteopathic Examiners, and conditions regulating the practice of osteopathy will be greatly improved. There has been a shortage of osteopaths in this state, and now that a favorable law has been obtained, the D.O. seeking a location will find the field a most desirable one.

Dr. E. C. Herzog, a recent graduate of the Des Moines Still College of Osteopathy, included Minnesota in a trip which he reports in a letter printed in *The Log Book*, published by the same college. We quote one paragraph:

"Shortly after the Wisconsin trip we equipped our 'coupe'—it's a

Henry—with a camping outfit, and in company with another couple we toured the northern part of our own state, the glorious land of the ten thousand lakes. While ours was primarily a pleasure trip, I kept my weather eye cocked in the direction of a suitable location. It developed that Minnesota is more than favorable to osteopaths, and the northern part of the state alone can furnish enough openings for Still's entire output for the next five years."

Anyone interested who wishes to read the new Minnesota law can obtain a copy by writing to Dr. Arthur E. Allen, 415 Metropolitan Bank Building, Minneapolis.

There is now one real estate dealer to every eighty inhabitants of California, according to a recent report of the State Real Estate Department. Three years ago the proportion was one real estate agent to every 130 of the population. Mark Twain once wrote that the people of Cape Cod supported themselves by taking in each other's washing. If the number of real estate dealers in California continues to increase, the time is not far off when the people of this state will be able to support themselves by selling each other real estate.

TOILET POWDER A MENACE TO INFANTS

A warning against using toilet powder on babies in a way to cause the surrounding atmosphere to become laden with the powder was contained in an article by Dr. Leonora Grant which appeared in these columns some time ago. That the warning is one that should be heeded is

shown by the following recent Associated Press dispatch from Sacramento (California):

Three infants, all under 1 year of age, have died in California during the past five months as the result of accidentally inhaling a toilet powder known as stearate of zinc, according to death certificates filed with the Bureau of Vital Statistics of the Board of Health.

The death of one of the infants occurred in Sacramento recently and the other two in Oakland and Sloat, Plumas county, in December and March.

NEW MACHINE MAKES DIAGNOSIS UNNECESSARY

Those who are interested in E. R. A. will be glad to get the information that a tremendous advance has been made in Electronic Therapy. A circular has just been received from Berlin calling our attention to the Autoclast, an apparatus which undoubtedly has the Oscilloclast out-clast. The envelope carrying this circular bears a 3000-mark postage stamp (value at normal rate of exchange, \$720.00). We can add this stamp to our collection as a souvenir of the fall of the German mark.

We cannot help yielding our attention to the following statement in the circular:

"The Autoclast is the *only* existing electronic treatment apparatus which *adjusts itself* automatically to the disease vibrations and emanations of any patient connected to it and returns treatment energy at exactly the same, right and proper vibratory rates without any variation or distortion into the patient.

"The Autoclast is the *only* existing electronic treatment apparatus which enables every doctor and medical practitioner to use with best results elec-

tronic treatment of disease without any new learning, without a 'course of instruction,' without electronic diagnosis, without any loss of time without paying any rentals or royalties or the like.

"The Autoclast is entirely independent of any diagnosis."

Heretofore we have been unimpressed by the claims in favor of E. R. A. We have felt that a trip to one of the Electronic schools would be time and money wasted. The Autoclast has justified our attitude, for it does not require "learning," "instruction," "diagnosis," "time," or "royalties."

We have often wondered why a doctor was necessary in the operation of electronic diagnosis and therapy. The Autoclast fulfills our expectations and no doubt will prove far more accurate and discriminating with the fallible human elements eliminated.

—D. L. T.

NEVADA HAS HOSPITAL ENABLING ACT

Nevada now has a public hospital enabling act whereby 25 per cent of the tax payers in any county that wants a public hospital can present a petition to the commissioners, who will put the question on the ballot at the next general election and, if carried, the commissioners are empowered immediately to proceed to provide a hospital.—*Nation's Health*.

In nose bleed, correction of cervical lesions will equalize the vasomotor control of the blood vessels of the nasal mucosa and thereby overcome engorgement of that tissue.—*C. Rivers Schmidt, D.O.*

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WHEN NOT TO GIVE MORPHIN

A patient suffering acute pain should never be given morphin or any other opiate before the exact cause of the trouble is ascertained. Interfering with a "hypo" is a lazy man's method of practicing the healing art. To be sure, it is easy to do and the relief generally is comparatively quick, but at what a cost! The effect of morphin is to mask the symptoms and to interfere with the orderly sequence thereof. The doctor is absolutely at sea, unable to determine what is going on, or what progress is being made by the agencies responsible for the pain. The "hypo" and its attending somnolence is a veritable smoke screen behind and beneath which the enemy, the disease, may work rapidly, uninterruptedly and effectively to the detriment of the patient. When the

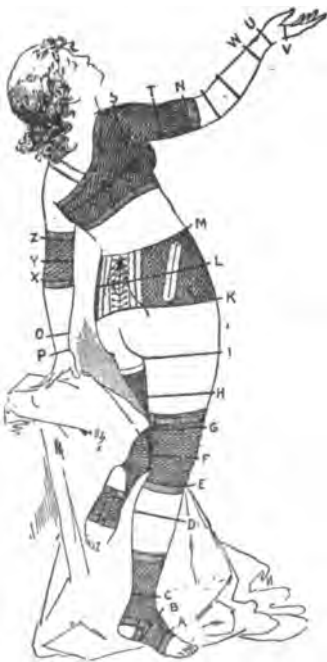
exact cause of the trouble has been ascertained, then, and then only, the timely and judicious use of the "hypo" is indicated. Generally speaking, the doctor can control pain quickly and effectively by other means if he knows how and will take the time to do it.

Given a case of ptomaine poisoning; the patient is vomiting, purging and suffering severe abdominal pain as a result of the excessive peristaltic action of the alimentary tract. Nature is making a heroic effort to throw off the poison. The suffering is severe. Along comes a doctor who, through ignorance of the underlying conditions or actuated by a humane desire to ease the pain as rapidly as possible, resorts to a "hypo" of morphin. What is the result? The secretions are locked up, the peristaltic activity of the bowel is lessened, the suffering is minimized; but the poi-

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son is retained in the bowel, where it undergoes rapid absorption. The entire defensive mechanism of the system receives a knockout. The cause is not removed, but is allowed free and unlimited activity. Under such a treatment the patient's chances for recovery are greatly lessened. It is no wonder that death rapidly ensues.

Two ladies, once upon a time, had canned corn for supper. Only a portion of the contents of the can was used, the remainder being placed in the refrigerator in the original tin can. Later on they went to the theatre. Returning home about midnight and hungry, they ate the remainder of the corn. At 2 A. M. they were severely sick with vomiting, diarrhea and excruciating abdominal pains. A neighboring doctor was called in, who gave each of them a "hypo" of morphin to relieve the pain. They became comparatively easy. At 3 A. M. the pulse was rapid, weak and intermittent, the skin was cold and pallid, the pupils dilated—all evidences of a critical condition. The doctor resorted to nitro-glycerin by "hypo," but to no avail. In a few minutes more the undertaker was called. Meeting him next day on the street, he began to tell of his bad luck a few hours before and to complain of the shabby trick nature had played upon him. He said he gave each a quarter of a grain of morphin to ease the pain, that in the course of thirty minutes they were in a state of collapse. He then resorted to nitro-glycerin, which was totally ineffective, both patients dying in a very short time. His attention was called to the causes underlying the symptoms and it was pointed out to him that morphin was the one drug absolutely contraindicated in

Low Prices on the Classic Brochures Wonderful!

Bunting Classic Brochures are a line of the very finest pieces of osteopathic propagandic literature ever produced. They were originally published by us from time to time during our 22 years of service to the profession. They comprise the very cream of all the writings of the profession and HSB, produced in the course of putting 268 successive editions of the magazine, *Osteopathic Health*, to press, and so they ought to be good and they are!

They are printed from new type made especially for the purpose and not from old electroplates. Neither the title page heading of *Osteopathic Health*, the patient's monthly journal, nor a date line is used. The size of page is the same small, compact pocket size which has made *Osteopathic Health* so popular with its readers. The type face is large to make reading easy. Brochures now in stock are as follows:

- A—Most Diseases Are of Spinal Origin
- B—The Osteopathic Catechism
- C—How Bad Mechanism in Our Joints Makes Sickness
- D—The Body's Four Grand Systems of Elimination
- E—Osteopathy's Victory in the Flu.Pneumonia Epidemic
- F—The Osteopathic Primer
- H—Osteopathy in Winter's Ills
- I—Winter and the Doctor
- J—A. T. Still, Scientist and Reformer
(By Prof. M. A. Lane)
- K—Osteopathy in the Infectious Diseases
(By Prof. M. A. Lane)
- L—Osteopathy Helps Rejected Risks Get Life Insurance
- M—An Osteopath's Explanation to a Health Seeker
- N—Every-Day Osteopathy
- O—The Why of Nervous Diseases
- Z—Why Women Praise Osteopathy
- 58—The Osteopathic Specialist in Diseases of Ear, Nose
Throat and Eye
- 60—The Human Body Runs Like an Automobile

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MY LETTER FILES

are a most extraordinary evidence of the great benefit that the osteopathic profession shall derive from the invention of the Taplin Pneumatic Table and Taplin Table Technique:

OLD TIMERS

write me that they were about ready to quit because the burden had become too exhausting, but with the Taplin Table and Technique, the labor has so greatly diminished that they feel no fatigue.

NEWER FELLOWS

say that they are getting better results, a larger practice and a clearer, more satisfactory visualization of the osteopathic lesion and its correction.

ALL OF THEM

express in strongest possible terms their satisfaction and unbounded enthusiasm for this PNEU office equipment and these new methods.

"The Spirit of Osteopathy Is in It"

GEORGE C. TAPLIN, M. D., D. O.
541 Boylston Street, Boston

ptomaine poisoning; that his line of treatment hindered nature's efforts; that he had locked the poison securely up, where absorption was the inevitable result; that he should have worked with instead of against nature. He seemed greatly surprised when he was told that the use of the stomach tube in washing the stomach and the colon tube in relieving the lower bowel would have done more to control the pain than morphin. Not only that, but being in accord with nature's efforts, beneficial results were bound to follow; the symptoms were not masked; the excess of poison was removed and the defensive mechanism could turn all its efforts toward neutralizing or removing the balance of it. He received a hard lesson, but he paid a tremendous price for his instruction.—From the *College Jour-*

nal of the K. C. C. O. S.

WHAT'S IN A NAME?—A National City man went to see a doctor.

"Doc," said he, "if there is anything the matter with me, don't frighten me half to death by giving it a scientific name. Just tell me what it is in plain English."

"Well," said the doctor, "to be frank with you, you are just plain lazy."

"Thank you, doctor," sighed the patient, with relief. "Now give me a scientific name for it, so I can go home and tell the missus."—*San Diego Union*.

There are reported to be 900 persons practising medicine without a license in Illinois.

McMANIS TABLE AWARD- ED TO DR. O'ROURKE

The award of the McManis De Luxe table, donated by Dr. J. V. McManis for the osteopath sending the most students to the colleges during the year 1922, has been made to Dr. Vincent A. O'Rourke of Portage, Wisconsin.

Dr. O'Rourke in four years of practicing has interested fourteen young men and women in the study of osteopathy, and aims to beat his

1922 record with the matriculants in the September classes this fall.

Dr. J. H. Banker of Goodland, Kansas, tied Dr. O'Rourke for the year 1922, but in view of Dr. O'Rourke's record it was decided that he had won the prize so generously offered to the Department of Education of the A. O. A. for this purpose.

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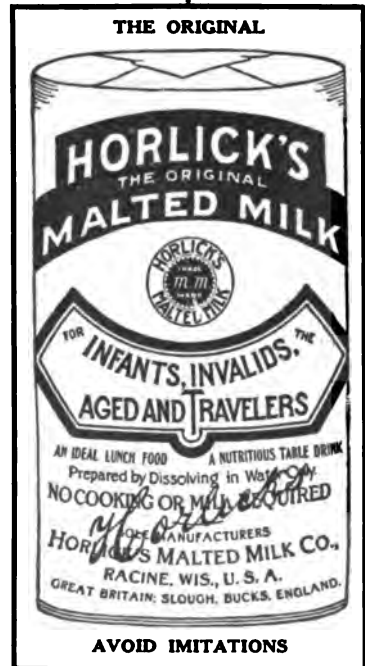
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LOS ANGELES GENERAL HOSPITAL EXAMINATION

The following letter was sent to the members of the California Osteopathic Association:

Los Angeles, Sept. 1, 1923.

Subject:

Los Angeles General Hospital
Osteopathic Staff Examination.

Dear Doctor:

Examinations for appointments to the Osteopathic Staff of the Los Angeles General Hospital will be held the first of October. The place and date of the examination will be announced later.

The osteopathic unit will be ready for us in October. We need a complete staff to care for all kinds of cases.

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eligible list submitted to the Superintendent of the Hospital by the Osteopathic Examining Board. This Board was appointed by the Board of Supervisors of Los Angeles County.

Applicants for appointment to the staff must apply for examination on or before September 20. Applications should be mailed to Dr. Norman F. Sprague, Secretary, 600 Black Building, Los Angeles.

Applicants for the positions of House Physician, Pathologist, Roentgenologist and Internship should apply to the undersigned Examining Board at once.

The opening of this Hospital to us is osteopathy's greatest opportunity and responsibility. Apply before September 20 for the examination for staff appointments to be held the 1st of October.

Yours for osteopathic service,
(Signed)

DAIN L. TASKER, *Chairman*

NORMAN F. SPRAGUE, *Secretary*

HARRY W. FORBES.

Tourist—"To what do you attribute your great age?"

Oldest Inhabitant—"I can't say yet, sir. There be several o' them patent medicine companies bargaining wi' me."—*Passing Show (London)*.

FAITH AND FALSE BELIEF

The drug stores are filled with fetishes — big pills and little pills, lotions, liniments, salves, powders, drugs of high potency and low potency, drastic, nauseous, blistering, caustic and inert—an almost countless host of remedies once popular and potent but now worthless and discarded because no longer believed in. The bread pills of good old Dr. Jennings, of Connecticut, cured more people than he ever cured by the use of the powerful drugs in fashion in his day. But his pills ceased to cure as soon as he published his confession that for three years he had given no medicine but bread pills, and he lost his practice.

The world has lost its faith in drugs. They don't work as they used to, just as the Congo fetish ceases to work when the native becomes a Christian and loses his faith in the witch doctor. Rational medicine has taken the place of the old empiricism. The century-old quarrel between "allopathy" and "homeopathy" has ceased, because it was all about drugs, and now the old-fashioned drugs play so small a part in the practice of medicine that they have become too insignificant to quarrel about, and even the words "allopathy" and "homeopathy" are now seldom heard.—*J. H. Kellogg, M.D.*

MARRIED—Dr. Coyt Moore and Miss Elsie E. Eckert, of Baton Rouge (Louisiana), August 1, at the Jesuit Church, New Orleans. Dr. Moore has been in practise in Baton Rouge for more than twelve years, and is treasurer of the Louisiana Board of Osteopathic Examiners.

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Dr. H. A. Mossman, formerly of Pacific Grove, is now located at 325 Markwell Building, Long Beach, California.

The assertion of Channing Pollock, author of "The Fool," that the theater is valuable as a therapeutic agent in curing ills, meets with agreement in some quarters. It has already been found in many instances a cure for insomnia.—*New York World.*

RESOLUTIONS PASSED BY ALBERTA ASSOCIATION

Whereas, through the foresight of the Alberta Osteopathic Association it has been made possible for the osteopaths of this region to obtain a postgraduate course in Physical Diagnosis; and,

Whereas, The Alberta Osteopathic Association has put its hospitals and equipment freely at the disposal of the visiting osteopaths and the class taking postgraduate Physical Diagno-

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sis under the instruction of Dr. Robert H. Nichols of Boston; be it

Resolved, that the Alberta class of August, 1923, extend its heartiest thanks to the staff physicians at the various hospitals, and pledge itself to co-operate with these institutions in carrying out our objects and aims; and,

Whereas, Dr. Nichols has shown at all times infinite patience and pains with his students, and a new desire to help them in every possible way; be it

Resolved, that the Alberta class of 1923 extend to Dr. Nichols its deep-

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est gratitude for the service he is rendering the osteopathic profession, and hereby accord him the highest endorsement for the good work he is doing.

It is suggested that these resolutions be spread upon the minutes of the Western Canada Osteopathic Association and that a copy be sent to Dr. Robert H. Nichols.

(Signed)

M. E. CHURCH, D.O., *Pres.*
R. C. GHOSTLEY, D.O., *V.-Pres.*
G. GLEN MURPHY, D.O., *Treas.*
E. D. PLUMMER, D.O., *Sec'y.*
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Spastic bowel; (a) showing ulcerations



Dyschezia due to fecal impaction



Atony due to sigmoidal adhesions

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the feces may reach the pelvic colon in normal time, but the rectum is evacuated with much difficulty. The feces, by remaining too long in this region, have all the water abstracted, become hard and dry, and painful defecation ensues with resulting complications. Nujol keeps the fecal mass in this region soft and prevents complete water abstraction, thereby acting prophylactically against rectal diseases.

Nujol, the ideal lubricant, is thus the therapeutic common denominator of all types of constipation. Microscopic examinations show that too high a viscosity fails to permeate hardened scybala. Too low a viscosity tends to produce seepage. Exhaustive clinical tests show the viscosity of Nujol to be physiologically correct and in accord with the opinion of leading medical authorities.

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Dr. Mabel Elliott of San Diego was recently opening some mail when her small son came into the room.

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Dr. Elliott (her attention on a bill for repairing an automobile tire which she had just opened): "You'd better have it retreaded."

The small son: "I *have* tread on it once. I don't think it would do any good to tread on it again."

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Vegetable foodstuffs ferment or sour, while flesh foods putrefy. By the free use of meats, the colon becomes the seat of an active putrefactive process, exactly like that which occurs in the bodies of dead and decomposing animals. The poisons produced are absorbed and circulated in the blood. The result is autointoxication with all its evil consequences—"biliousness," sick headache, appendicitis, colitis, arteriosclerosis and many other grave disorders.

The human system is not adapted to such a poison-breeding diet, but rather to fruits, grains and vegetables. A safe diet is one which will not putrefy, either inside or outside the body.—J. H. Kellogg, M. D.

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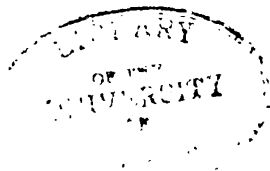
THE WESTERN OSTEOPATH

IN THIS ISSUE:

FAULTY VERTEBRAL DEVELOPMENT

By DAIN L. TASKER, D.O.

Illustrated with Reproductions of X-Ray Plates



OCTOBER, 1923

THE WESTERN OSTEOPATH

Vol. 18

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No. 4

Published monthly by the California Osteopathic Association at 799 Kensington Road, Los Angeles. Annual subscription, \$2.00. Entered as second-class matter August 25, 1922, at the postoffice at Los Angeles, California, under the act of March 3, 1879.

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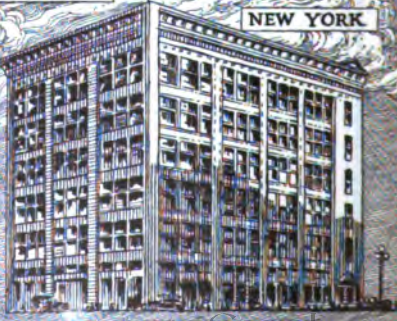
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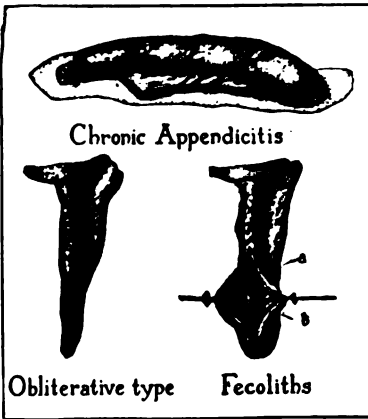
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Appendicular appearances



Chronic appendicitis with adhesions

LUBRICATION THERAPEUSIS

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2. *Pre-gangrenous*—single severe attack with major constitutional symptoms. Chances of recovery by surgical interference very good.
3. *Single mild attack*—surgery inadvisable. Medical treatment usually efficacious.
4. *Recurrent mild attacks or chronic appendicitis*—symptoms which clear up under ordinary dietetic and hygienic regimen.

A lubricant, he states, taken in cases of recurring attacks, has proven itself the best preventive measure yet devised.

As you know, the usual drug laxatives and cathartics or the over-residuized diet resorted to so often in these cases, tend to bring on attacks; first by their irritant action on the intestinal mucous membrane and second, by the ex-

aggerated peristalsis produced. The latter action may carry concretion material into the appendix or may exercise it when immobilization of the organ is the indication.

Nujol, because of its soothing, lubricating action and softening effect on fecal matter, may prevent a recurrence of appendicial attacks or minimize the severity of these attacks.

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THE WESTERN OSTEOPATH

Published by the
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Vol. 18

October, 1923

No. 4

WHAT IS YOUR ATTITUDE TOWARD DISEASE?

II. Faulty Vertebral Development

BY DAIN L. TASKER, D.O.

We all realize that we are a product of two forces, heredity and environment. We say that we survive as living entities because our bodies exhibit two types of phenomena, adaptation and compensation, which in some degree enable us to balance the deficiencies of heredity and environment.

If we do not inherit structural integrity we can not adapt ourselves to the same forces in the same way as can others normally endowed. It is the attempt to do things in the same way and in the same degree as others which exhibits the inherent deficiencies of some people. We do not always know what the structural weakness is but we know that it exists.

Reference has heretofore been made to the *chronically* lame lumbosacral region. Let us analyze this region more in detail from the standpoint of development. Those primary centers of ossification which form the centrum and posterior arch of a vertebra are three in number, one for the body and one for each half of the posterior arch. The type of bone in the vertebral body is far more spongy or porous than that of the vertebral arch. The vertebral arch is probably more resistant to bone disease than any other bony structure in the body. It

certainly suffers more strains than any other bony structure. These two ossification centers, laterally placed, produce the superior and inferior articular processes, pedicles, transverse processes, laminae, and spinous process. These ossification centers extend a short way into the vertebral body where for many years they form a synchondrosis with the ossification center responsible for the development of the centrum.

The column of vertebral bodies is characterized by its stability and passive pliability, while the posterior arches are characterized by mobility because they have superior and inferior arthrodial joints. The vertebral bodies seldom exhibit abnormal development; but the arches and their processes exhibit many developmental peculiarities.

The commonest developmental fault is spina bifida, or failure of the laminae to complete the posterior arch. The spinal canal in the sacrum is frequently without a posterior wall in several segments, usually the third, fourth, and fifth. The laminae meet posteriorly and form the spinous process. This process has an additional center of ossification about puberty. There is a great variation in the size

of laminae, as is well recognized by those who make many spinal punctures.

A vertebra has five additional centers of ossification at puberty: two for the body surfaces, superior and inferior, two for the tips of the transverse processes, and one for the tip of the spinous process. It is thus apparent that the development of a vertebra is divided into two well marked periods: that of the three primary centers existing from the second month of fetal life to puberty, and that of the five secondary centers existing from puberty to 27 or 28 years of age. The first period, especially the intrauterine part of it, represents the true hereditary characteristics of spinal development. Deficient or excess development of those parts formed by the three primary centers is probably due more to heredity than to the forces of environment. The five secondary centers are sure to be influenced by the forces of environment without any period of protection such as is experienced by the primary centers during intrauterine life.

Immediately after birth the ossification centers are under the determining influence of three environmental forces: food, gravity, and use. Since we are just now concentrating our attention on structural changes which seem to be due fundamentally to faulty processes of ossification of a prenatal character, we can leave these environmental forces for a later discussion.

As previously stated, the vertebral bodies do not present marked structural alterations so frequently as do the posterior arches. The twenty-four

movable vertebrae are classified as 7 cervical, 12 dorsal and 5 lumbar, but if every person's vertebral column were radiographed we should certainly be surprised at the variations from this classical arrangement. Even the relatively few individuals radiographed in our laboratory show a weird assortment of variations.

It is the posterior arch which usually furnishes the characteristics whereby we recognize the position of a vertebra in the spinal column. Clinically, we are accustomed to determining vertebral levels by palpating and counting spinous processes. We usually consider the crests of the ilia as being on a level with the fourth lumbar spinous process, but under radiographic examination we sometimes find that the sacrum has six segments instead of five, its first segment occupying the position of the fifth lumbar.

Since vertebral bodies are held plially together by the intervertebral fibrocartilages and hence do not actually move on each other, we seek to influence vertebral alignment by exerting force directed to produce movement in the arthrodial joints between the articular processes. A study of these arthrodials is necessary in order to know their normal range and direction. There is probably more variation in the direction of these joints than in any other vertebral structure. Take for instance the lumbosacral articulation which text-books describe as having its articular surfaces facing outward and inward, i. e., on the transverse diameter of the pelvis. We frequently find these surfaces facing anteroposteriorly. We have a plate showing one arthrodial facing the transverse diameter and the other the

anteroposterior diameter. We have a plate showing the fourth and fifth lumbar arthrodiads presenting a condition similar to the fitting of the occipital condyles into the superior articular facets of the atlas. This patient is a champion athlete. His specialty is throwing the javelin. It is easy to recognize how his structure enables him to excel in this particular. (See Plate 6, page 27.)

Palpation and tests of mobility are not accurate methods for determining the factors under discussion. A chronically lame back or one which seems incapable of the normal range of motion should be radiographed before any diagnosis is given or therapeutic method begun. The tendency to administer therapy before or in truth without any actual diagnosis has led to much misapplied treatment.

Why is it that children seldom complain of backache, even though they have more falls than adults? Backaches begin about puberty and increase in frequency from decade to decade. Is it not probable that the five accessory centers of ossification have much to do with the production of chronic lumbar aches? Take the spinous processes of the fourth and fifth lumbar for examples. These are large and sometimes bifid. We have numerous plates showing them to be so disproportionately large as to have caused them to assume oblique positions, thus allowing them to glide on each other. Probably a synovial sac existed at their contact point. At any rate there was clinical evidence of an arthritis but no radiographic evidence of arthritic arthrodiads.

A case of recurring "lumbago" was radiographed which showed a fifth

lumbar spinous process so large and abnormal in form that it undoubtedly represented a coalescence with the accessory ossification center for the first sacral spinous process. The posterior arch of the first sacral was missing, hence this fifth lumbar spinous process moved freely in the notch where the posterior arch of the sacrum was missing. This young man is athletic. This condition never bothered him until the age of 27—the time of complete skeletal development. When development of the fifth spinous process was complete it contacted with the notch in the sacrum when he assumed a decidedly side-bent position, thus producing a traumatic periostitis. This inflammation quickly subsided under physiological rest. There has been no recurrence since he refrained from the side-bending movement.

The contacting of lumbar spinous processes is a frequent cause of acute pain in that region. The cause of the contacting is the excessive development; the pathology is periostitis due to bruising; the treatment is rest with or without fixation until inflammation subsides. No doubt the surgeon could easily remove a portion of the process, thus preventing a recurrence, but such an operation has not been popularized. The molding of the processes due to their pressure on each other leads to very marked alterations in palpable alignment. The mobility of such a spinal column is not nearly so limited as one might expect.

The transverse processes of lumbar vertebrae are homologous with the ribs. Sometimes we find a lumbar rib. These processes vary greatly in length and thickness. The fifth lumbar is counted as a portion of the false pelvis

because its transverse processes are attached to the iliac crests by the iliolumbar ligaments. These processes sometimes are so long that they contact with the ilia, thus causing acute pain in the lumbosacral area when certain positions are assumed. We are referring now to long processes, a purely developmental excess, not to a calcareous deposit in the iliolumbar ligaments.

The conditions here described are not disease, but they cause suffering,

loss of efficiency, wrong diagnoses, and almost endless misapplied treatment. Dr. Still is frequently quoted to the effect: "Find it; fix it; let it alone." Unhappily there is much "fixing" treatment without a *finding* diagnosis and hence no letting alone. The science and art of radiography has advanced to such a point that many spinal problems can now be more satisfactorily understood. To understand them better is to treat them better; to treat them better is to advance osteopathy.

EXERCISES TO ACCOMPANY MILK DIET

By WILLIAM C. BONDIES, D.O.

906 Mission Street, South Pasadena, California.

The type of spine selected here for correction is chosen because of the great frequency of its occurrence—the "straight spine." Examination of such a spine shows entire lower limbs of patient, who is in upright position, in front of a perpendicular line drawn through the external malleolus; hamstring muscles are found rosy and of inferior tone; flexors of thigh and extensors of leg, flabby and actually stretched; buttocks flat; musculature without tone; abdominal muscles relaxed and very frequently combined with a pouch over pubic bone, indicating a tendency to ptosis of the abdominal content. A forward break is frequently noted in the lower lumbar vertebrae, but the general contour of the lumbar spine is decidedly posterior, which is compensated for by a flat or anterior condition in the interscapular region. Nearly always abrupt forward breaks in the mid-cervical region are found, but the general contour of that portion of the spine is posterior; the ribs are de-

pressed about fifteen degrees below the normal position; and the antero-posterior depth of the chest at level of the fifth dorsal vertebra is necessarily decreased. Returning to the musculature, we find the entire erector spinal group, from pelvis to occiput, is rosy, stretched, toneless, and many times is the seat of pain or discomfort.

We can now consider the problem of correcting the condition just described. It is the conviction of the writer that such a spine is developed from a bulging forward of the pelvis in the standing position, wherein the pelvis is allowed to move forward far enough to put the anterior ligaments, binding the femoral and pelvic bones, on a stretch, thereby relieving muscles of their function of support to the bones of that region. This position, if long continued, will without fail stretch the anterior or "Y" ligaments. This permits the position to become permanent. After such displacement of the base upon which the spine rests, the law of compensation operating

within the spine will, of course, compel a posterior deviation of the lumbar region; this in turn will insure a compensatory change in the interscapular region; and finally the cervical region, being acted upon by this law, will deviate from its normal alignment.

CORRECTION OF THE STRAIGHT SPINE

Those muscles that were in the beginning stretched (namely, those on the anterior surface of the thigh) must be shortened, and their antagonistic group must be lengthened or stretched, which can be accomplished readily by exercising the anterior muscles, while their insertions are approximated, as follows:

Exercise 1. Position, sitting. With lumbar anterior curve maintained or emphasized, elevate thigh from whatever surface one may be sitting upon, leg hanging limp, extend leg, then lower to position of rest. Alternate, exercising first one and then the other leg equally.

2. This exercise, in the case of a person whose energy will permit, may be best executed in the standing position; but even in the position of supination this particular work can be so executed as to be effective.

3. Or, in the position of supination, elevate one extended limb, then stretch toe away from head to the limit of motion, which will insure a downward rotation of the anterior brim of the pelvis. Of course both sides must be exercised symmetrically.

Some of the foregoing exercises serve to stretch the hamstring muscles to some extent, but it is necessary to stretch them decidedly. For example:

1. Patient in sitting position, with

body tilted forward slightly. Extend both legs as completely as possible, while maintaining a decided anterior curve in the lumbar spine.

2. Or in the standing position, have patient assume the baseball outfielder's squat or position, knees flexed, hands resting upon knees, and the back straight. Then have patient remove hands from the knees, elevate and move the pelvis backward, while the spine is maintained in flexion as described in first part of the exercise.

Note: Any kicking exercise is useful here, *just so long as the spine is kept straight.*

3. Another method of stretching the hamstring muscles: Patient standing, spine straight, hands on the hips; bend forward, while pressing hands downward upon hips. This bend must occur in the hip joint and *not* the lumbar spine.

These exercises, if done jerkily or snappily, or taken to the extreme limit of motion, can actually separate sacrum and ilium in such a way as to produce a decided and painful lesion; hence careful execution is essential.

Next we shall consider the correction of the lumbar spine. Bearing in mind that some of the foregoing exercises have already acted upon that part of the musculature, dosage should be governed accordingly. Some of the following methods may be used:

1. The first position is that of supination. The patient is taught to arch the spine upward in the lumbar region by vigorous downward pressure of the buttocks, shoulders to remain perfectly quiet. Hold this position for one count, lower to position of rest, and repeat.

2. Another way: The patient is

in the position of pronation, arms and hands alongside the body, head rotated to the right. Teach the patient to elevate the upper body, allowing head to drop straight in the median line during elevation of the body so that forehead is one-eighth of an inch from whatever surface one is exercising on; hold this position for one count, lower body to rest. Rotate the head so as to have the rest period occur while head is rotated to the left.

3. In the correction of posterior lumbar, one of the essentials is to stretch the anterior ligaments of that portion of the spine. This can be accomplished by having patient push the chest away from the bed, in supinated position, allowing pelvis to remain as flat as possible.

4. Or, in position of supination, the patient may lie with upper body resting upon elbows, in the position so many of us assume on the hot sands of the beach.

In the thoracic spine we encounter the most difficult part of our task. Corrective work in this region requires extreme forward movement of the shoulders while inhalation occurs, and this very combination of forces serves to pull ribs from their normal position in such a manner that far-reaching lesions may be produced in the upper dorsal region. If the exercises just described (for correction of lumbar region), taken in position of pronation, be combined with a dropping of the head, with some contraction of the muscles which emphasize this position of the head, much corrective influence will have been exerted in the interscapular region of the spine.

To correct an anterior condition of the interscapular region, the patient may use the following exercise:

1. Supinated position, fingers laced over chest. Extend arms and shoulders to the limit in the direction of thirty degrees away from perpendicular. Now have patient raise the upper part of the body as nearly as possible from the fifth dorsal up; all of this to be accompanied by a deep inhalation. Hold this position for one count, lower to position of rest, which completes the exercise.

In describing this exercise to your patient, request him to hump the back like a hunchback, just at that region where correction is desirable. It takes a little patience, but they can be taught.

2. Patient sitting, with the knees flexed up close to the chin, arms clasped around knees as completely as is possible. Have patient inhale deeply while allowing the head to fall forward on the knees while pulling backward against the hold of the arms in such manner as will constrict the anterior surface of the chest. This will compel dilation of the chest in the line of least resistance, or posteriorly.

3. Patient in position of supination, knees drawn up close enough so that fingers can be laced around them. Have the patient inhale deeply while knees are extended sufficiently to pull arms and shoulders forward in such manner as will again constrict the anterior chest wall. Raise head during inhalation, again compelling dilation of the thorax to occur in the line of least resistance, or posteriorly.

Let me again mention that these last three exercises can be executed in

such a manner as to cause painful subluxations. Care must be used in their administration.

Note. As will be noticed, the rhomboid and trapezius muscles have been stretched, while their antagonistic group, the pectoral muscles, have been exercised when their insertions were approximated. This, if practiced without compensatory exercise, would favor forward displacements of the shoulders upon the thorax, or in other words, a round-shouldered condition. This being undesirable, we immediately employ such exercises as will stretch the pectoral muscles and tone up their antagonistic group by retraction of the shoulders to the limit of motion or against resistance, as follows:

1. Patient in supinated position, forearms flexed, elbows resting about six inches away from patient's body. Have patient raise shoulders with downward pressure through the elbows upon whatever surface he may be resting. Elevation to be carried high enough to insure stretching of the pectorals and shortening of the antagonistic group, which is, roughly speaking, an upward movement of four inches. In this exercise the head should be allowed to rest limply upon the pillow, no exertion being made either to flex or extend the neck. The buttocks remain stationary.

2. Patient sitting up, arms extended anteriorly, palms up; flex them inward toward the armpits, with fists clenched to where not only flexion of the arms is accomplished, but also complete retraction of the shoulders. This exercise, of course, can be taken standing up.

3. Have patient retract shoulders

to the limit, while inhaling; hold position for one count, relax to position of rest.

4. Have patient execute a movement such as is used in the breast stroke of swimming, combined with deep respiratory movement.

5. Arms extended anteriorly, palms approximated. Carry both arms backward on a horizontal plane as far as possible; drop arms to sides, rest two counts. Resume first position and repeat.

In the cervical region the following exercises may be used for anterior corrective influences.

1. Patient in position of supination, with high pillow. Have patient form an arch between head and buttocks by downward pressure through the occiput, shoulders to be elevated as high as is possible *without* upward tilting of the chin.

2. Patient in sitting or standing position, arms hanging at the side. Sweep extended arms away from the side until they meet overhead; lace fingers, place hands back of occiput, and with only the resistance furnished by the weight of the arms and shoulders, have patient look at the ceiling directly above his head.

3. Patient standing or sitting: Protrude chin forward, then hyperextend the neck, drawing chin in at the same time. This, as well as practically all the exercises that have been enumerated, had best be accompanied by deep respiratory movements.

The ribs, being bound to and stiffening the spine, must be rendered as flexible as possible. Fortunately, effective exercises not only accomplish this but add to our red blood corpuscular count in a very gratifying degree.

1. Patient in supinated position, arms folded over the chest in such manner as will permit their passage beyond and below the head. Have patient carry forearms beyond and below the head, during inhalation; hold at this point long enough to spread vigorously the lower ribs, then lower to position of rest.

2. Patient lying on the side, with leg of downward side drawn up at right angles with the body, arm of upper side resting on the thigh: Sweep this arm in an arch beyond the head and on a level with the lower shoulder; elevate and extend the leg of upward side and stretch both extremities; then carry the body to position of rest. Turn on the opposite side and repeat the exercise.

3. To be taken in standing or sitting position, according to the energy of the patient: With the arm across the head from ear to ear, fixing the hand of this relaxed member with the gentle clasp of the other hand; bend the trunk laterally so as to separate the ribs laterally as much as possible; hold lateral position while bending the trunk backward, then forward; all of which bending must be accomplished as nearly as possible *not* at the waist, but in the ribs. Now reverse the position of the hands and repeat on the other side for the required number of counts.

4. Have patient hang perfectly limp from some horizontal bar, breathing as deeply as he can during the extreme dilatation of chest caused by this position, then exhale without any effort to expel completely.

Notes. It is of course understood that many effective exercises may occur to the reader, but those that

have been found most effective are given here.

Permanent correction of a straight spine is not claimed for these exercises *if the work is discontinued.*

When careful execution is mentioned in regard to this work, snappy or jerky movements, and those movements taken to what may be called the extreme limit of motion, are the danger points which we wish to avoid.

In reforming the straight spine, one will be left in no doubt as to when the object is being accomplished, because the patient will complain of pain, beginning in the lower part of the spine and extending progressively to the occiput, during this change. This, however, need not discourage the physician, because such pain soon ends, and is followed by a consciousness of correct position without muscular contraction.

OPPORTUNITIES

Established downtown Los Angeles osteopath having very attractively furnished offices, 4 rooms and large reception room, will lease and probably transfer the entire suite, or might retain one room, as he is to devote most of his time to a sanitarium. Two live wires could soon develop splendid practice. Address S-10, care of Western Osteopath.

FOR RENT—Completely equipped office in centrally located building on Broadway, Los Angeles. Part time. Telephone 879-978.

FOR SALE—Dorland's Medical Dictionary, 1913 edition; leather, with thumb index; \$2.50. Address D-2, care of Western Osteopath. Or telephone Broadway 1022, Los Angeles.

Women's Department

UNDER THE DIRECTION OF CALIFORNIA BRANCH
OSTEOPATHIC WOMEN'S NATIONAL ASSOCIATION

Send material for this department to
DR. MARY L. LE CLERE, 116 East Colorado Blvd., Eagle Rock, Calif.

Dr. Elizabeth Rosa, First Vice-President of the California Branch of the Osteopathic Women's National Association and Secretary-Treasurer of the Los Angeles Osteopathic Society, was the principal speaker at a health conference held by the cabinet members of the Girl Reserves of Southern California, at Long Beach, September 29, 1923. The conference was attended by 125 high school girls. Dr. Rosa's talk on "Constructive Health" was enthusiastically received and was used as the basis for the general discussion which followed.

Dr. Sarah Murray is now associated with Drs. Shilling and Shilling at 1027 Story Building, Los Angeles. On Tuesday of each week Dr. Murray can be found at Newhall.

Dr. Emily E. Colvin of Sonora, California, recently presented a large picture of the Old Doctor to the A. T. Still College of Osteopathy and Surgery at Kirksville. The picture has been framed and now hangs in the lobby of the main building.

At the National Health Exposition given under the auspices of the Kentucky Board of Health, Dr. Evelyn R. Bush of Louisville gave a talk on "Reconstruction of the Body," using the disarticulated spinal column for

demonstration. Dr. Bush has been very active in lecture work. She gave a talk on "Body Building" at an exhibition of the Physical Educational Department of the Bush Sanatorium. As a member of the Civic Committee of the Woman's Club, she helped in causing the amalgamation of the Parental Home and Industrial School, which will mean an entire new regime, under which the children will be taught trades and handled in a greatly improved educational manner.

Dr. Alice Stroud is chairman of the Health Department of the Woman's Club of Glendive, Montana, and a member of the Board of Directors of the Montana Tuberculosis Association. Due to her efforts a nurse was employed in Glendive for one month to make examinations of the school children.

Dr. Jennie Smith Laird has been using moving picture films in her Health Talks to W. C. T. U. organizations. Dr. Laird's address, "Danger of Patent Medicines," was published in the May issue of the Union Worker.

Dr. Emma Wing Thompson was one of a committee invited by the president of the National White Cross to view and criticize the film, "Human Wreckage," written by Mrs. Wallace Reid.

Rumor has it that when all else failed, Dr. Cora Weed succeeded in persuading the Mayor of New York to permit a huge banner for osteopathy to be stretched across Fifth avenue. Dr. Weed also designed the beautiful College plaques used in decorating the assembly hall in the Waldorf Astoria, during the 1923 A. O. A. convention.

Next year we shall celebrate at Kirksville the fiftieth anniversary of the birth of osteopathy. Send in your suggestions for the special ceremonies. What would you like to see in this celebration? Help the committee make these events of world significance.

ROBERTA WIMER-FORD, D.O.,
President, O. W. N. A.

Mrs. Clara Curtis of Seattle, internationally known because of the renown of the Curtis Indian pictures, opened her studio for the entertainment of the women passing through her city from the national convention of the Business and Professional Women's Clubs, in Portland. Dr. Lydia S. Merrifield and Dr. Leanora Grant, representing the Seattle Osteopathic Club, acted as hostesses on the evening of July 16, at this studio.

Among the State O. W. N. A. units, reporting recent federation with their State Federations of Women's Clubs, are Nebraska, Kansas and Illinois. Here's hoping others will federate and report soon.

Have you read carefully the latest reports of the O. W. N. A.? We have reason to believe very much good work, through neglect, was not reported! When you comprehend the

excellent accomplishments in three years by only one-third of the women in the profession, doesn't it make you proud of the workers, inspire you to increase the membership, through soliciting your colleagues and classmates and make you determine to work more enthusiastically for osteopathy, through the O. W. N. A.? Who can prognosticate the magnificent attainments possible, if every member would procure a new member? Will you do it?

WEST VIRGINIA HAS OSTEOPATHIC BOARD

The West Virginia State Board of Osteopathy met in Huntington, Monday, September 24, 1923. The following officers were elected:

President, J. H. Robinett, D. O.,
Huntington.

Vice-President, Donna G. Russell,
D. O., Charleston.

Secretary, C. E. Morris, D. O.,
Clarksburg.

The first meeting to consider applications for reciprocity and for examination for license will be held November 16 and 17, 1923, at the offices of Drs. Ailes and Russell, 311 Broad Street, Charleston, West Virginia.

Hereafter regular meetings of the Board will be held in February and July.

West Virginia needs more A. T. Still osteopaths.

Applications for either examination or reciprocity must be in immediately to be considered at the November meeting. Application blanks and information may be secured through the Secretary, D. E. Morris, D. O., 541-542, Empire Building, Clarksburg, West Virginia.

Oregon Osteopathic Association

President, Dr. William Stryker, McMinnville

Vice-President, Dr. G. E. Holt, Pendleton

Secretary-Treasurer, Dr. C. H. Beaumont, Portland

Trustees: Drs. D. D. Young, J. Simons, W. W. Howard, H. E. Schoen

Dr. Ralph E. Waldo and wife of San Francisco spent the month of August motoring thru southwestern Oregon. On August 6 they were welcomed at Roseburg by Drs. S. L. DeLapp and Edith Witzel. An interesting day was spent going over professional activities and technic demonstrations.

Osteopathy is now represented on the Roseburg School Board, Dr. S. L. DeLapp having been elected to the Board June 18.

Dr. Edith Witzel, a 1921 graduate of the Los Angeles College of Osteopathic Physicians and Surgeons, passed the Oregon Board of Medical Examiners in July and is located in the Perkins Building at Roseburg.

After a pleasant automobile trip to Puget Sound and northwestern Washington Dr. S. L. DeLapp and family have returned to Roseburg, where the doctor anticipates a very busy year.

The Eastern Oregon Osteopathic Society held a meeting at Baker October 7. This was one of the regular meetings which are held every alternate month and devoted to clinics and papers. Each member is expected to take part in the program and cite at

least one incident of interest from his practice. Socially, the day ends with a sumptuous banquet, the wife of a local D. O. being the hostess. When one considers that these meetings, rotating as they do between La Grande, Pendleton, and Baker, which are about one hundred miles apart, have been held with a 100% attendance, one must believe that the E. O. O. A. is a live wire organization. It also demonstrates what can be done with organization toward forwarding the interests of the individual and the profession. At each meeting every advantage is taken to secure the best publicity for the local physicians and for osteopathy. Dr. H. E. Schoen of La Grande is President and Dr. C. T. Samuels of Baker is Vice-President of the Society.

Owing to the illness of Mrs. Stryker, Dr. William Stryker has given up his practice at McMinnville and is now located at Longbranch, Washington. Mrs. Stryker has been ill for several years, and it is hoped that the outdoor life and rest will be the means of restoring her to health again. The Oregon Osteopathic Association regrets the resignation of Dr. Stryker as President, and extends every good wish for his prosperity and the return of Mrs. Stryker's health.

(Continued on page 35)

PLATES SHOWING THE IMPORTANCE OF CAREFUL STUDY OF ANATOMICAL STRUCTURE IN DIAGNOSIS

By DAIN L. TASKER, D. O.

The following are examples of the value of careful study of anatomical structure as the first step in practical diagnosis.

PLATE 1. Miss M: clinic case in College of Osteopathic Physicians and Surgeons; age 34; occupation, housemaid; nationality, Swiss; unmarried. Complains of disabling pain in lumbosacral region, radiating down left leg. Gives history of a fall on the ice five years ago. Fell in sitting posture. She was incapacitated for weeks, then slowly regained moderate comfort so long as she put no strain on her lumbosacral area. Orthopedic surgeons ordered radiographs made and decided that amputation of the coccyx was indicated. This operation was performed, but gave the patient no appreciable relief.

Patient brought me her radiographs, which were practically unreadable. The stiffness in lumbosacral articulation indicated arthritis; hence a stereoroentgenogram was made. This showed an abnormal fifth lumbar vertebra, sacral in character on the left side, forming a synchondrosis with the sacrum. The fall which marked the beginning of her distress evidently injured this synchondrosis, resulting in all the symptoms of a severe arthritis and producing the neuralgic pains in her left leg.

The treatment indicated was immobilization of the lumbosacral area so as to relieve the protective muscle spasm whereby her body was trying

to protect the inflamed abnormal joint. The only rest treatment this patient had ever received was when pain was so severe that all attempts to manipulate her were unendurable.

This case illustrates the uselessness of X-ray plates that are unreadable. Fifth lumbar vertebrae of the character illustrated by plate 1 are not uncommon. Plate 1A in this series of anomalous structures shows a similar condition.

Dr. Cora Tasker recently referred one of her gynecological cases to me for gastro-intestinal examination. Mrs. M. is a nurse, fifty years old; gives history of uterine fibroid, hemorrhage, operation. During convalescence she suffered much backache with radiating pains down left leg. Her recovery from operation was of normal character except that whenever she defecated she suffered distress in the back and left leg. Her surgeon attributed this to adhesions. He finally, after two years waiting for natural recovery to strike a balance, suggested an X-ray examination of her intestinal tract. This was done but without helpful result. The surgeon's statements of adhesions was corroborated. She sought osteopathic treatment to modify these adhesions.

Having had a gastro-intestinal examination in one of the best hospitals, she was naturally loath to undergo the expense of further work along that line of investigation. In order, however, to really locate the adhe-



Plate 1. Case of abnormal development of left transverse process of fifth lumbar vertebra. Coccyx had been amputated on basis of mistaken diagnosis of coccygodynia.

Plate by Dain L. Tasker, D.O.
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sions and estimate their influence it was necessary to make such a study. The X-ray plates and fluoroscopic examination did not reveal any adhesions; but there was sufficient spinal detail to indicate an abnormal development of the fifth lumbar similar to that pictured in Plate 1.

The abnormal synchondrosis between the fifth lumbar and sacrum had evidently been strained by the patient's position during operation and convalescence. This abnormality needed fixation treatment.

PLATE 1A. Mrs. W., referred by Dr. N. F. Sprague. She sought Dr. Sprague's assistance for relief of a condition previously diagnosed as lumbar abscess. She was on crutches and gave an extended history of several years of treatment, administered in two different hospitals, under the supervision of about thirty different physicians. Two extensive radiologic studies had been made in the hospitals. She had had a hysterectomy. A mass could be felt in the pelvis per rectum. The clinical symptoms of protective muscle spasm in lumbar and abdominal regions and a palpable mass in the pelvis following the psoas tendon seemed to justify the suspicion of spinal caries.

The stereoroentgenogram shows an abnormal *sixth* lumbar similar to that in Plate 1. This woman has six lumbar vertebrae. A separate radiograph of her thorax shows 24 ribs, hence it is probable that the extra lumbar is taken from the sacral group. There is no spinal caries. The patient's symptoms appear to be due to the abnormal synchondrosis. It would seem that surgical interference to remove the overgrown

transverse process might be undertaken as a radical cure; but in view of the fact that this abnormal transverse process is a bony mass entering into articulation with the lateral mass of the sacrum and with the ilium, it is doubtful whether there exists a lumbosacral arthrodial sufficiently developed to function as it normally should. Fixation by a sacro-iliac belt or by an Albee operation is indicated.

PLATE 2 illustrates the case of Mrs. C., who has had much osteopathic treatment for "sacro-iliac lesion." Lumbosacral pain following childbirth has persisted for years. This pain radiates down the thighs.

The stereoroentgenogram shows a six-segment sacrum. There is joint distortion in the symphysis. The pelvic articulations were undoubtedly traumatised during the delivery of her child.

In this case the fifth lumbar forms no parts of the false pelvis. The ordinary rule for locating the fifth lumbar spinous process would not apply in this case and it would be useless to try to establish mobility where we would naturally locate the lumbosacral articulation.

PLATE 3 illustrates the condition found in the case of Mrs. Mc. This patient was referred to me by Dr. Cora Tasker and Dr. N. F. Sprague. Mrs. Mc. had been operated for tubal pregnancy. Laboratory report of examination of tissue noted signs of malignancy. Four days after operation patient began to complain of pain and numbness in left leg. Phlebitis was suspected but never demonstrated clinically. Patient was not relieved of this constant sense of pain and numbness while in the hospital. As



Plate 1A. Case of supernumerary lumbar vertebra, with abnormal transverse process. This condition had been diagnosed as lumbar abscess, with a suspicion of spinal caries.

Plate by Dain L. Tasker, D.O.

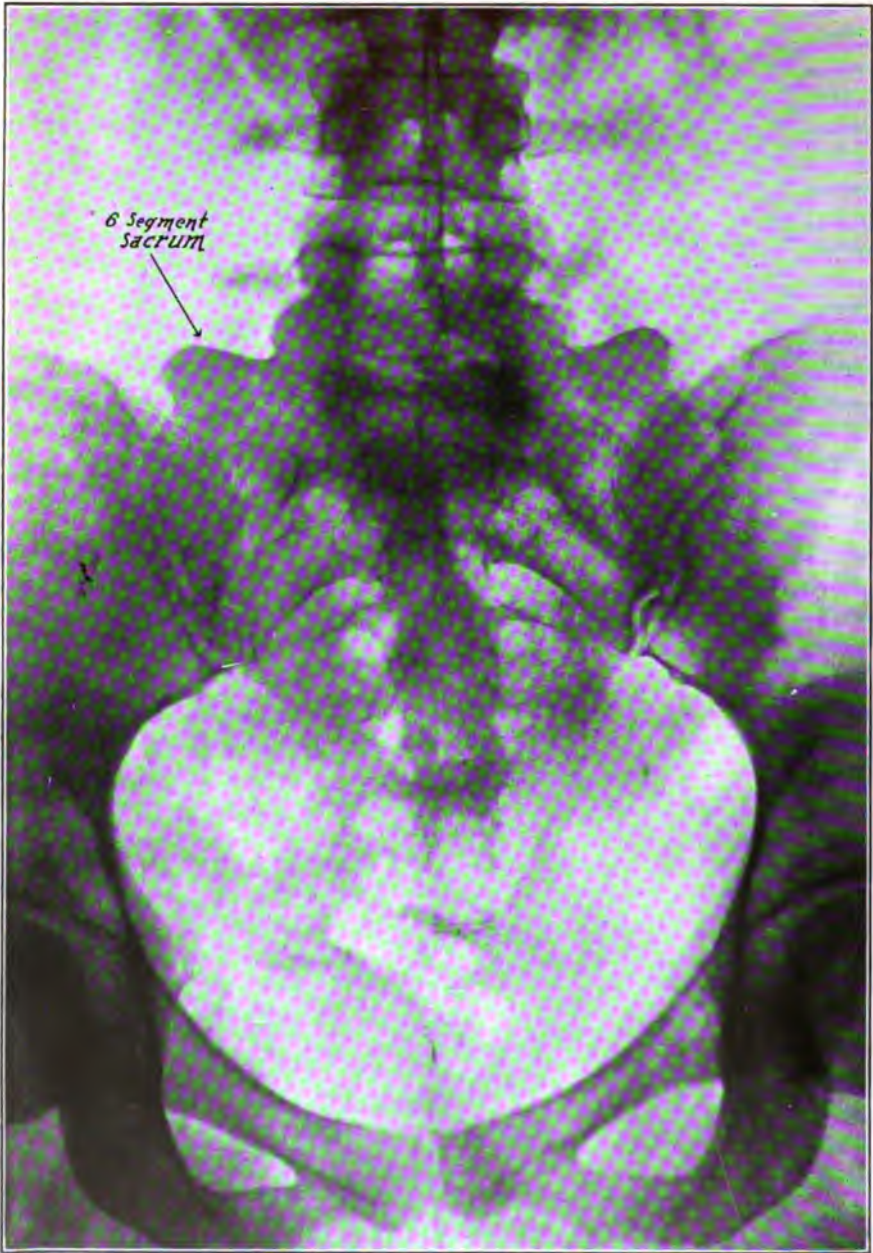


Plate 2. Case of six-segment sacrum. Patient had undergone much osteopathic treatment for "sacro-iliac lesion."

Plate by Dain L. Tasker, D.O.

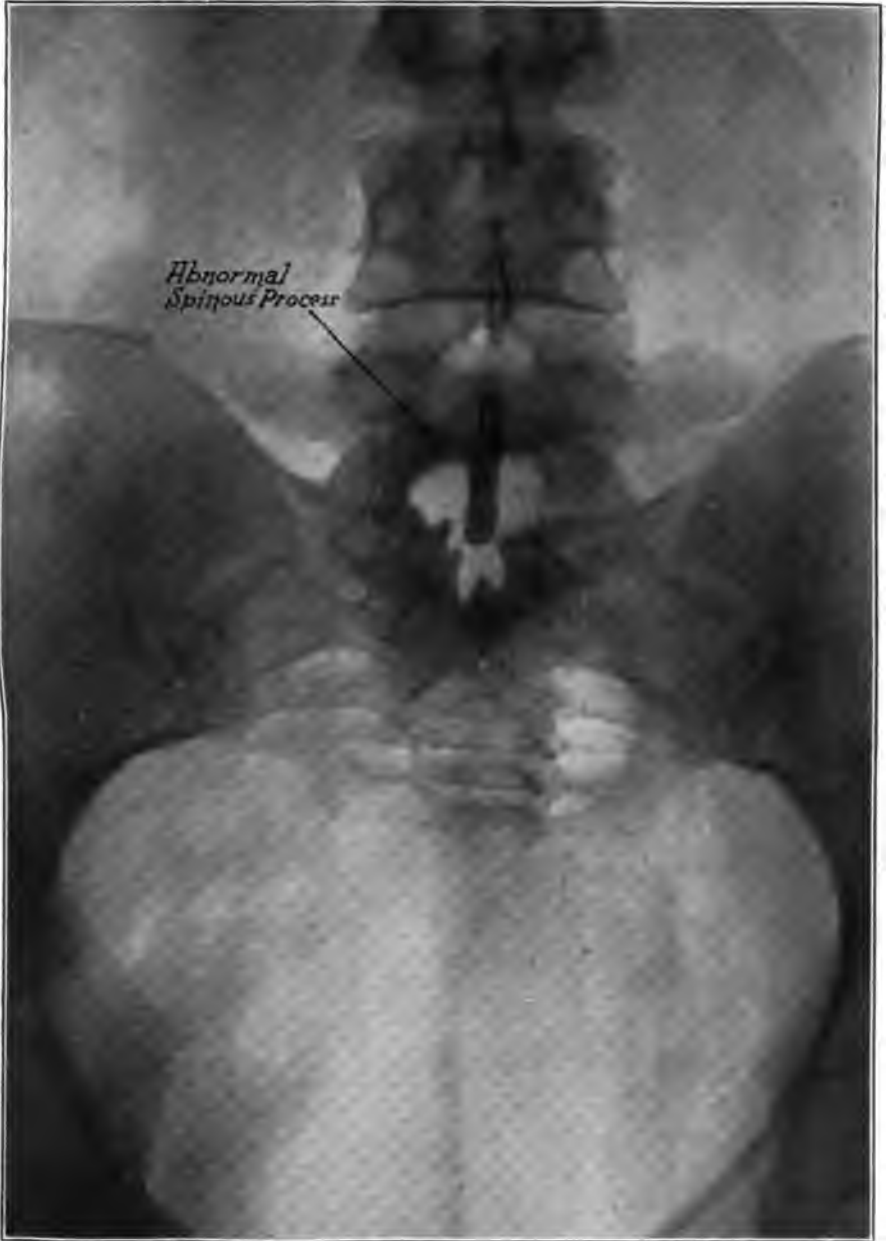


Plate 3. Case of overdeveloped fifth lumbar spinous process, with serrated groove in sacrum.

Plate by Dain L. Tasker, D.O.

convalescence proceeded there was some variability in the intensity of the symptoms. Several months failed to see the end of the distress, which was not accompanied by any indicative physical sign. Naturally the report of malignancy gave her physicians something serious to consider.

A stereoroentgenogram was made which showed an overdeveloped fifth lumbar spinous process which contacted with the serrated margin of a groove in the sacrum where the first sacral spinous process is usually located. This contact area was exquisitely sensitive. Having lain on her back during the operation and for days afterward, she said she understood that this position was the one she must adopt during convalescence. After seeing the structural defect and hearing her story as to position she was instructed to sleep flexed on her side. This brought almost immediate relief. Evidently the contacting bony points produced a periosteal irritation with swelling, resulting in symptoms of neuritis. It is evident that such a lesion as this is not in a position to produce pressure neuritis in any of the nerve trunks supplying the lower extremity. The pain therefore must be secondary to the body's effort to protect the contact point by muscle contraction. Manipulation always gave immediate relief but not permanent comfort. Now that the condition is understood, treatment has brought permanent relief. This mechanical abnormality has always been a characteristic of her body and she did not suffer from it until subjected to a position which produced practically constant contact resulting in a "stone-bruise" effect.

PLATE 4 illustrates a condition somewhat similar to that in Plate 3. Mr. W., 28 years old, healthy, active, athletically inclined, has had several terrific attacks of lumbago. These attacks have always occurred under similar conditions of posture; for instance, when standing beside his auto and bending to look under his running board or to adjust a tire. He falls as tho paralysed. A few days rest in bed result in relief of pain, but the lumbosacral junction remains very tender for weeks.

A stereoroentgenogram showed what may be described as a coalescence of the fifth lumbar and first sacral spinous processes, with a notch in the sacrum for this overdeveloped spinous process to move in. The margin of the notch is serrated. As he arises from a position of forward and side bending, he suffers a contact of these bony points with the resulting pain and disability. Since he has studied his own plates in the stereoscope he has avoided any further attacks.

PLATE 5 illustrates a different type of spinous process contacting. Mr. J., 30 years old has had no acute lumbago, but complains of a sense of soreness in the area of his lumbosacral junction. Position influences this soreness. Lying on his back or right side increases the soreness. He sleeps with an arm under his left lumbar region. Osteopathic manipulation relieves but does not cure.

The stereoroentgenogram shows overdeveloped lumbar spinous processes. The long axis diameter of these processes requires that they deflect from the vertical axis of the body

(Continued on page 46)



Plate 4. Case of abnormal spinous process of fifth lumbar vertebra, with notch in sacrum. This patient had suffered from lumbago.

Plate by Dan L. Tasker, D.O.



Plate 5. Case of overdevelopment of lumbar spinous processes, two of which make contact, causing soreness in region of lumbosacral junction.

Engraver's error in lettering: The word *contracting* should read *contacting*.

Plate by Dain L. Tasker, D.O.



Plate 6. Showing variations in the direction of the arthroal joints in the lumbar region. Note especially the articulation between fourth and fifth lumbar. This is the champion javelin thrower mentioned in the article on *Faulty Vertebral Development.*

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C. B. ROWLINGSON, D. O., Managing Editor

OUR JUBILEE CONVENTION

June 22, 1924, will be the fiftieth birthday of osteopathy. To observe the occasion by holding the 1924 A. O. A. convention in Kirksville seems highly appropriate. Merely as a geographical location, there could be no visible objection to the Missouri city. That the selection of Kirksville should have involved so much discussion in osteopathic circles has been due rather to a natural inclination to question the ability of a city of 7,000 to provide adequate accommodations for a convention of 2,000 delegates. At the New York convention the discussion resulted in a tentative decision in favor of Kirksville, the selection to become final provided it was shown that suitable accommodations would be available.

It would be safe to say that under average conditions, a city the size of Kirksville probably would be unequal to the task of providing for a convention as large as ours. In this case, however, average conditions do not obtain. Sentiment so strongly urged

the holding of the 1924 convention in the city where the Old Doctor gave osteopathy to the world that the lack of some of the things offered by the big cities could not be regarded as a serious objection. Then, too, the presence in Kirksville of two osteopathic colleges, as well as a large state normal school, all with assembly halls and classrooms of various sizes, reduces the problem largely to one of providing sufficient eating and sleeping accommodations.

Ten years ago the national convention was held in Kirksville, and 1,600 delegates were comfortably housed. Citizens opened their homes and the visiting doctors and their families were as well taken care of as they could have been in hotels. In fact, many expressed themselves as being happier and more comfortable because they were treated as guests. The meetings of that convention were carried on successfully, altho the city then did not have an assembly hall as large as the one which is now a

part of the State Teachers' College.

For the 1924 convention all of the facilities and equipment of the Teachers' College will be available, including a new auditorium seating 2,500 people, an older one seating 1,200, the Ophelia Parrish auditorium seating 500, all of the assembly and classrooms for sectional meetings, and the college cafeteria. The latter has tables to accommodate 250 at once, and can feed from 800 to 1,000 at a meal. This will be a novelty which will undoubtedly be popular with the delegates. Surgical and other special clinics, as well as section work, can be unusually well cared for at the two osteopathic colleges.

Even this brief survey of the facilities offered by Kirksville is sufficient to justify our earlier statement that in this case average conditions do not obtain. Kirksville is better equipped physically than the average city of its size to take care of a large convention. Physical equipment, however, is not the only essential. No osteopathic convention can be an unqualified success unless the osteopaths of the entertaining city and all other interested persons have the proper spirit. Osteopathy is written so large in the history of Kirksville that it has become part of the life of the city. The coming of the A. O. A. convention will undoubtedly arouse the civic pride of the people of Kirksville to such an extent that the affair could not be a failure if it tried.

Those who prefer the Ambassador or Waldorf Astoria style of convention may not be so well pleased, but if they will enter into the spirit of the occasion next summer they will get

just as much out of it. The Old Doctor was an advocate of the simple life. Could he return to take part in the jubilee celebration, he undoubtedly would be more at ease in Kirksville than in the atmosphere of ostentation and super-luxury of the modern metropolitan hostelry.

Kirksville has successfully entertained the convention once. What she can do once she can do again.

Let's go!

PERILS OF ASPIRIN

(From the *Los Angeles Times*)

LONDON, Oct. 14.—"Aspirin is becoming a menace to the health of the nation," declares the Daily Express, which, with several other newspapers, is conducting a crusade against the indiscriminate use of this drug. It is declared the sales of aspirin have increased enormously in Great Britain since the war and that nine people out of ten have now substituted the tablets for whatever nostrums they used to favor.

According to "prominent," but anonymous, doctors, aspirin plays havoc with one's whole system. Besides inducing such unpleasant symptoms as swelling, rash, pains and giddiness, it is said that persons who used to seek relief from pain in alcohol now indulge in aspirin jags and that the "aspirin habit" bids fair to take its place along with the misuse of such drugs as cocaine and morphia which are commonly considered more dangerous.

Positively, Mr. Gallagher?

Mr. and Mrs. R. J. Smith are the proud parents of six one-half pound baby girls.—Cannon City (Minn.) *Record*.

Washington Osteopathic Association

DR. L. H. WALKER, Ellensburg.....*President*
 DR. HENRIETTA CROFTON, Seattle.....*First Vice-President*
 DR. E. A. ARCHER, Pullman.....*Second Vice-President*
 DR. H. F. MORSE, Wenatchee.....*Treasurer*
 DR. CLARENCE B. UTTERBACK, Tacoma.....*Secretary*
 DR. W. T. THOMAS, Tacoma.....*Trustee*
 DR. A. B. CUNNINGHAM, Seattle.....*Trustee*

Dr. Christina V. McNeal, formerly of Mount Vernon, has completed some special work at Kirksville and has located in West Plains, Missouri.

Dr. B. R. LeRoy, recently of the A. S. O. faculty, has located in Ellensburg. In addition to general osteopathic practise, he will do orificial surgery.

Dr. Leroy Smith has lately located in Aberdeen to assist his brother, Dr. C. T. Smith, in his Bay View Sanitarium.

Judging from the inquiries coming to Dr. Thomas regarding reciprocity and the examinations we shall have a goodly number coming into the state during the year. Come on, we have room for another hundred.

Many have said that our state meeting at Bellingham in June was the best we have ever had. The clinic work was excellent, and the demonstrations of technic were top notch. Now if you appreciated what was offered, write Dr. Archer, Chairman of the Program Committee, that you would like to see more of it at the coming annual meeting. It is not too early to get busy. In 1924 we should have a week of such work. Write Dr. Archer today.

Dr. Emma Wing-Thompson was recently elected by the osteopathic women of King County as delegate to the King County Legislative Federation. Dr. Thompson has been directly connected with legislative work in New York for several years.

There seems to be a general misunderstanding regarding the fiscal year of the Association. Many apparently think that it begins January 1. Not so. It begins June 1, and dues become payable on that date. For the best explanation of why so many are still putting off the payment of dues, we offer a prize of a nice large red apple.

Dr. Abegglen is responsible for the following:

"I saw a sight the other night,
 Both shocking and distressing;
 I peeped into Bert's kitchen
 And saw the salad dressing."
 (It must have been Bert Hughes' kitchen.)

Where shall our next convention be, at Lake Chelan or Paradise Valley? Another suggestion is that we go over to one of Dr. Morse's apple orchards and have an open air convention. What would be more delightful? *Anyhow, give us your opinion.*

In order that a list of osteopathic members of the Rotary, Kiwanis, and Lions Clubs may be published, osteopaths belonging to these clubs are requested to send their names to the secretary. The names will be pub-

lished as soon as the list is complete.

The following is taken from the Journal of Osteopathy:

"Various Michigan newspapers in July told at length the story of Dr. (Continued on page 39)

SCIENTIFIC AMERICAN CONDUCTING IMPARTIAL INVESTIGATION OF E. R. A.

An impartial investigation of E. R. A. is now being conducted by the *Scientific American*. The October issue contains the following announcement:

"The *Scientific American*, fully cognizant of the vast public interest in the Electronic Reactions of Abrams method of diagnosis and treatment, has undertaken a thorough investigation of this highly controversial matter. It invites its readers to send in suggestions for tests, to give the names and addresses of Abrams clinics and practitioners, to relate their experiences with Abrams practitioners, and to give the *Scientific American* the full benefit of their knowledge of the subject.—THE EDITOR."

In an article accompanying the foregoing announcement, the history of the controversy is sketched, and a brief outline of E. R. A. methods of diagnosis and treatment is given. In this article it is further stated that:

"The *Scientific American*, urged by the large volume of correspondence regarding the E. R. A. which has been received during the past few months, has entered the controversy not to take sides but to act as an independent investigator. It is our in-

tention to listen to the arguments of the believers and the skeptics, review alleged cases of cure as well as alleged cases of failure to cure, conduct a series of tests with the Abrams method of diagnosis and treatment, and undertake a critical examination of the apparatus employed. All the while, of course, we fully realize that the medical world and the public at large, as well as the *Scientific American*, are justified in their role of skeptics; the burden of proof rests absolutely with Dr. Abrams and his followers."

The article closes as follows:

"In our next issue we shall endeavor to make a formal report of an acid test of the Abrams diagnosis, undertaken in such a manner as to preclude all possibility of prior information or happy guessing."

The *Scientific American* will print several articles giving the results of the investigation. Those who wish to read the articles should send in their subscription order for the *Scientific American* at once. The publisher's price is \$4.00 a year. Send your order (with check) to The Western Osteopath, 799 Kensington Road, Los Angeles.

WHAT SUBJECTS WOULD YOU LIKE TO HAVE ON THE PROGRAM AT THE NEXT CONVENTION?

By EDW. T. ABBOTT, D.O.

Black Building, Los Angeles

Chairman of Program Committee, California Osteopathic Association

There is only one time to do a thing, so they say, and that is NOW.

Our 1924 C. O. A. convention will be held somewhere in the state of California, some time next summer.

In arranging the 1924 convention program I shall follow the same procedure that I did in arranging the post-graduate work at the College last summer; namely, thru questions and answers find just what is wanted

and then in so far as possible arrange for it.

We may as well begin to get the program ready on time as "off time." Kindly fill in the questionnaire on the next page and mail to me, that I may know what you want to hear and who you want to discuss it.

By beginning now we can have an excellent program ready and can have it published in these columns in time for convention.

X-RAY TREATMENT OF PERTUSSIS

By H. E. BECKWITH, D.O.

Black Building, Los Angeles.

For several months we have been watching the result of X-ray treatment of pertussis. We have also used it ourselves in several cases, with excellent results. During a discussion of this form of treatment in the X-ray Section at the A. O. A. convention, one of the physicians present spoke favorably of the ultra-violet ray. Since returning home we have used both. The X-ray has given what I consider are definite results. The ultra-violet ray seemed to have no results. We do not believe it fair, however, to pass judgment on just a few cases. We shall watch for the reports of others. In the meantime we shall continue to use the X-ray, as its results are positive and well established.

One of my cases was my own 20-months-old baby. She was well along in the course of the disease when I arrived home from the East. I used

the X-ray immediately. She was taken home and placed in bed, where she slept for four hours without a sign of any disturbance from coughing. After a few days I gave her another exposure. She has gone through the rest of the course of the disease with hardly a good whoop and but few coughing spells, either day or night.

In the Boston Medical and Surgical Journal, Drs. Bowditch and Leonard give results on 26 cases of active pertussis, ranging in age from 3 to 40 years. They report 70% of these cases relieved, 10% promptly cured, and 10% no relief.

We all know what excellent results follow osteopathic treatment of these cases. Under combined osteopathic and X-ray treatment, we are confident that the osteopathic profession can obtain a greater percentage of recoveries than can be obtained by any other method.

EDW. T. ABBOTT, D. O.,
Chairman Program Committee,
California Osteopathic Association,
400 Black Building, Los Angeles.

MY DEAR DOCTOR: Believing there is no time like the present to do all things worth doing, I am filling out your questionnaire and sending it to you. Below you will find a list of subjects I would like on the program and person I should like to hear discuss the subject:

| <i>Subjects</i> | <i>Speakers</i> |
|-----------------|-----------------|
| 1..... | |
| 2..... | |
| 3..... | |
| 4..... | |
| 5..... | |

If possible, arrange the following clinics for me:

- 1.....
- 2.....
- 3.....

Yours for a rousing convention,

....., D. O.

A Contest for the Best Poised Chin

Another contest is being launched by The National League for the Prevention of Spinal Curvature, to be known as *The Best Poised Chin Contest*.

The League is emphasizing the fact that chin poise is merely a part of body poise, and that correct body poise means that the possessor must have a spinal column closely approaching perfection. This means that in determining the chin poise of the contestants a spinal examination will be necessary.

Forms to be used in recording the findings, and which give all information as to the examination, may be had by writing to the Journal of the American Osteopathic Association, 623 South Wabash Avenue, Chicago, Illinois.

The contest, which is open to the women of North America, will close May 8, 1924.

Spinal Curvature Week, the week of Monday, March 10, 1924, would be a good time to feature the contest, but any time before the closing date will do.

The League is not offering a prize this year, but this fact need not lessen interest in the contest, if state and local osteopathic societies do their part. These societies, by offering prizes, as many societies did last year, can create a great deal of interest in the contest.

The National League for the Prevention of Spinal Curvature

F. P. Millard, D. O., President A. G. Walmsley, D. O., Secretary

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EYE, EAR, NOSE and THROAT

Positively no other cases accepted

OREGON OSTEOPATHIC ASSOCIATION

(Continued from page 17)

Owing to Dr. Stryker's resignation, Dr. G. E. Holt of Pendleton will act as President of the Association. Dr. Holt is capable and conscientious, and makes a splendid successor.

Dr. H. C. P. Moore of Portland attended the Pendleton Round-Up during September, and was the guest of honor at a dinner party given by Dr. and Mrs. G. E. Holt at Pendleton, which was one of the social affairs of the week.

Dr. F. E. Moore recently returned from San Francisco, where he attended the laying of the corner stone for the college building for E. R. A.

Drs. Etta and O. F. Heisley, formerly of Silverton, are now located in Portland and devoting their practice to E. R. A.

Dr. E. T. Parker, of Portland, is now back, busily engaged in practicing osteopathy with renewed vigor after attending the National convention at New York City. En route Dr. Parker visited many prominent osteopaths, including Dr. Conklin of Battle Creek, and Dr. Millard of Toronto. As his opponents at golf, these osteopaths can testify that Parker swings a "nasty niblick."

Dr. Katherine S. Myers attended the A. O. A. convention in New York, and also took a postgraduate course with Dr. West of that city. She is now using the West Gravitizer in conjunction with osteopathy.

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KENISTON & ROOT

418 W. 6th St., Los Angeles, Cali.

Dr. R. B. Northrup, of Portland, who was so unfortunate as to have his home burn last spring, is making a wonderful recovery from his loss. Not once did he lose that invincible spirit that he possesses. Dr. Northrup was one of the pioneer osteopaths in the state and enjoys a splendid practice.

Dr. H. N. Lacy spent ten days during September hunting for deer near Condon, Oregon. The doctor speaks highly of the fresh air he inhaled and the exercise he had, but does not show us any venison.

Thomas Skeyhill, well known thruout osteopathic circles, was in Portland during September. While in the city he addressed the pupils of all the high schools under auspices of the Portland Osteopathic Association. He also talked before the Kiwanis and Progressive Business Men's Clubs. In all talks he gave credit to osteopathy in restoring his sight. Skeyhill is a splendid speaker and a strong advocate for osteopathy. All osteopaths in towns where he appears will do well to secure for him all the publicity and help available.

Dr. L. H. Howland of Portland was recently elected to membership in the Waverly Country Club, one of the foremost clubs of the city. When not attending to the cares of his practice or the Board of Examiners he can usually be found playing the "old man's game" of golf.

Dr. Mary E. Giles of Portland demonstrated the "independence of the weaker sex" this summer when she and a party of "girl" friends went

Cream of Osteopathic Propaganda--Classic Brochures

Bunting Classic Brochures are a line of the very finest pieces of osteopathic propagandic literature ever produced. They were originally published by us from time to time during our 22 years of service to the profession. They comprise the very cream of all the writings of the profession and HSB, produced in the course of putting 269 successive editions of the magazine, Osteopathic Health, to press, and so they ought to be good and they are!

They are printed from new type made especially for the purpose and not from old electroplates. Neither the title page heading of Osteopathic Health, the patient's monthly journal, nor a date line is used. The size of page is the same small, compact pocket size which has made Osteopathic Health so popular with its readers. The type face is large to make reading easy. Brochures now in stock are as follows:

- A—Most Diseases Are of Spinal Origin**
- B—The Osteopathic Catechism**
- C—How Bad Mechanism in Our Joints Makes Sickness**
- D—The Body's Four Grand Systems of Elimination**
- E—Osteopathy's Victory in the Flu-Pneumonia Epidemic**
- F—The Osteopathic Primer**
- H—Osteopathy in Winter's Ills**
- I—Winter and the Doctor**
- J—A. T. Still, Scientist and Reformer**
(By Prof. M. A. Lane)
- K—Osteopathy in the Infectious Diseases**
(By Prof. M. A. Lane)
- L—Osteopathy Helps Rejected Risks Get Life Insurance**
- M—An Osteopath's Explanation to a Health Seeker**
- N—Every-Day Osteopathy**
- O—The Why of Nervous Diseases**
- Z—Why Women Praise Osteopathy**
- 58—The Osteopathic Specialist in Diseases of Ear, Nose
Throat and Eye**
- 60—The Human Body Runs Like an Automobile**

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| | |
|------------------|----------------|
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| 500 lots | 22.50 |
| 100 lots | 4.50 |

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THE WESTERN OSTEOPATH

Published by the
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Vol. 18

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No. 5

FATIGUE

BY W. CURTIS BRIGHAM, D.O.

Ferguson Building, Los Angeles

Osteopathic physicians are frequently asked to say something in public regarding health problems. The Bureau of Professional Education of the A. O. A. is endeavoring in every way possible to supply information and to assist those who are seeking information that will enable them to make favorable presentations. We fully realize that individuality must never be suppressed, and therefore this brief discussion on the subject of fatigue is not given as dogma, but merely as a suggestion concerning the possibility of presenting this subject in such a manner as to make it profitable both to physician and audience.

We may divide the human body for purposes of illustration into six systems—the digestive system, the brain and nervous system, the genitourinary system, the respiratory-circulatory system, the endocrine system, and the bony and connective tissue system. This may be subjected to innumerable subdivisions, but any one of these systems is essential to the conduct of the business of the whole. To neglect one means an interference with all. To injure one means a modification of the entire functional activity of the body. Numerous influences are brought to bear that, carried to an extreme, may greatly in-

jure one system directly and all other systems indirectly.

First, infection of the respiratory tract means intoxication of every organ and every cell of every organ of the body. Second, the problem of diet is important, and a diet of pure starch will soon put out of commission every system of the entire body. Third, injury is a frequent cause of systemic unbalance, and such a small thing as a grain of sand in the eye or a tack in the shoe may unfit the system complex for the pursuit of its normal duties. Fourth, no human being can accomplish his maximum functional activity if constantly surrounded by filth. An unsanitary exterior tends to an unsanitary interior, be it in relation to garbage, sewage, or air. Fifth, focal irritation in its broad sense may render an individual physically and mentally unfit. Eyes improperly refracted, deformities of the upper respiratory passages, phimosis, spinal curvatures, and spinal lesions may cause the human body to devote most of its time in an attempt to maintain physical equilibrium.

The factor which we wish especially to stress, however, is, sixth, the problem of fatigue. It is safe to say that the majority of children in the

grade schools, after the fourth or fifth grade, become fatigued before the close of the school term. Coercion by faultily considered courses in school, social activities, late hours, insufficient sleep, all reduce the resistance to infection, create abnormal appetites, interfere with normal digestive processes, and predispose to injury. The retention of catabolic products in the circulation creates unsanitary surroundings for every cell and every organ of the body, and thus aggravates and in some cases actually creates foci of irritation.

Fatigue is a most insidious destroyer of physical, mental, and moral balance. Incipient fatigue is acquired in the grade schools and is in many cases aggravated in the high school. Every year sees thousands of high school pupils suffering from "nervous prostration." Chronic constipation is one of the most common phenomena of grade school and high school fatigue. When the average child becomes fatigued, stimulants are applied—jazz food, jazz drink, jazz music, and jazz entertainment, designed to attract and maintain the interest of the child long after nature has demanded rest and sleep. Fatigue intoxication as surely destroys moral perception as does alcoholic intoxication, and if we study carefully many cases of moral dereliction, we shall find that the first deviations from rectitude were after the youth had been so thoroughly intoxicated by fatigue toxins that he was no longer capable of discrimination.

A great source of such completely preventable cause of disease is found growing out of our public school ex-

tras, plus the fatigue duty, aided by social and religious demands.

It is necessary to maintain constantly a perspective of all of the systems and of all of the causes mentioned. Their inter-relationship is absolute, and this general scheme of presenting this or any health subject to the layman may be followed with profit and a large measure of success.

RECIPROCITY RULING IN PENNSYLVANIA

The Pennsylvania Board of Osteopathic Examiners has issued a notice that hereafter no reciprocity license will be issued by the Pennsylvania Board unless the candidate shall have had at least one year of practice in another state. All graduates who wish to enter practice in Pennsylvania within one year of graduation should take the examinations of the Pennsylvania Board. Examinations are held in February and June. Applications should be in at least one month in advance.

WHERE IS MY WANDERING FEMORAL ARTERY TONIGHT?

An article in the *Literary Digest* "About Blood Pressure," in describing the manometer and method of determining blood pressure, says:

"The apparatus, which is the invention of Dr. Thomas Rogers of Rochester, New York, consists of three parts, a small metal case containing several sensitive diaphragms, a dial, and air bag. The air bag is first strapped on the subject's arm over the femoral artery, and is inflated with a bulb attached to it."

HIGHLIGHTS OF A SUMMER TRIP TO EUROPE

By T. J. RUDDY, D.O.

Los Angeles

My trans-Atlantic voyage, with its 6 a. m. tea, the 8:30 breakfast with tea, the 11 o'clock soup with tea, the 1:30 luncheon with tea, the 4 o'clock cake with tea, the 6 o'clock dinner with tea, and the 9 o'clock sandwiches with tea, coupled with limited facilities for exercise, resulted in a large increment to my avoidupois. I became quite infatuated with deck tennis, known also as "old man's tennis." The game is played on a court having the same lines as a regular tennis court, but only one-fourth as large. Across the center is a net from two to three feet wide, with the top edge at the height of the players' shoulders. Instead of a ball, a ring is used, made of a one and one-half inch rope covered with canvas. The game is played by either two or four persons, and the scoring is the same as in regular tennis.

I have about room enough on my back porch for one of these obesity cures, and inasmuch as Mrs. Ruddy makes excellent tea *now*, I can have the satisfaction of having all the pleasures and benefits of the White Star Steamship Line, without the necessity for handing out tips.

My reception by the British Osteopathic Association, and the ten-day clinics in London, Edinburgh, Glasgow, Belfast, Liverpool and Birmingham more than repaid me many times for the effort. Any osteopath going to England should not fail to make himself known to the British Association, for the members are hungry for the fellowship of American osteo-

paths and for the professional messages they may bring.

The British custom of always holding the fork in the left hand, whether eating fish, soup, salad or dessert, impressed me as being highly efficient. Hand-clapping, the nerve-racking Yankee method of expressing commendation, is replaced by what to me are the preferable effusions of "jolly well" and "jolly good, eh, wot?"

Among the annoyances of my trip thru Ireland were the barbed-wire entanglements around the buildings in Dublin, and being compelled to pay duty on my camera between North Ireland and South Ireland. The hills of the island, however, are beautiful; in fact, if one were to attempt to select a homesite in the hills of either England, Scotland or Ireland, it would be difficult to fix on any one location as being the most beautiful.

Crossing the English Channel by steamer is a three-hour semi-circular test for equilibrium. In Paris I treated several cases of first and second stage catarrhal deafness by the finger method (not finger surgery), and then rushed away southward, passing thru vineyards covering an area 400 miles square, to Bordeaux, where the fruit of said vineyards is fermented, and thence to Spain. Some of our American railways might well emulate the joltless and jarless starting and stopping of trains which I noticed on this journey.

At Barcelona Dr. Barraquer has a most wonderful collection of patho-

logical specimens of orbital and eye tissues. Daily I watched the doctor do from six to eight vacuum method cataract operations an hour, and before leaving I became the possessor of one of the wily instruments for performing the operation.

Next came Marseilles, the Riviera, Lyons, Nice and Monte Carlo. The far-famed Casino is, of course, the most interesting feature of the latter place, altho only a blind man would fail to observe the wonderful silk and satin gowns, sport clothes and "nude" stockings worn by the female natives. (Yes, Mrs. Ruddy was still with me.)

If you go abroad, and Italy is included in your itinerary, don't travel third class from Ventimilli to Genoa. The railway is electrified, and the 150 tunnels are smokeless, but Italy is Italy, and, though beautiful along the Mediterranean and north to Lake Como, as well as south to Rome and Naples, one must learn to eat more garlic than a slight rubbing of a piece of this pungent fruit on the inside of a baking dish, before appreciating this magnificent country and wonderful people.

In Rome we saw a bridge still in use which was built 195 B. C.; we saw a pillar in St. Peter's 276 feet in circumference; we traveled thirty-two miles five stories underground, and saw the crypts in the catacombs along the Appian Way.

The trip down the Roman Road toward Naples was beautiful. Cleopatra's and Mark Antony's Bath is still intact, even to the soap dish, although soap is not furnished for tourists in Italy.

Florence appears to be in as good

a state of preservation as when Michaelangelo, Leonardo da Vinci and Dante were hobnobbing at the corner spaghetti establishment.

The Venice Grand Central Canal, with its hundreds of watery streets lined with four- and five-story stone moss-covered houses, does not exude an ichthyolic odor, but is very pleasant indeed, and one might sit entranced by the gondola system of pleasure and mercantile conveyances. With a motion picture camera using standard film I took many hundred feet of interesting pictures showing these conveyances, including a gondola ambulance.

There is a marked contrast between the belching smokestacks and the well-cultivated farms of Austria, and the evidences of poverty in France and Italy.

The only poor people in Austria, Germany and Czecho-Slovakia are the "flat-broke" members of the original royal families, and the small property owner who receives but a pittance for a rental. Those people are starving, while the men who actually own the big industries, and the men who are working for those industries, as well as the farmer and stock raiser, are happy and prosperous. Comparing those countries with the Allied countries, there is a tendency to feel that Germany and Austria really have won the war.

After taking a hundred-mile automobile ride from the River Marne northwest, crossing and recrossing the old Roman Road and the Hindenburg Line to the vicinity of Ypres, it required three or four days to forget the terrible depression and sadness of these gloom-stricken people. Thou-

sands are in mourning, fields covering an area of four hundred miles long and thirty to fifty miles wide in the most fertile part of France are not producing, and everywhere are widowed, gray-haired mothers, and fatherless, homeless children.

My work in the clinics at the University of Graz and in Vienna at the

“Kronnkenhause” were very profitable, especially the work in plastic surgery and pathology.

The trip thru Switzerland, including Lake Constance, Interlaken, Berne and Lucerne, revealed some highly picturesque scenery, altho none surpassing what we have right here in the good old U. S. A.

NEW BOOKS

The AMERICAN ILLUSTRATED MEDICAL DICTIONARY, by W. A. Newman Dorland, A.M., M.D., F.A.C.S. Eleventh edition, revised and enlarged. Flexible fabrikoid, octavo, 1229 pages. W. B. Saunders Company, Philadelphia; \$7.00; with thumb notch index, \$8.00.

If there is a better medical dictionary than Dorland's we have not seen it. This work, now in its eleventh edition, was first published in 1900. We first became acquainted with it ten years ago, when it was in its seventh edition. It became—and still continues to be—an indispensable part of our library.

To the best of our knowledge this new edition is the most recently revised medical dictionary now on the market. It defines over 1500 new terms, including all the new bacterial names of the new terminology of the American Society of Bacteriologists. There are 22 pages of tests, including all new tests.

Some of the other features are: Anatomic tables; chemical symbols and formulas; signs and symptoms of diagnostic value; tables of exanthemata; reaction, staining, and fixing methods; technic of operations.

The volume is excellently printed and bound. Although it contains 1229 pages, the book is not bulky, for thin paper has been used, and with covers included the thickness is only one and five-eighths inches.

HUGHES' PRACTICE OF MEDICINE, including a section on Mental Diseases and one on Diseases of the Skin. Revised by R. J. E. Scott, M. A., B. C. L., M. D. Twelfth edition, with 63 illustrations. Cloth, 12 mo., 810 pages, \$4.00. P. Blakiston's Son & Co., Philadelphia.

The comparatively small number of osteopathic books which have been published make it necessary for the osteopath looking for help on a puzzling case to consult books by medical authors. Hughes' Practise of Medicine has long been one of the standard works on this subject. This new edition is a worthy successor of the preceding eleven editions. It covers all the diseases usually included in works of this kind, and in addition has sections on Mental Diseases and Diseases of the Skin. It is compact, concise, and most serviceable. It is small enough to go easily in traveling case, instrument bag, pocket of automobile, or desk drawer. It gives in quickly available form, the synonyms, definitions, etiology, pathologic

anatomy and symptoms of the various diseases, as well as diagnosis, prognosis, and medical treatment.

Conforming to present views on pathology and etiology, the specific infectious diseases are divided into four groups: those due to (1) bacteria, (2) protozoa, (3) metazoa, (4) doubtful causes.

New sections added to this edition include those on Trench Fever, Notifiable Diseases, Wood Alcohol Poisoning, Acidosis, Functional Activity of the Kidneys, Coleman's Diet for Gastric Ulcer, von Jacksch's Anemia, Leukanemia, Disorders of the Salivary Glands, Sinus Irregularity, and Premature Contractions of the Heart.

BOOKS RECEIVED

The following books have been received, and will be reviewed in an early issue:

The **OSTEOPATHIC TREATMENT OF CHILDREN'S DISEASES**. Produced by the Education Department of the A. T. Still Research Institute, With a Large Corps of Writers and Contributors. Edited by Ira W. Drew, D. O. Published by The A. T. Still Research Institute, Los Angeles, California, 1923.

The **EXAMINATION OF PATIENTS**. By Nellis B. Foster, M. D. Illustrated. Octavo, 253 pages. Cloth. W. B. Saunders Company, Philadelphia, 1923.

Dr. Marie Thorsen of Los Angeles has returned from a four months' trip which included Panama, several of the eastern states, and the Canadian Rockies. She is now located at 308 South New Hampshire Street.

LOS ANGELES OSTEOPATHIC SURGEONS MEET

At the meeting of the Los Angeles Osteopathic Surgical Society held November 6, Dr. R. D. Emery presented a most systematic and complete case history, with almost daily laboratory findings, of a case of acute lymphatic leukemia.

Dr. E. B. Jones presented an excellent paper on "The Modern Trend of the Treatment of Neurosyphilis." After reviewing the history of the treatment of this disease he took up in detail the form an detchnique of the treatment now advised, mentioning especially the tendency to administer large doses of arsphenamine once a week, instead of smaller doses more frequently. He cited a number of dangers associated with the giving of the "specific" treatment, and showed that it is not work for a novice.

Officers were elected as follows: President, T. J. Ruddy; Vice-President, Laertes White; Secretary, N. W. Giesy.

At the next meeting Dr. Edw. T. Abbott will present an orthopedic clinic, "Dislocation of the Third Lumbar Vertebra with Torso-flexion Deformity." Discussion will be led by T. C. Young and R. D. Emery.

Many cases of torticollis will respond readily when the lesions causing it (third, fourth, and fifth cervical) are corrected. This may be a difficult procedure on account of contracture of muscles, but by slow steady stretching of the muscles and the application of heat, corrections may be made more readily.—*C. Rivers Schmidt, D.O.*

OSTEOPATHIC HOSPITAL AND SANATORIUM FOR SOUTHERN CALIFORNIA

An osteopathic hospital and sanatorium will mark the next forward step for osteopathy in Southern California, according to an announcement made by Dr. Harry W. Forbes, following a meeting of interested osteopaths held Monday evening, November 26, in Los Angeles.

It is planned to issue stock to the amount of \$250,000, divided into 250 shares of \$1000 each. Not more than one share will be sold to an individual. Application for articles of incorporation will shortly be filed with the Secretary of State at Sacramento.

About sixty osteopaths were present at the first meeting. Up to the time of going to press the following had signed up for one share of stock each: Drs. H. W. Forbes, Glen D. Cayler, Dain L. Tasker, Kenneth P. Baber, P. T. Collinge, Wm. Bartosh, Norman F. Sprague, J. W. Howe, T. J. Ruddy, H. E. Beckwith, Clarence K. Wells, Otto T. Grua, Louis T. Hull, R. H. Crist, Laertes White, L. D. Reeks, Fred Brayton, John M. Clarke, Frank S. Chambers, Wm. J. Reed, C. H. West, and Philip T. Hoeffer.

MILK MAKES HEIGHT

The height of the human race is regulated according to the amount of milk each nation consumes, according to Dr. E. C. Voorhies of the University of California. He is assistant dean of the College of Agriculture and has devoted considerable time to studying the effects of milk drinking on different peoples.

He found that the Swedes and Danes, who lead the world in the consumption of milk, are tall people generally, whereas the Italian, who drinks less than any other nationality, is a small man. All of the various nationalities that use little milk were found to be of short stature.

Sweden consumes an average of sixty-nine gallons per person a year, Denmark sixty-eight and Switzerland sixty-seven. The Italians bring up the bottom of the list with a mere three gallons, even children drinking

little of the health-giving fluid. Midway between these two extremes is found the United States, with a consumption of forty-two gallons per capita. Americans are rated as of average size, but the professor believes they will grow taller in years to come, as they are consuming more milk than formerly. At the present time 20 per cent of all money spent in this country for food goes for dairy products. According to Dr. Voorhies, the mother wishing her sons to attain to a magnificent height should see that they get plenty of milk to drink. He points out that so many six-footers are born on the farm, whereas the city boy grows to this height only in exceptional instances.—*Los Angeles Times*.

Dr. Fanny E. Shutts is now located at 3950 West Sixth Street, Los Angeles.

Women's Department

UNDER THE DIRECTION OF CALIFORNIA BRANCH
OSTEOPATHIC WOMEN'S NATIONAL ASSOCIATION

Send material for this department to
DR. MARY L. LE CLERE, 116 East Colorado Blvd., Eagle Rock, Calif.

THE OSTEOPATHIC CARE OF GIRLS DURING THE ADOLESCENT PERIOD

BY INEZ S. SMITH, D.O.

Hollingsworth Building, Los Angeles

In the development of the art of medical practice the various phases of growth of the human body have received all sorts and degrees of care from no care at all to the most radical interference. Of this the treatment of adolescent girls is an outstanding example.

The false modesty of many mothers, especially those of a generation ago, made it difficult—in many cases impossible—for them to talk to growing daughters on the subject, with the result that many girls were utterly unprepared for the phenomenon of menstruation. The reserve of the mother was reflected in the daughter, so that the latter would not ask for an explanation.

Other mothers have wished to prepare their daughters but did not know how. This has led to the writing of many books of widely varying degrees of excellence. The great difficulty with a book is that it always says the same things in the same way. It cannot adapt itself to different readers. So it comes about that with several girls reading the same book one will have her curiosity aroused, another will experience a sense of repugnance and disgust, another will be fright-

ened at the thought of the thing which lies before her, while still another will become morbidly conscious of her body, watching constantly for signs and symptoms—sometimes to the point of hypochondriasis.

Girls often come to us to be treated for nervous disturbances arising out of the fears which have been implanted. Occasionally a girl will be sent just to be told the things she should know. In either case it is a great help if some minor physical trouble can be found, the correction of which necessitates having her come several times for treatment. In this way she gets to feel acquainted; she will talk more easily and ask questions more freely. While being apparently treated for a headache or constipation or a lesioned vertebra, she will ask a question or the physician can lead the conversation to a point where a suitable thought can be implanted. If she asks a question, the line it suggests can be followed as long as she is interested, though in my opinion it is better not to give too much at one time. If she does not ask a question and the physician has to bring in the subject himself, it is well to proceed still more slowly,

being sure not to arouse a distaste or disgust and being careful to make it apparent that the subject is nothing to be afraid of, but is a perfectly natural, normal one which can be talked about without reserve. If you can win her to this understanding the nervous symptoms will disappear.

In these cases where the psychic conditions are so prominent we have to be very careful not to overlook physical conditions. These children are growing rapidly, the muscles struggle to keep pace with the lengthening bones, and the glands work overtime to supply needed secretions. School schedules make no allowances.

At one time I had as a patient a girl who presented these problems in a noticeably exaggerated form. Her mother was a nervous, over-conscientious woman who took life very seriously. With mistaken zeal she had talked with her daughter and read books with her trying to inform her fully as to the signs and symptoms of menstruation and the preparation of the body for child-bearing, and also the moral dangers involved as sex developed. When the girl came to me she was in such a nervous condition that they had consulted several doctors, had taken her to a psychoanalyst and were sure she was going to lose her mind unless some help could be found immediately. She could not sleep, would not be separated from her mother, and was so morbidly conscientious that she was in constant fear of committing some unforgivable sin. I treated her neck "to make her sleep," found a slipped innominate and a mid-dorsal lesion. These gave plenty of excuse for thorough general spinal work. I had the mother throw away the books she had

been using, assured her the girl would come out all right and probably would not menstruate for a year or more, and her part was to make the child feel that there was nothing to fear and then let her alone. The girl had been taken out of school and I stopped her music lessons, got her to making garden and playing tennis and taking every opportunity to play with girls of her own age. In four months she went back to school as a special student taking cooking, gymnasium and one class in English. The next semester she added a class in history and for gymnasium she had swimming lessons. In a year she grew two and one-half inches in height, gained fifteen pounds in weight, had not yet menstruated, and although somewhat inclined to be irritable and to cry easily, was having no more disturbance than is usual at her age.

In the premenstrual period I never give bimanual treatment. During the course of the treatments I take advantage of some favorable opportunity to examine the genitalia to make sure that there is no obstruction to the menstrual flow or other abnormality. These girls seem to gain best on good general treatment, freeing the circulation to the whole length of the cord and stimulating the activity of every gland and organ.

In the matter of general care I always stop music lessons during this period. Of course this is in the case of girls who have enough nervous symptoms so they are brought to a doctor. I do not like to have them held down to certain periods of practice; but more than that, music is emotional, and these girls are always emotionally unstable, ready to laugh

or cry or fly into a tantrum at the slightest provocation. It is much better to keep them out of doors, doing things which call for use of the large muscles. Encourage them to make a garden, to swim, to play tennis, to hike. This is a good age for a girl to learn to cook, but I find that often this is better done at school in the company of other girls than in the home kitchen with her mother.

In general, keep these girls natural and happy, don't let them get too tired, and see that they have plenty of sleep. This is an age at which girls like to read innumerable stories, and I think it is a good thing. From the stories she forms ideals of the kind of woman she wants to be, of the man who will be her fairy prince, and of the home and children that will be hers, and learns to look forward to adult life with pleasure.

In the cases of girls who have started to menstruate and who come for irregular menstruation, dysmenorrhea, nervous conditions, etc., it is usually best to start with the same treatment as that outlined for the girl before the first menstruation. If after a month or six weeks of treatment there is no improvement it is well to make a bimanual examination. In cases of severe dysmenorrhea you are likely to find an underdeveloped uterus and perhaps one or more ligaments short. Remember that the ovaries lie between the folds of the broad ligaments, that the arteries to the uterus enter by way of the broad ligaments, and that stretching the uterus from side to side is the best stimulation to development of the uterus and ovaries.

Do not be too concerned about antelexion of the uterus. This fre-

quently comes from a general anemic and atonic condition. The position is not sufficiently fixed to be the cause of dysmenorrhea and it corrects itself as the general condition is improved.

The best cure for dysmenorrhea in girls is exercise. You will remember that the psoas muscle lies in close relation to the ovaries and that part of the lumbar plexus of nerves, which contributes to the hypogastric plexus, lies in the body of the psoas. It therefore follows that activity of the psoas is a great stimulation to circulation through the pelvis. This theory works out clinically.

I have in mind a girl of fourteen who had menstruated for about a year, always with great pain. She was a gentle, slow, quiet girl who did not care much for sports. I prescribed walking and tennis and she tried to follow instructions, but one month she was in the mountains and went on a twelve-mile hike. To her surprise the next day her menstruation came without a particle of pain.

Physical directors say that the athletic type of girl very seldom has trouble with menstruation. Certainly the experience of recent years has proved that the old idea that girls at this age should not exercise is a fallacy.

In the care of girls, surgery is almost entirely contraindicated. There are some congenital malformations of the vagina which have to be corrected surgically. There must be a very positive need for circumcision before it should be permitted. These parts are so small that the scar is likely to become a greater irritation than the original, though it is sometimes advisable to loosen adhesions under an anesthetic. Uterine malpositions,

shortened ligaments, and congested ovaries can best be handled by bimanual treatment. There are no other cases which improve under general treatment as these do.

This is a very splendid field for the woman osteopath. She can do more for these girls than anyone else, and it is a great satisfaction to feel that a girl has been put on the road to normal, healthy, happy womanhood.

THE BELLE OF 1880 AND THE FLAPPER OF 1923

When the belle of 1880 hitched Old Dobbin at the rack in front of Timothy Teeter's prescription pharmacy she carried a handbag that looked like a hardware salesman's sample case. . . . Tip-toeing in order to see over a concrete collar reinforced with whalebone, she, in a very reticent manner, made known her wants to Mr. Teeter. She bought a small square box of pink prepared chalk, a dime's worth of powdered carmine, and a bottle of Florida water; her bill was 45 cents.

Contrast this 1880 model with the two-cylinder runabout who stops a slim-nosed, man-killing limousine with two wheels on the sidewalk, and falls in at the front door, writhing to the teasing jazz at Swift Cunningham's Metropolitan Pharmacy, polishing her nose, and taking a poke or two at her Lord Fauntleroy tresses of wheaten hue, she says: "Little service, please, and make it snappy: gimme two bottles of that fancy French embalmin' fluid you was ravin' 'bout yesterday. Huh! What does it sniff like? Hey, feller, I don't care for this; smells like a barber's shop with

onion patch in the rear. Gimme Coty's; lemme have four boxes of face dust and a powder puff, biggest you got. Six nail files, two boxes of polish, and a pair of buffers. Got any striped rouge? Gimme one or two sticks of kisser paint, turkey red. Nope, no hair nets; my mop leaks out through 'em." She lays down a twenty case of yellow-boy out of which Swift Cunningham's trusted understudy cops \$19.15.—*Southern Pharmaceutical Journal*.

"When we reason for causes we must begin with facts, and hold them constantly in line for action, and use, all the time. It would be good advice never to enter a contest without your saber is of the purest steel of reason. By such only can you cut your way to the magazine of truth."—*Andrew T. Still*.

THE COSTLY KISS

A Chicago jury assessed damages of \$10,000 against a hospital surgeon for kissing a sweet-faced student nurse. The nurse lost her position through this affectionate incident, else she might not have sought financial recompense. Now the doctor has filed a voluntary petition in bankruptcy in the hope of evading the judgment. There is a feeling in financial circles that the Illinois jury has set a rather exorbitant price. Even a Chicago nurse is well worth kissing, but \$10,000 is a lot of money. The verdict may tend to bull the market. Imagine the sort of a world it would be if kisses were rated at \$10,000 apiece. A man could get \$300,000 or \$400,000 in debt in a single evening.—*Los Angeles Times*.

WHAT IS YOUR ATTITUDE TOWARD DISEASE? III

Rib Abnormalities

BY DAIN L. TASKER, D. O.

The more experience the average physician has in palpating the human thorax, the less certain he is apt to be of the numerical designation of any particular rib. The variations in thoracic contour should be recognized as due to some one or all of the following factors: abnormal development; spinal disease; posture due to either nutritional defect or labor requirements; adaptation to intrathoracic disease.

We are accustomed to think of the 12 dorsal vertebrae as having 24 ribs attached, but radiography frequently shows variation in number. The most frequent variation noted in our X-ray laboratory is the absence of one or both 12th ribs, which means a thorax having 22 or 23 ribs. Plate 7 shows an example.

We have not noted that the absence of the 12th rib (either one or both) produces any change which even slightly indicates pathology. It is quite evident, however, that the absence of these ribs decreases the bony protection to the kidneys which the posterior wall usually furnishes. The lower poles of the kidneys are thus exposed to pressure or blows directed against the upper lumbar area.

Absence of these ribs is far preferable to the presence of extremely short underdeveloped 12th ribs, the outer ends of which tend to contact with the grooves in the lower borders of the 11th ribs, thus producing pressure pain along the course of the 11th dorsal nerve.

Extremely long 12th ribs sometimes droop to such an extent that they contact with the iliac crests.

The seventh cervical vertebra has a foramen in its transverse process which is the homologue of the space between the neck of a rib and the transverse process to which it is attached. The anterior portion of the seventh cervical transverse process is a costal element and sometimes an ossification center representing a true rib is developed to such an extent that we find a cervical rib. Such a rib may vary from a mere nubbin of bone articulating with the seventh cervical transverse process to a fully formed rib having an anterior as well as spinal articulation. Plate 8 shows an example. The rudimentary cervical ribs are apt to be mechanical causes of brachial plexus pain. In such cases the presence or absence of pain is determined by position and use; i. e., certain positions and certain movements produce the pain which can be relieved by change of position and rest from the particular movement.

On inspection of cases which were under suspicion of having cervical ribs, we have found a wide neck base and convex supraclavicular spaces irrespective of body fat. These cervical ribs are usually unilateral, hence there is lack of symmetry at the base of the neck. A fully developed cervical rib usually articulates anteriorly with the first dorsal rib and the clavicle on that side rides a little higher than its fel-

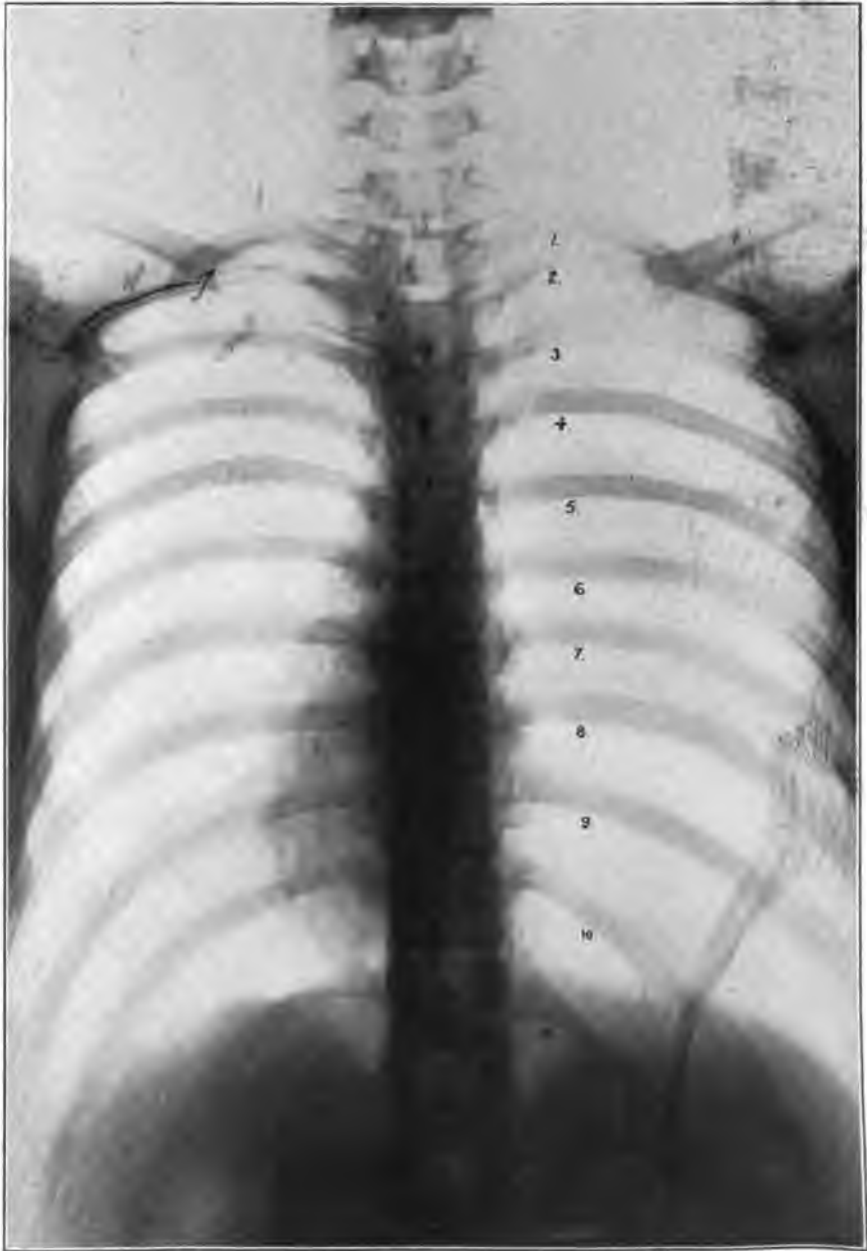


Plate 7—Patient having only 22 ribs

low. I have never found a fully developed cervical rib which presented any symptoms logically traceable to it. The fact that its anterior end has a true articulation instead of being free-moving probably reduces the chances of nerve pressure. Plate 8 illustrates a symptomless abnormality.

A poorly developed cervical rib having no anterior articulation is a menace to its possessor if an arm movement is steadily required which causes a lifting of the shoulder and extension upward and outward. Such a movement produces contact of the cervical rib with the brachial plexus resulting in symptoms of neuritis. Surgical interference is a radical cure in such a case. Change of occupation is the logical first step to reduce continued irritation of the plexus. These cases are practically never seen or recognized until after puberty. This is probably because the accessory spinal ossification centers do not appear until this time and occupation has not become a factor.

The weirdest fault in rib development is the division of its anterior extremity into two prongs. I have two plates showing this fault in children, one of them nine years old and the other sixteen. The former case is shown in Plate 9. In each instance the division began about the nipple line. The costal cartilages are not visible in an X-ray of the thorax when the exposure is anteroposterior, nor in children even in the reverse position; hence we cannot picture the compensatory arrangement of the costal cartilages in these cases.

It is a well recognized phenomenon that bony development increases in

response to muscular pull; therefore ribs show reaction to conditions characterized by persistent contraction of attached muscles. This is most noticeable in cases of asthma which have begun in early life and produced the barrel-type chest. In such cases we frequently find a surprisingly great development of the lower edges of the ribs: in some instances the interspaces along the line of the axillary border of the scapula are almost obliterated by this bony lip which forms the groove for the intercostal vessels and nerve.

Slight differences in symmetry of the thorax are frequently noted in clinical examination. These differences are not always associated with intrathoracic pathology or occupational adaptation. Radiographic examination frequently discloses the existence of actual subnormal development. Plate 10 illustrates such a phenomenon. The patient was conscious of the existence of this malformation but he never associated it with the discomfort he experienced in his interscapular region. The third and fourth dorsal spines were rotated toward these poorly developed ribs simply because the bracing of rib attachments was not structurally equal on the two sides. The patient was a draughtsman. This occupation had much to do with producing discomfort but had nothing to do with producing the subnormal development. In many cases occupation is a functional strain because the structure is not suited to it and does not possess normal adaptability. Manipulative therapy is a relief but not a cure. The cure is functional use within the limits of structural endurance and adaptability.



Plate 8—Fully developed cervical rib

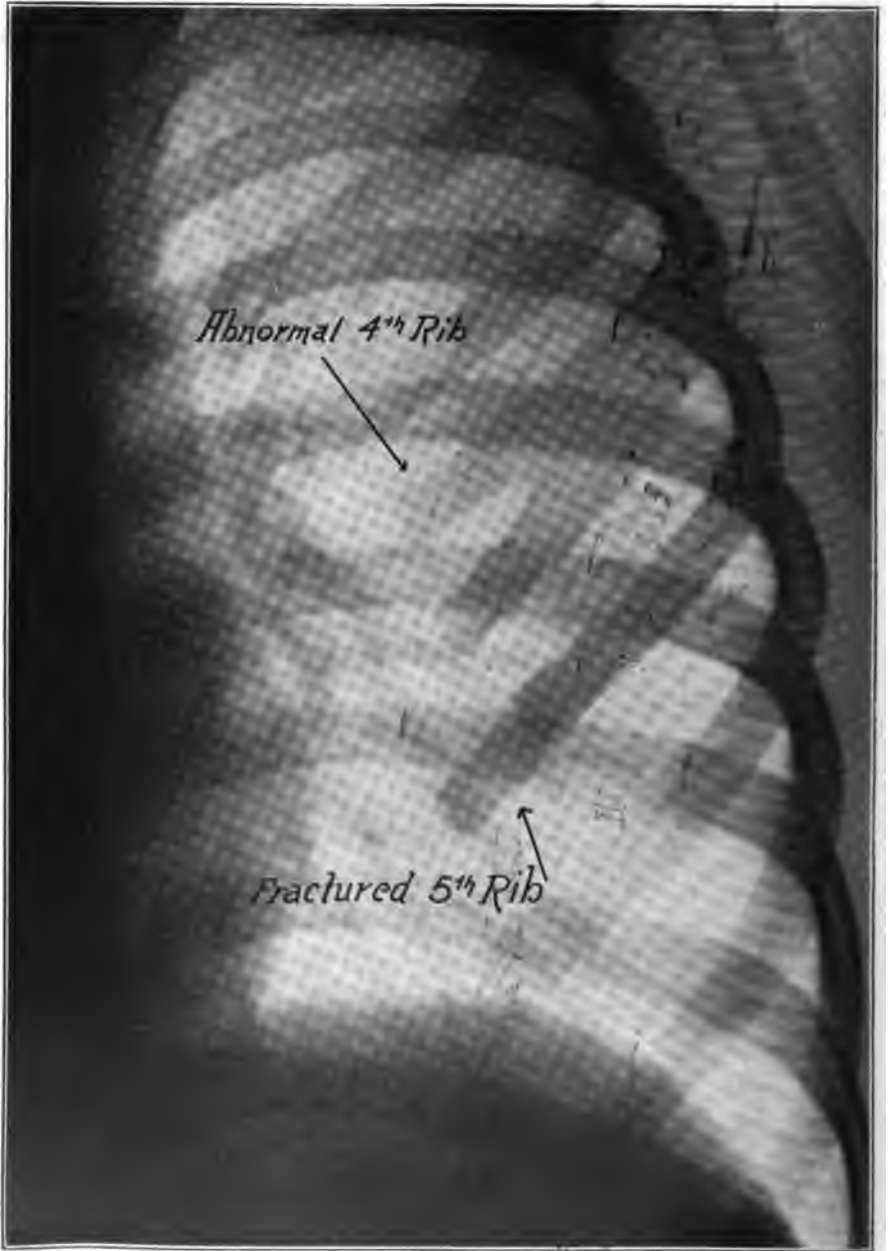


Plate 9—Abnormal fourth rib



Plate 10—Subnormal rib development

The cervicodorsal area presents many peculiarities of development, the most striking of which are cervical ribs and absence of first ribs. We have already noted the clinical phenomena of cervical ribs. Absence of a first rib is exhibited clinically by depression of the supra- and infraclavicular spaces, as tho atelectasis existed in the apex of the subjacent lung. Plate 11 illustrates the case of a man 36 years of age, who presented himself for examination to determine the cause of persistent pain and discomfort in the cervicodorsal area. He gave a history of chronic discomfort in this area and said that physicians had diagnosed it as a reflex pain from gastric ulcer, for the cure of which he had undergone a gastro-enterostomy five years ago. He had consulted many osteopathic physicians, all of whom noted a marked rotation of the first and second dorsal vertebrae and designated this rotation as the causative lesion producing his distress. His occupation as a salesman necessitated the carrying of sample cases which produced acute distress in his cervicodorsal area. His appearance was that of a healthy virile man presenting no physical signs of organic disease. His nutrition was apparently perfect. Following the gastro-enterostomy he had taken a long rest, during which time he seemed to make a perfect recovery. Return to his usual occupation resulted in renewed symptoms. These symptoms have been made endurable by osteopathic manipulation to correct the rotation of the first and second dorsal vertebrae.

My digital examination demonstrated considerable mobility in the articulations of these vertebrae. The

base of his neck on the left side showed a deficient contour as compared with the right. Auscultation showed no abnormal breath sounds, and there was no history indicating past pulmonary involvement. The vertebral rotation was so marked and of such character that I urged a radiographic examination. The stereo-roentgenograms showed congenital absence of the left first rib, resulting in rotation of the first dorsal vertebral spinous process toward the unsupported side. The left second rib was larger (thicker) than its fellow of the opposite side, and its head was articulated at a lower point on the side of the vertebra than its mate, thus producing inequality of bracing, resulting in rotation of the second dorsal toward the right.

It is evident that this man is normal to himself, i. e., Mother Nature has adapted him so well to his structural deficiency that nothing but the searching penetration of the X-ray could actually demonstrate the absence of this first rib. His occupation, to which by training and temperament he is so well adapted, puts a special strain on his weakest point, hence he must refrain from carrying any weight sufficient to fatigue or strain his vertebro-scapular muscles. The scaleni muscles on the left side must have greatly altered their costal insertions or perhaps they are proportionately deficient to the absent rib.

The treatment of this man can not be corrective. It never has been corrective, but merely comforting to fatigued structures. It is doubtful whether he needed the gastro-enterostomy; but this case illustrates to what extremes treatment may be carried



Plate 11—Congenital absence of first rib, causing chronic discomfort in cervicodorsal area. This had been diagnosed as reflex pains of gastric ulcer and gastro-enterostomy performed.

when, in reality, all the case needed was physiological rest intelligently advised.

Plate 12 illustrates another case of congenital absence of first rib. No symptoms were attributable to this abnormality.

EDISON ON PERSONALITY

"After eighty-two remarkable surgical operations the medical world has conclusively proved that the seat of our personality is in that part of the brain known as the fold of Broca. Now it is reasonable to suppose that our directing energies are located in that part of our bodies. These entities, as a closely knit ensemble, give us our mental impressions and our personality.

"What we call death is simply the departure of entities from our body. The whole question of death, to my thinking, is what happens to the master entities—those located in the fold of Broca. It is fair to assume that the other entities, those doing the routine work in our body, disband and go off in various directions, seeking new work to do.

"But how about those which have been directing things in our body from the fold of Broca—those which are Lescarboursa, Edison, Meadowcraft and so on? Do they remain together in an ensemble or do they also break up and separate and go about the universe seeking new tasks as individuals and not as a collective body?

"If the entities in the fold of Broca break up and set out as individual entities, then I very much fear that our personality does not survive after death."—*L. A. Times Magazine*.

OUR MEDICAL SCHOOLS

Out of an approximate total of 445 medical schools in the world, the United States predominates with eighty-two schools, according to a list prepared by the Rockefeller Foundation. Next comes the British Isles with forty-three, followed by France with thirty-two, Russia with twenty-eight, Germany with twenty-five, China with twenty-four, Italy with twenty-one, Japan with twenty, India with eighteen, Spain with eleven, Mexico with eleven, Brazil with ten, Canada with nine, Netherlands with eight, Poland with five, Switzerland with five and Belgium with five. Fifty-four other countries support from one to four medical schools each. Not only do standards differ greatly between countries, but even within national areas, notably in the United States, medical schools are of distinctly different grades as measured by personnel, equipment, resources and ideals. In spite of great variation in quality, however, all these centers of teaching are more or less directly dominated by the aims and methods of modern medicine. It is one aim of the Rockefeller Foundation, says the report, to hasten the development of international co-operation in medical education, by all available means.—*Indianapolis News*.

"Cuptacathesia," a sixth sense that enables the possessor to intuitively perceive the truth, has been discovered by a French scientist. He asserts that this sixth sense is especially developed in women. A lot of husbands will wonder why this is hailed as a recent discovery.—*Omaha Bee*, by Google

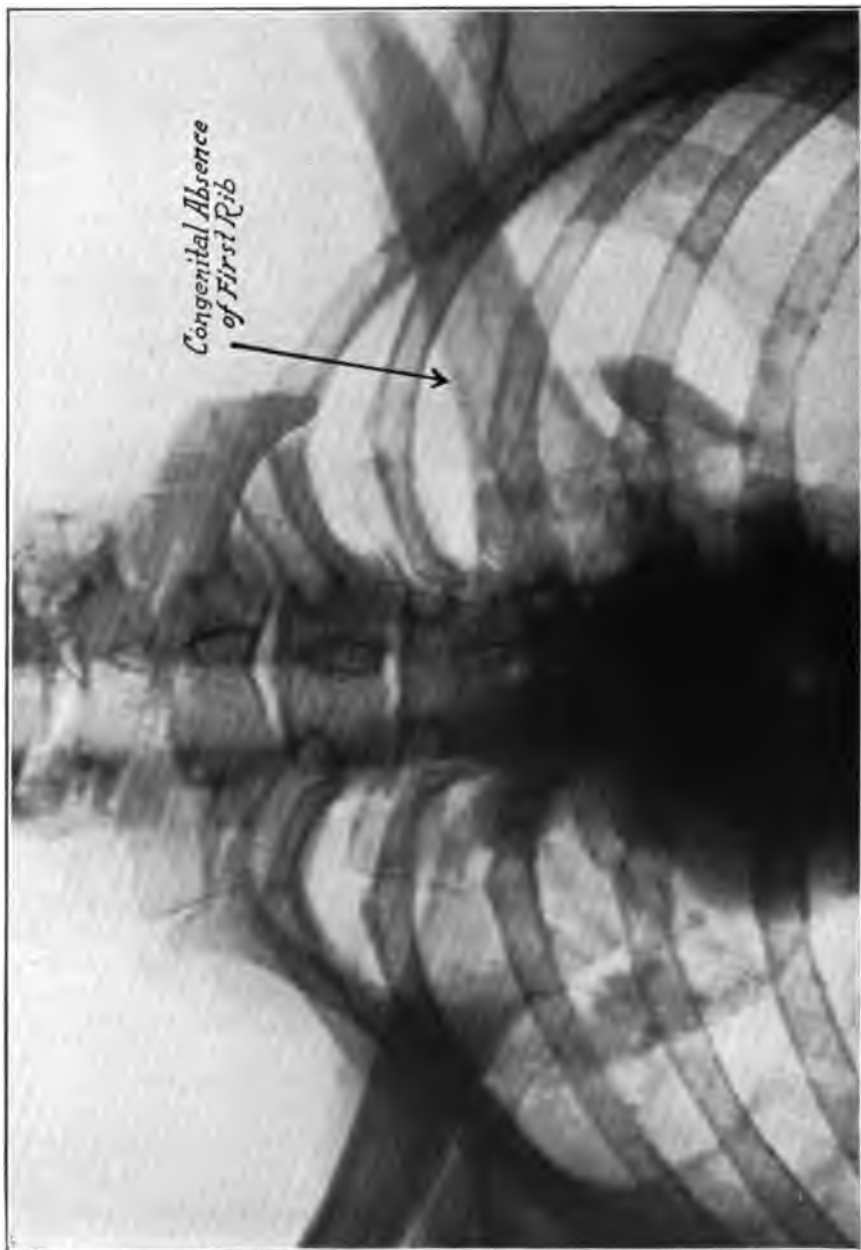


Plate 12—Symptomless absence of first rib

Washington Osteopathic Association

DR. L. H. WALKER, Ellensburg.....*President*
 DR. HENRIETTA CROFTON, Seattle....*First Vice-President*
 DR. E. A. ARCHER, Pullman.....*Second Vice-President*
 DR. H. F. MORSE, Wenatchee.....*Treasurer*
 DR. CLARENCE B. UTTERBACK, Tacoma.....*Secretary*
 DR. W. T. THOMAS, Tacoma.....*Trustees*
 DR. A. B. CUNNINGHAM, Seattle.....*Trustees*

The regular monthly meeting of the Pierce County Osteopathic Association was held in the office of Dr. Utterback the evening of October 9. After the regular business and committee work had been disposed of, there was a general discussion on how to get the most out of the winter meetings.

The following press dispatch will be of interest to many:

“Tekoa, Wash., Oct. 22.—Dr. W. E. Abegglen and family had a narrow escape last night while coming home from Steptoe, when a touring car occupied by five persons and driven by a young woman, ran into his car head on. Dr. Abegglen’s 6-year-old son was cut in the face by flying glass and six stitches were necessary to close the wound. The car was badly damaged. The collision was due to the touring car having but one headlight.”

Dr. G. W. Williams of Camas has gone to Clearwater, Florida, on account of his father’s ill health. Dr. Williams is anxious that some D. O. take his place in Camas, as it is an excellent location.

Our president, Dr. L. H. Walker, has gone to Kansas City to take some special work. He expects to be gone about eight months.

The King County Osteopathic Association has put into printed form their program for the year which con-

tains many interesting topics for their monthly meetings. They meet the second Thursday at the Hotel Gorman, 6 p. m. Any one in Seattle on that night will be well paid by visiting the society. The officers are as follows: *President*, Leonora Grant; *Vice-President*, A. B. Cunningham; *Secretary*, Ida B. Rosencrans; *Treasurer*, A. B. Ford.

We were very sorry to hear of the death of Dr. Roberts’ mother, Mrs. Jane Roberts, October 26, at Salem, Oregon.

If you are looking for a location to practice osteopathy, write Attorney Walter Stasen, Ritzville, Washington.

When is a committee not a committee? Answer: When it consists of a bunch of names whose principal function is to adorn the association letterheads. Committees are groups of people who “pass the buck” to one of their members. Committees were invented by a man in the sixth century. He discovered that the best way to assuage the angry populace was to appoint a group of people to right the political wrongs of the time. The group consisted of busy people who were total strangers to each other. They never met. They never will.

Dr. C. E. Hopkins, A.S.O., '23, has recently opened an office in Olympia.

Where shall our 1924 convention be held? Let's have more opinions, so the Trustees will know how to act. Here is one communication which has been received: "I noticed in *The Western Osteopath* where you or the program committee had asked for opinions on the location of our next state meeting. Someone had evidently suggested Paradise Valley,

and another Lake Chelan. Why not have it on Mount Ararat? Then none of us would need to go. By all means have it in a central location, either Seattle or Tacoma, where a fellow can afford the time to go. Have it as near the center of osteopathic population as possible."

Was your name on the list of members who have paid their dues?

Oregon Osteopathic Association

President, Dr. William Stryker, McMinnville
Vice-President, Dr. G. E. Holt, Pendleton
Secretary-Treasurer, Dr. C. H. Beaumont, Portland
Trustees: Drs. D. D. Young, J. Simons, W. W. Howard, H. E. Schoen

On October 7 the Eastern Oregon Osteopathic Society met in the offices of Dr. C. F. Samuels at Baker, Oregon. Mr. H. A. Post was the leading speaker on the program. Mr. Post demonstrated the "Post System for Feet" on over thirty cases. All of the doctors present seemed impressed with his work and will undoubtedly take the class. Other speakers were Dr. J. L. Ingle, who talked on "Publicity," and Dr. G. E. Holt, whose subject was "Autointoxication."

Attendance at the meeting was exceptional. One fact of which they have reason to be proud is the attendance of Drs. Mayo, Heath, Davis, and Thompson, of Walla Walla, Washington, who drove 150 miles through the Blue Mountains in a terrific rain storm. Dr. Harriet Sears, of Ontario, attended from over one hundred miles away. The evening closed with a delicious dinner, at

which Dr. and Mrs. Samuels were host and hostess.

Mrs. G. E. Holt, wife of Dr. G. E. Holt, of Pendleton, was in Portland the latter part of October, attending the district conference of the D. A. R.

Dr. Mary Campbell, with her mother and brother, Drs. Lewis, graduates of the A.S.O., 1913, who have been located in St. Cloud, Minnesota, since that time, have been granted reciprocity licenses with Colorado and expect to locate in Oregon in the near future.

Dr. R. S. McVicker of The Dalles successfully passed the State Board examination in July and was awarded a license to practice in Oregon.

Dr. P. F. Lacy and his wife felt the need of more golf and motored to California the latter part of October. They will be gone for about three weeks.

Dr. L. H. Howland of Portland is scheduled to give the five-minute talk awarding the attendance prize at the Kiwanis Club, Tuesday, Nov. 13. Dr. Howland is chairman of the reception committee at the club luncheons and is doing splendid work.

Dr. C. H. Beaumont has been appointed chairman of the club publication, "Spokes," of the Portland Rotary Club. "Spokes" is a weekly publication devoted to club and civic activities.

Dr. H. F. Leonard was re-elected a member of the Board of Trustees of the Lions' Club of Portland at the annual election of officers last month. Dr. Leonard has retained this office since organization of the club nearly two years ago.

Dr. R. B. Northrup moved into his home October 15. Since the disastrous fire several months ago the house has had to be entirely rebuilt, and is practically a new home.

Dr. W. G. Keller, who had charge of the Keller Hydropathic Institute in Portland for several years, has moved to Sydney, Australia, where he has opened offices for the practice of osteopathy.

There are many choice locations available in Oregon for osteopaths who specialize in the "osteopathic reactions of Still," and the Oregon Osteopathic Association is anxious to have osteopathy represented in these towns. For further information write the Secretary of the association, who will gladly furnish further particulars.

Dr. W. W. Illsley of Hermiston left the first of September to take a post-graduate course in Kansas City. Dr. Illsley was Mayor of his city. He plans on being gone about nine months.

There are still several members in Oregon delinquent in the payment of state dues. The treasurer is anxious to have these cleaned up and would appreciate an early remittance from those who have not already responded.

QUACKS FROM A QUACK

Many years ago, in England, there lived a quack doctor named Isaac Lettsom. In answer to the charge that many of his patients died under his treatments, he was said to have written the following:

"When sick folk come to I,
I purges, bleeds and sweats 'em;
If after that they choose to die,
What's that to me? I. Lettsom."

Modern medical science is wonderful. Still, a good many die in spite of it.—*E. W. Howe's Monthly.*

I am acquainted with an old gentleman who is ill. His wife is also ill. He has several grown sons and daughters, and they are also ill, as is an old bachelor brother who lives with him.

The only trouble with the family is bad cooking and bad food. The members are sufficiently well-informed as to Christianity, democracy, and the like; they are reasonably well-informed about everything except diet. So they eat too much of unsuitable food, take medicine, and six worthy people are failures.—*E. W. Howe's Monthly.*

GETTING A CHILD'S COOPERATION IN TREATMENT

She was a sweet southern lassie with a southern tongue and a southern way about her. She had had the misfortune to be afflicted with a birth palsy which left her little arm quite helpless and somewhat affected her leg. Being continually exercised, for she was an active little rascal, the latter grew to be nearly normal. An operation to lengthen the tendons of her wrist helped the hand wonderfully, but still it refused to do its share of the daily toil.

At this point the case fell into my hands. I was fortunate enough to be able to acquaint myself with the methods used by Dr. Forbes of California with regard to the cervico-dorsal technique best calculated to relieve the pressure on the pinched nerves, as well as the psychological aspects of the treatment from the viewpoint of Dr. Florence Gair of New York. Both of these are authorities by virtue of their long experience and eminent success in the field with just such cases.

The manipulations were easy. Then the problem arose of making my small patient realize that she must use the crippled member. Better still, that she could use it freely and well. It soon became apparent that the psychological aspects of the case were all-important. Also that these must be cultivated in a positive rather than a negative way; that is, rather than saying, "Child, you must not neglect to use that hand," one showed her that she could use it in a simple way and instilled in her the desire and the will to use it.

With this end in view we made a game of it. She was to put the lazy hand to work and keep a list of all the things which it could do. She was wonderfully surprised and grew very enthusiastic over its achievements. The hand could bounce a ball and help lace up her shoes and turn the light button and open the door and help with the silver and play "pea porridge hot" and hang up her coat and do a thousand and one things which she had never dreamed of before. Whenever she came to the office there was a new stunt for the hand to perform. We went through the whole list of finger plays such as "cat's cradle" and "meeting house" and shadow silhouettes. We had her mimic the walk of the girls from the south and from New Jersey where there are mosquitoes to scratch, with her fore and middle finger. We had her turn on the water and shake out the towel at the close of the treatment. Before long she was doing more than she ever dreamed she could, and doing it easily.

When the time came to leave both she and her mother were very grateful. There was born in her a will to make that hand do its share, because she realized that it could do its share with a little time and patience. Nature does not restore such injuries over night. It will be a long and slow process at best, but the start is made. The glow of realized achievement in the little girl's eye and the pride she took in demonstrating her new-found ability would have amply repaid the thought and effort put upon the case.—*The Atscos*.

The Western Osteopath

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California Osteopathic Association

President, Dr. Ernest G. Bashor, Ferguson Building, Los Angeles

Vice-President, Dr. Inez S. Smith, Hollingsworth Building, Los Angeles

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Official Organ of the Western Osteopathic Association
and of the Osteopathic League

20 CENTS A COPY

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C. B. ROWLINGSON, D. O., Managing Editor

A WINTER HAZARD

Among the hazards of present-day civilization must be counted the gas heater. Headaches, sore throat and colds are among the minor ailments which in many cases can be traced to these devices, to say nothing of the fact that every winter they take a toll of lives because those who use them fail to observe simple precautions.

The air we breathe is largely a mixture of two invisible gases, nitrogen and oxygen. Animal life cannot exist without oxygen. Man has found it possible to live many weeks without food; he can go for days without water; but he cannot live a quarter of an hour without oxygen.

One of the elements found in illuminating gas is carbon. Every flame consumes oxygen from the air. When illuminating gas burns, carbon combines with oxygen, forming new and different gases which mix with the air of the room. In the new combination oxygen loses its identity and its power to support life. One of the

principal products of combustion is carbon dioxide, an invisible, odorless gas, heavier than air. While not poisonous, carbon dioxide cannot support animal life. A living animal placed in an atmosphere of pure carbon dioxide would drown just as quickly as in water, and for the same reason: because it could no longer get oxygen to breathe.

When a gas flame receives plenty of oxygen, and conditions are favorable for perfect combustion, the principal products are carbon dioxide and water vapor. When the supply of oxygen to the flame is insufficient, or if the burner is so constructed that combustion is not complete, carbon monoxide is also formed. This, too, is an invisible and odorless gas, but differs from carbon dioxide in that it is a deadly poison, even when mixed with air in extremely small proportions. The early symptoms of carbon monoxide poisoning are headache, lassitude, and sometimes nausea.

The only safe gas heaters are those which are connected with a vent pipe leading outside. *Heaters which are not connected with a vent pipe should never be burned in a tightly closed room.*

There exists a widespread notion that placing a pan of water on a gas heater purifies the air in the room. Artificially heated air containing a certain amount of moisture is much more healthful than dry air, it is true; but the moisture added to the air by a pan of water has no effect whatsoever on the working of natural laws. One of these laws is that *burning gas consumes oxygen and gives off carbon dioxid*, not sometimes, but always. Man has no more power to stop the process than he has to stop the ebb and flow of the tides.

Some manufacturers of gas heaters make absurd claims. A particularly flagrant distortion of the truth is contained in the following advertisement:

Even a little carbon monoxid in a room is detrimental to health and comfort.

It is far better to avoid producing carbon monoxid than to produce it and then attempt to carry it away.

When air is vitiated by burning gas, it is usually indicative of the presence of carbon monoxid and unburned gas. This fact escapes the average layman. He usually reports that "the oxygen has been destroyed." This is a delusion.

Air may be thoroly vitiated, rendering it unwholesome and unpleasant, and still retain ample content of oxygen.

It is not the absence of oxygen, but the product of incomplete combustion that vitiates the air.

This carbon monoxid is an almost inevitable concomitant of cheap gas-burning heating devices, in striking contrast

with ——— (heaters), in which the absolute opposite is true.

A recent test of a ——— (heater) in a closed room during a period of four hours disclosed that no carbon monoxid whatever was produced.

The statement to the effect that it is a delusion to say that "the oxygen has been destroyed" is, practically speaking, a falsehood. Scientifically it is true that the oxygen has not been destroyed; but scientifically it is also true that the oxygen has combined with other elements to form new gases which have none of the properties characteristic of oxygen. The process of combustion changes the free oxygen of the air into combined oxygen. The two are in no way alike, and so far as any value the oxygen may have for supporting animal life is concerned, it is not incorrect to say that the oxygen has been destroyed.

In the advertisement quoted, it should be noted that while the claim is made that "no carbon monoxid whatever was produced," no statement is made regarding carbon dioxid. The writer of the advertisement either is thoroly familiar with his subject, and deliberately distorts the truth, or else he is an imbecile.

Gas heaters which are not connected to a vent pipe should be used only in rooms with a partly open window. Even some types of vented heaters pollute the atmosphere of the room, but they are less dangerous than those not connected to a vent pipe or chimney.

The ideal gas heater is made with a closed combustion chamber which is connected with a vent pipe, but is not open to the air of the room. A heater of this kind can be burned continuously without vitiating the air in the

slightest. Such heaters are obtainable, but they are so far outnumbered by the other kind that unless the prospective buyer is familiar with the principles involved, and is on his guard against specious claims, he may be fooled.

VERSATILITY

The other evening, while enjoying again the droll humor of the late B. L. T., the well-loved "colyum conductor" of the Chicago Tribune, we ran across the following, in the issue of March 11, 1921:

"Mr. Harding represents today the highest that is, physically as well as mentally and morally."—*Dr. Sawyer.*

"This doctor is as handy with the trowel as the lancet."

CALIFORNIA BOARD RECOGNIZES MISSOURI COLLEGE

A recent issue of *The Atscos*, the weekly publication of the A. T. Still College of Osteopathy and Surgery at Kirksville, printed the following letter and comment:

**BOARD OF OSTEOPATHIC
EXAMINERS
STATE OF CALIFORNIA
Office of the Secretary
FORUM BUILDING
SACRAMENTO**

July 3, 1923.

Dr. S. G. Bandeen, Dean,
The School of Applied Science,
A. T. Still College of Osteopathy and
Surgery,
Kirksville, Missouri.

MY DEAR DR. BANDEEN:

At a meeting of the Board June 11, 12 and 13, we took up the matter of recognition in your letter of April 13.

I am pleased to report that the Board will be glad to accept training received

in your school as satisfying the requirements of the California statute for pre-medical work, subject to the approval of our Evaluating Officer.

The Board desired me to express their very hearty approval of the course which you have outlined and to assure you of their sincere desire to co-operate in every way to advance the interests of our profession through the establishment of better educational facilities.

Faternally yours,

BOARD OF OSTEOPATHIC EXAMINERS,
Lester R. Daniels, D.O., Sec.

This letter is of special interest for students from California as well as other states requiring premedical work for a license to practice, because of the fact that other doors may soon be opened to graduates of this school. The School of Applied Science thus makes the distinct step forward for the benefit of the profession and for the Memorial College.

The Physics Department, newly added to the school, is to be in charge of Prof. Dunn, a competent instructor of a number of years' experience. Several hundred dollars' worth of equipment is already at hand.

WILL YOU VOLUNTEER?

Volunteers are needed to treat two hours a week in the Yale Street Parent-Teachers' Clinic, Los Angeles. The osteopathic clinic is growing fast. The staff must be increased in order to handle the work. Communicate with Dr. Edw. S. Merrill or Dr. Mary L LeClere.

A card announcing the arrival of a son at the home of Mr. Aldine S. and Dr. Leona Taylor Hopwood, of Fresno, has been received. The newcomer, who arrived August 28, has been named John Aldine Hopwood.

DR. DAYTON B. HOLCOMB**Stomach and Intestines
Heart and Kidneys****Finest X-Ray Equipment
Holcomb Fluoroscopic Technic**

Thorough fluoroscopic examination of whole alimentary canal; study of Glenard's disease or general splanchnoptosis and resulting conditions: carcinoma, ulcers, stenosis, inertia (inert stomach can usually be made to work). Breaking up of adhesions non-surgically.

Manipulation for correction of internal lesions upon basis of fluoroscopic observation is obviously more effective than deceptive methods of palpation and percussion.

Referred cases returned to physician in charge with report of findings and suggested technic.

745 North Los Robles Avenue**PASADENA, CALIF.****SURGERY BEING REVISED**[Editorial in *Los Angeles Times*]

A report of the proceedings at the Chicago convention of the American College of Surgeons indicates a decided change in the sentiment, both popular and medical, in the matter of surgical operations. Patients are not demanding and doctors are not recommending the use of the knife for the

cure of bodily ailments as freely as they did at the close of the last century.

In the last six years, in fact, so marked has become the aversion to cutting into the human body that such operations are now 40 per cent fewer, and gentler devices have taken the place of these more heroic measures. Nor has the death rate increased. It

TWICE-A-WEEK SERVICE

Distinguishes the Vitalait method of sending fresh cultures of *Bacillus Acidophilus* direct to your patient, thus assuring maximum results with this helpful adjuvant in the treatment of intestinal toxemia.

THE VITALAIT LABORATORY
of California, Inc.

**320 W. Colorado St.
Pasadena**

**769 Flood Building
San Francisco**

appears, indeed, in the light of recent health statistics, that a majority of the operations performed ten years ago must have been quite unnecessary.

At this Chicago meeting the American College of Surgeons definitely lined up against useless and hasty operations and warned the public not to have recourse to the knife without positive assurance that its use is imperative. Many rush to a surgeon to have an organ removed—said one delegate—when all they need is to stand or sit or exercise correctly.

Every patient should keep well in mind that nothing can replace or restore a part of the human body that has been cut out to relieve some temporary pain or suffering. It took the bulk of the people many centuries to disabuse themselves of the notion that bleeding was the one sovereign remedy

for all the ills that flesh is heir to. When appendicitis was elevated to the height of a fashionable affliction, it looked for a time as though the knife was about to supersede the leech as the popular cure-all.

No doubt the 40 per cent decrease in operations in the last six years is largely due to the passing of the appendicitis fallacy. Now the College of Surgeons tells the people frankly to hang on to their arms, legs, eyes and internals except in cases of direst need; because, while surgical skill can amputate and remove, no power on earth can replace or recreate. Even in the matter of teeth science favors treating and filling to extraction and substitution of false ones.

Only one body apiece was dealt to each of us and it has to last us till the end of the session. We can't af-

ACIDOSIS

The **ALKALI-ACID** equilibrium of the human body is the subject of paramount importance to the physiologists of the world at the present time.

The **NORMAL ALKALINE** concentration of the blood is .9%. If it falls below this point symptoms of dysfunction arise.

The foods which supply the human body with alkalis are fruit and vegetables. All other foods, including meats, fish, eggs, milk, cereals, and bread, produce **ACID** end products of metabolism. Therefore, in a normal diet there is a tendency for the body to accumulate acid products. In acute and chronic diseases there is an over-production and retention of acid products in the body.

To neutralize these **ACID TOXINS**, decrease their effect on the body and favor elimination, **CALSO WATER** has been prepared.

CALSO WATER is made of distilled water and chemically pure salts, of the kind normally present in the body. Of pleasant taste, yet strongly alkaline and rich in **CALCIUM** and **MAGNESIUM**.

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Phone Bdwy. 1804

ford to take chances with it nor to have our insides, like clothes, cut to suit some passing fashion. Better, like Oliver Wendell Holmes's "One Hoss Shay," to have it when it does go, go all at once.

MARRIED—Dr. Helen Earle Lyda, of San Bernardino, and Miller D. Barton.

NOTIONS AND NERVES

A woman came to Dr. Paul Du-bois, the French authority on psycho-therapeutics, and told him that she could not endure the odor of flowers.

If she went into a room where there was a vase of flowers—any kind of flowers—she grew deathly sick, and even sometimes fainted.

A Year's Vacation With a Taplin

SACRAMENTO, CALIFORNIA

"I was physically tired and worn out by the old system. Then I bought a TAPLIN TABLE and have had it in service for a year. It is a lasting friend to the patient and a wonderful help to the doctor in saving his strength and getting results. In fact, the past year's work has been more like a vacation."

C. A. HAINES, D.O.

THE TAPLIN PNEUMATIC TABLE

"Should be in every osteopathic treatment room. It doubles efficiency, halves labor and saves time."

The Spirit of Osteopathy Is In It

GEORGE C. TAPLIN, M.D., D.O.

541 Boylston Street

Boston, Mass.

DR. FRANK S. CHAMBERS

417-419 Hollingsworth Building

Los Angeles

Practice Limited to

EYE, EAR, NOSE and THROAT

Positively no other cases accepted

On her second visit to his office Dr. Dubois had placed a large bouquet upon a table in the center of the room. As soon as the lady caught sight of the flowers she gave the doctor a reproachful look and fainted. When she revived he insisted that she approach and smell the bouquet. She remonstrated vigorously.

He insisted that if he was to help her she must follow his directions and carry out the treatment he prescribed. Finally she walked to the table and gingerly sniffed at the flowers, only to discover that they were artificial.

It did not need much explanation to show her that her ailment was entirely of her own creation and existed only by virtue of her mental attitude, even though serious physical symptoms followed.

When it comes to success and efficiency, innumerable people are the slaves of inhibitions that keep them from filling the place in the world of action to which their natural ability would entitle them.

This is only another illustration of the fact that he can who thinks he can, and he can't who thinks he can't.
—*The Healthy Home.*

OPPORTUNITIES

OFFICE accommodations in Los Angeles with long-established E. E. N. & T. specialist. Center of city. Accessible to everything. Write Dr. Stanley M. Hunter, 204 Stack Bldg., cor. Fourth and Broadway.

“The medical man’s opinion about osteopathy is like my opinion of Chinese grammar.” — *Andrew T. Still.*

EDW. T. ABBOTT, D. O.,
 Chairman Program Committee,
 California Osteopathic Association,
 400 Black Building, Los Angeles.

MY DEAR DOCTOR: Believing there is no time like the present to do all things worth doing, I am filling out your questionnaire and sending it to you. Below you will find a list of subjects I would like on the program and person I should like to hear discuss the subject:

| <i>Subjects</i> | <i>Speakers</i> |
|-----------------|-----------------|
| 1..... | |
| 2..... | |
| 3..... | |
| 4..... | |
| 5..... | |

If possible, arrange the following clinics for me:

- 1.....
- 2.....
- 3.....

Yours for a rousing convention,

....., D. O.

A Contest for the Best Poised Chin

Another contest is being launched by The National League for the Prevention of Spinal Curvature, to be known as *The Best Poised Chin Contest*.

The League is emphasizing the fact that chin poise is merely a part of body poise, and that correct body poise means that the possessor must have a spinal column closely approaching perfection. This means that in determining the chin poise of the contestants a spinal examination will be necessary.

Forms to be used in recording the findings, and which give all information as to the examination, may be had by writing to the Journal of the American Osteopathic Association, 623 South Wabash Avenue, Chicago, Illinois.

The contest, which is open to the women of North America, will close May 8, 1924.

Spinal Curvature Week, the week of Monday, March 10, 1924, would be a good time to feature the contest, but any time before the closing date will do.

The League is not offering a prize this year, but this fact need not lessen interest in the contest, if state and local osteopathic societies do their part. These societies, by offering prizes, as many societies did last year, can create a great deal of interest in the contest.

The National League for the Prevention of Spinal Curvature

F. P. Millard, D. O., President A. G. Walmsley, D. O., Secretary

SENTENCED TO STERILIZATION

Man Who Attacks Two Girls First to Pay Penalty

The sterilization penalty for men convicted of brutal assault on children under 10 years of age, placed on the statute books of the State by the last General Assembly, was imposed for the first time in a local court yesterday. Joe Merkel, 40 years of age, who was convicted of attacking two young girls, one 9 and the other 7 years of age, was ordered to undergo the operation which will make him no longer a menace to society.

In addition he was sentenced to San Quentin for from one to fifty years on one statutory charge and from one to twenty-five years on another.

In imposing the sterilization penalty Judge Carlos Hardy, before whom Merkel was tried and convicted by a jury, declared that "in the opinion of the court, murder is oftentimes a mild offense in comparison with the offense of which you have been convicted."

"A peculiar thing," the court continued, "is the fact that beasts never commit on one another offenses which a human being sometimes will commit on another human being. It is only a man that can descend beneath the status of beasts. Our Legislature has been extremely lenient in cases of this kind. Down in the part of the country I came from, had you committed such an offense, you would never have gotten into a court to be tried. The court does not approve of that procedure. Slowly and surely we are

Start the day with a cupful of

VEGEX

Puts a keen edge on your appetite. Gives strength and vigor by supplying body and nerve-building food vitamins and mineral salts lacking from other foods. Buy it today at your druggist or grocer.

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Los Angeles**

DR. PIKE'S OSTEOPATHIC HEALTH RESORT

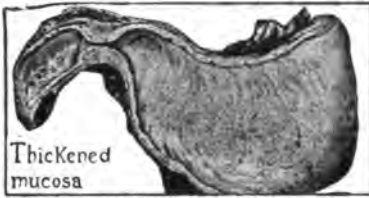
LOCATION—Wall Street, between Temple and Dakota Avenues, Long Beach, California.

DIRECTIONS—Autos take East Anaheim Boulevard to Temple Avenue, north to Wall Street; or take North Long Beach via East Long Beach car, and get off at Temple Station. From Los Angeles, take Newport car, get off at Temple Station.

ACCOMMODATIONS—A m p l e 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.

KIND OF CASES TREATED—Ear, Nose, Throat, Obstetric, also Constitutional, Digestive, and Nervous Disorders. E. R. A. Laboratory. TELEPHONE—Long Beach 317-130.

MAIL ADDRESS—Route 1, Box 820, Long Beach, California.

Thickened
mucosa

Pyloric stenosis

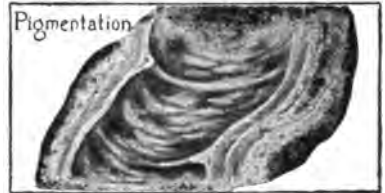


Duodenal ulcer



Pigmentation

Hemochromatosis (proctoscopic view)



Pigmentation

Hemochromatosis (rectal section)

LUBRICATION THERAPEUSIS IN GASTRO-INTESTINAL ULCERATIONS

A NOTED gastroenterologist points out that the first and last few feet of the gastro-intestinal tract are the regions where ulcerations most commonly occur. Ulcers of the esophagus, stomach and duodenum are fairly common, he states, but those of the jejunum and ilium are exceedingly rare. Ulcerations in the upper digestive tract are practically never multiple, while those occurring in the lower bowel are usually multiple. In fact, routine proctoscopic examinations by one of the leading gastroenterologists have shown that ulcerations of the large bowel are much more common than heretofore supposed.

As you know, laxatives and purgatives given in gastro-intestinal ulceration cases are often the cause of the chronicity of this condition or of hemorrhage and perforation and are there-

fore contra-indicated. Naturally, a high residue diet is also contra-indicated.

Hence, Nujol, the lubricant *par excellence*, is best adapted to corrective *intestinal drainage* in these cases. Whether the ulcers are in the esophagus, stomach, duodenum or colon, its action is protective, coating the ulcers and favoring healing. Nujol furthermore produces its effect *without peristaltic unrest*. Injected directly into the colon, as an enema, Nujol has a very noteworthy effect in healing the ulcerations.

Nujol, the ideal lubricant, is the therapeutic *common denominator* of all types of constipation. Microscopic examinations show that too high a viscosity fails to permeate hardened scybala. Too low a viscosity tends to produce seepage. Exhaustive clinical tests show the viscosity of Nujol to be physiologically correct and in accord with the opinion of leading medical authorities.

Nujol

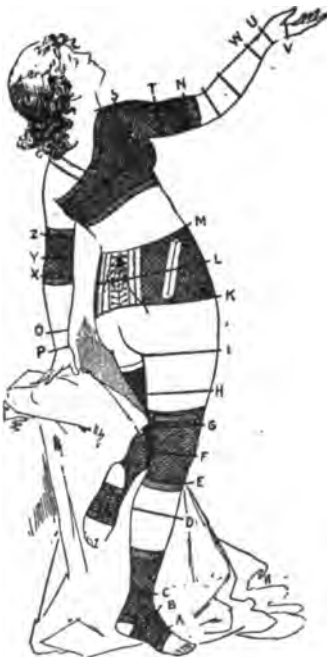
REG. U.S. PAT. OFF.

Guaranteed by NUJOL LABORATORIES, STANDARD OIL CO. (NEW JERSEY)

Elastic Hosiery

Abdominal Supporters

made to order from fresh, live rubber, by competent workmen, giving you a perfect fit and fresh durable goods.



KENISTON & ROOT

418 W. 6th St., Los Angeles, Cali.

advancing to where all such things come into a court of justice, and that is where they belong."—Los Angeles Times, November 21, 1923.

A BROAD FIELD

There are, no doubt, thousands of physicians who successfully operate an automobile without knowing exactly how the different mechanisms and electrical appliances concerned in its operation are co-ordinated and made to function efficiently. In his use of drugs, particularly those which possess dangerous as well as benign action, it is necessary for the doctor to know how and why the drug acts. But medicine is by no means, as yet, an exact science. Certain drugs or combinations of drugs seem to produce beneficial action and results which are not entirely explainable. Certain therapeutic agents are also employed by progressive doctors with success and satisfaction concerning whose physiologic action there is little to be said. Dionol is an example. That Dionol does act promptly and efficiently in overcoming local inflammation has been demonstrated by many thousands of doctors who use it constantly.

Clinically, Dionol demonstrates very conclusively that the claims made for it are entirely justified. When it is appreciated that almost all disease is accompanied or caused by local inflammation, it will at once appear what a broad field there is for the use of Dionol. The claims made for this product are based absolutely upon results.

The physician who has used Dionol knows and acknowledges its value. The physician who has not used Dionol has only to test it clinically

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PASADENA

to become convinced.

A sample and interesting literature, together with case reports, will be sent to any physician on request by The Dionol Company (Department 32), Detroit, Michigan.

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LABORATORY**

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Dr. Ann Perry Miss Irene Rule

All laboratory tests made,
Including Basal Metabolism

Specimens called for, or may be
sent thru mails

**LOS ANGELES GENERAL
HOSPITAL**

**Examination for Appointment to
Osteopathic Staff**

GENERAL MEDICINE

1. Discuss fever.
2. Discuss inflammation.
3. Discuss abdominal pain.
4. Discuss acute epidemic poliomyelitis.

SURGERY

1. Discuss shock.
2. Discuss acute abdomen.
3. Give and explain the surgical treatment for prolapsus of the bladder, uterus, and rectum secondary to perineal laceration.
4. Discuss fractures of the head and neck of the femur.

EYE, EAR, NOSE, AND THROAT

1. Discuss trachoma.
2. Discuss syphilis and tuberculosis of the upper respiratory tract.
3. Discuss sinusitis.
4. Discuss middle ear inflammation.

OBSTETRICS

1. Discuss eclampsia.
2. What are the relative merits of a Caesarian section, high forceps and podalic version?
3. Discuss infant mortality in the

DR. T. J. RUDDY OFFICES

301-302-303-304-305-306-307-308-309-310 BLACK BUILDING,
LOS ANGELES, CALIFORNIA

All Departments

GENERAL DEPARTMENT..... (Diagnostic Only)
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OPTICAL DEPARTMENT..... (Fitting and Supplying)
OTOLOGY DEPARTMENT..... (Including Equilibrium)
RHINOLOGY DEPARTMENT.... ("Finger Method," Etc.)
LARYNGOLOGY DEPARTMENT (Including Suspension Bronchoscopy)
DENTAL PATHOLOGY DEPT.... (Diagnostic Only)
DENTAL SURGERY DEPT..... (Conservative)
RADIOLOGY DEPARTMENT.... (Snook—Coolidge and Radium)
LABORATORY DEPARTMENT. (Tissue—Blood Chemistry—General Chemistry)
METABOLISM (BASAL) DEPT.. (Boothby—Tissot & Krogh—Haldane—
 Sanborn)

Every Department Head and Technician an Expert

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

first month of life.

4. Discuss malnutrition in a three-months-old infant.

I hear of a doctor who makes a specialty of the left arm pit.

And although I have never had any trouble with my left arm pit, or heard of anyone who had, this

man says neglect of that particular part of the body is responsible for many ills: rheumatism, auto-intoxication, biliousness—and, of course, cancer. Every doctor swings the cancer club in frightening people.

I can easily imagine this fellow founding a great theory, and attracting crowds of good paying patients,

In Accord With Osteopathic Principles

The osteopathic practitioner secures results by correcting perversions of normal conditions.

Local inflammation is either an accompaniment or a cause of a great majority of diseased conditions.

DIONOL is drugless. Dionol acts in accord with natural physiological principles to oppose and overcome local inflammation, reduce swelling, relieve congestion, soothe pain, promote repair.

HENCE, DIONOL SHOULD APPEAL POWERFULLY TO THE OSTEOPATH.

That it does is proven by its extensive use on the part of that profession.

DON'T TAKE ANYTHING FOR GRANTED, BUT TRY DIONOL.

Send for sample, literature, case reports, etc.

THE DIONOL COMPANY

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Detroit, Mich.

with his new theory. Old fellows who are worn out, and who cannot be helped, will hear of him, and give him a trial: Americans will try anything once, unfortunately.—*E. W. Howe's Monthly.*

Osteopathic patients planning a trip to Europe often ask their home doctor for the names of osteopaths practicing abroad. Patients visiting the Riviera may be referred to Dr. Jessie F. Streeter, who is located at the Hotel O'Connor, Nice, France.

IN DAYS OF YORE

Everybody drank from the told tin cup that hung on the town pump.

A roller towel in the hotel wash room accommodated all comers.

Two thousand people died in Illinois every year from typhoid fever.

The health officer's chief job was to inspect alleys and back yards for garbage and dead animals.

The state board of health existed principally for the purpose of examining and licensing physicians.

—*Illinois Health News.*

An Excellent Reconstructive

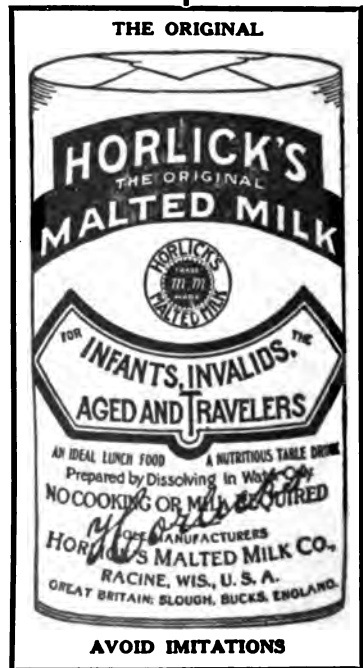
FOR

**Invalids and Convalescents
in Anaemia and Malnutrition,
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Disorders.**

Very palatable and agreeable to the patient. Employed successfully in many thousands of cases.

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Clinical
osteopathy
**THE WESTERN
OSTEOPATH**

IN THIS ISSUE:

RECENT ADVANCES IN PSYCHIATRY
NEW OSTEOPATHIC HOSPITALS
HANDS OFF!
MEDICAL LEGISLATION
WHAT PEOPLE THINK OF THE DOCTORS
OSTEOPATHIC NEWS



DECEMBER, 1923

THE WESTERN OSTEOPATH

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at Los Angeles, California, under the act of March 3, 1879.

A GROWING INSTITUTION

The total registration of new students this fall was eighty-eight, which more than doubled the number of students in the College. This augurs well for the future of the institution.

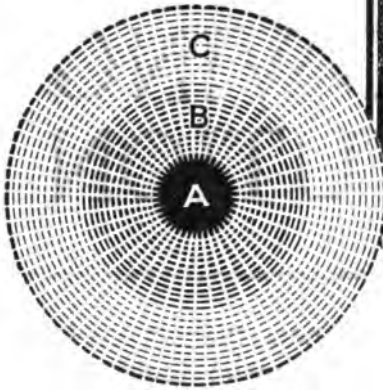
The unlimited facilities are being rapidly developed both in the undergraduate and post-graduate instruction. Some departments, such as obstetrics, offer greater opportunities than can be found in most Class A medical schools.

Opportunities equally great in other departments will shortly be developed and organized.

Freshman and sub-freshman classes will not be admitted in January, but at the beginning of the spring quarter in April. Advanced students may enter at any quarter.

College of Osteopathic Physicians and Surgeons

721 South Griffin Avenue
Los Angeles



Antiphlogistine poultice, some hours after application to inflamed area. Centre is moist, where exudate has been drawn from the congested tissues. Periphery, covering normal surrounding tissues virtually dry.

This chart shows the Osmotic action of Antiphlogistine

DIAGRAM represents inflamed area. In zone "C" blood is flowing freely through underlying vessels. This forms a current away from the Antiphlogistine whose liquid contents therefore, follow the line of least resistance and enter the circulation through the physical process of endosmosis.

In zone "A" there is stasis, no current tending to overcome Antiphlogistine's hygroscopic property. The line of least resistance for the liquid exudate is therefore in the direction of the Antiphlogistine. In obedience to the same law, exosmosis is going on in this zone, and the excess of moisture is thus accounted for.

Antiphlogistine generates and retains heat upwards to 24 hours

Due to the chemical reaction which goes on during Osmosis between the

c. p. glycerine of Antiphlogistine and the water of the tissues, Antiphlogistine keeps up a steady heat generation.

This sustained heat is invaluable; relieving congestion by increasing superficial circulation, stimulating the cutaneous reflexes, and causing contraction of the deep-seated blood vessels.

Used by hundreds of thousands of physicians the world over.

Antiphlogistine stands alone as a non-toxic, non-irritant abstractor of fluid exudates in superficial inflammations. It relieves deep-seated congestion by inducing superficial hyperemia, through its inherent hygroscopic property, and without irritation.

Let us send you our free booklet "The Pneumonic Lung." Address The Denver Chemical Company, Dept. A, New York, U. S. A. Branches: London, Sydney, Berlin, Paris, Buenos Aires, Barcelona, Montreal.



Antiphlogistine
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"Promotes Osmosis"

Bunting's Book on Advertising Laws Used by the Colleges

It should give the osteopathic practitioner satisfaction to realize that the man who founded osteopathic publicity 25 years ago is recognized nationally as an advertising expert. His discovery and successful formulation of the laws of advertising are attested by leading colleges and universities which use the Bunting books as text and reference works.

Up at Dartmouth College in the snow-covered hills of New Hampshire they have a celebrated Post Graduate School of Business that is open to none but men of college training. It gives a thorough course in advertising.

Professor Harlow S. Person, Director of Advertising in this Amos Tuck School of Administration and Finance at Dartmouth, paid this fine tribute to one of Bunting's four books:

"I used your book, The Elementary Laws of Advertising, during the past year in connection with instruction in the fundamental principles of advertising. I did not use it as a text in the sense that I required students to purchase it. I myself presented to my class for discussion the laws as developed and stated by yourself. On the whole, I wish to say that I have found no where a more satisfactory general statement of the fundamental laws pertaining to the problem of advertising. Your book has been of great assistance in instruction."

If such testimony increases your confidence in the ability of Bunting to give you advertising service of unique power—expert service in a class by itself—you should write him concerning your publicity problem and learn what his Standard Campaign for \$25 a month will accomplish for you.

Bunting Advertising Service Waukegan, Illinois

P. S. The above book will be sent to any osteopathic physician for one dollar.



AMERICAN SCHOOL OF OSTEOPATHY, KIRKSVILLE, MO.

THE WESTERN OSTEOPATH

Published by the
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Vol. 18

MARCH, 1924

No. 9

THE IMPORTANCE OF SOFT TISSUE TECHNIQUE

By F. O. EDWARDS, D.O.

Garden City Bank Building, San Jose, California

(Paper presented at convention of California Osteopathic Association, June, 1923.)

What part of the average osteopathic treatment is devoted to the soft tissues? Shall we say one-half? Perhaps three-fourths would be a better estimate.

Now I am not pleading for more soft tissue treatment. We have enough of that, such as it is. What I would urge is more specific technique.

In securing and maintaining proper relations of the bones so much depends on the condition of the soft tissues that treatment of these tissues necessarily constitutes an important part of corrective treatment. In many cases nothing more is needed, and yet perhaps all of us are, or have been, guilty of more or less aimless kneading of the superficial anatomy.

Soft tissue treatment may be and should be just as specific and definite as adjustive treatment. To be sure, much is accomplished by general routine soft tissue treatment which is given without any definite object in view. The neck, for example, requires a great deal of muscle work; but we have known of osteopaths giving it so much manipulation that we are sometimes accused of not getting below the collar.

The muscles of the back and abdomen should not be neglected; neither should they receive an excessive amount of attention. Why not save time and energy by being more specific?

Members of our profession have developed very definite and effective soft tissue technique, but have we mastered it? For instance: Dr. Ruddy's eye and nose technique, Dr. J. D. Edwards' nose and throat technique, Dr. Reid's ear technique, Dr. Holcomb's bowel technique, Dr. Forbes' liver technique, specific stretching and relaxing of muscles of neck and back and for draining stagnant fluids, are all definite, specific and effective.

Dr. Charles Spencer has described the pathology and demonstrated his technique for treating lame shoulders and knees so many times that of late he apologizes for repeating. He always has large and attentive audiences, and yet I wonder how many are using his technique to the satisfaction of their patients and themselves. I must confess that until I became the patient, with Doctor Spencer as the technician, I did not get his shoulder technique. For nearly 20 years I had suffered at

intervals with tenositis of the shoulder. Dr. Spencer gave me more permanent relief in that one treatment than all the other treatments I had ever had for that condition. Since learning his technique I have treated a great many lame shoulders, with results that have been entirely satisfactory.

In the soft tissues about the hip we find a condition similar to that found in the lame shoulder. So far as I know this has not been emphasized or described either in our literature or before a body of osteopaths. In the chronic conditions we find adhesive bands, or adhesions of the rotator muscles of the hip, especially the gluteus medius and the pyramiformis, which lie just above the great trochanter. In many of these cases we get a definite history of injury or inflammation from some other cause. This has been followed by inflammatory exudate and later by formation of scar tissue, which is nature's splint for protection and limitation of movement. After the acute stage there is no further need for this scar tissue. It restricts motion, obstructs the flow of blood and lymph, and often brings direct pressure on nerve trunks, thereby producing a pressure neuritis.

Nature has no way of ridding herself of scar tissue which has served its purpose as a splint and is no longer needed. Therefore, it should be broken down, or stretched by passive exercise, or by other methods.

I find a very effective method is by pressure with the forearm and elbow, or the heel of the hand, or the thumb. The tissues most affected are usually located between

the great trochanter and crest of the ilium. These tissues become hypersensitive and tense. The pressure should be applied firmly and held at a definite steady pressure, depending upon the patient's endurance, for about 10 seconds. Remove the pressure gradually and apply again in a slightly different place. Ten minutes of this is usually sufficient to relieve practically all of the pain or discomfort, even in cases of long standing. The pain or discomfort, however, will recur again in a few hours or days. Five to ten treatments will cure most of the chronic cases.

The acute cases require a longer and less severe treatment, the object being to drain away the stagnant lymph in addition to stretching any old adhesions that may be present. One or two treatments will give permanent relief in many of the acute cases, while others are more obstinate. The diagnosis is so simple, the treatment so easily given, and results so satisfactory, that these cases should not be neglected. Any osteopath who will test every one of his patients (each patient requires but a minute or two) will be surprised at the number of lame hips brought to light. In the past six weeks I have found twenty-one of them. Many cases of this kind are being treated for slipped innominate, or tilted pelvis. Others have become resigned to the "rheumatism in the hip" and cease to mention it to their physicians.

The condition I have described in the hip is but an example of the pathology that occurs in other soft tissues, not only in the tendons and

skeletal muscles, but also, as Dr. Holcomb and others have demonstrated, among the visceral structures. Obviously, the principle involved in the treatment would be the same in all cases, namely, relieve the tension and pressure of scar tissue, except, of course, in cases where nature's splint is serving a useful

purpose.

Thorough examination and diagnosis followed by specific treatment is a "consummation devoutly to be wished." By specific treatment I do not mean a treatment lasting three minutes or five minutes, but a treatment every movement of which has a definite object in view.

ROENTGENOTHERAPY FOR HYPERTROPHIED GLANDS

BY HERMON E. BEGKWITH, D.O.
357 South Hill Street, Los Angeles

(Paper presented at convention of California Osteopathic Association, June, 1923.)

As far as the finer details are concerned, the effects of the X-rays on the normal and abnormal tissues of the body still constitute a matter of some controversy. The clinical effects, however, have been carefully studied.

There are at times certain indirect effects produced in the system at some distance from the area exposed to the Roentgen ray. These indirect effects are apparently an intoxication due to the absorption of abnormal products of metabolism from the area exposed.

The main action of the rays, however, is purely local, and only those tissues directly in their path are affected. The local effects on the tissues may be stated as follows:

- (a) All cells in the direct path of the ray are affected.
- (b) Actively dividing cells are more sensitive than resting cells.
- (c) Resting cells which have become dehydrated are especially resistant.
- (d) The nearer the cell approaches the embryonic state the greater the effect of the rays.

- (e) Roentgen rays are not selective in action. As stated under (a), all cells are affected. Normal cells are more resistant than pathologic cells.
- (f) As a general rule, the lymphocytes of the normal blood are diminished, while the polymorphonuclear leucocytes are relatively increased.
- (g) The secretory activity of all glands is lessened by exposure to the rays.

In the breaking up of the tissue cells after exposure to the ray, the nucleus is the first part of the cell to break up. This is followed by the cytoplasm. With an abnormal accumulation of nucleins care must be taken to guard against a severe toxic reaction, which might prove fatal.

Before the normal tissue cells (such as muscle and nerve) are affected, the gland cells, lymphatics, and white blood corpuscles are the first to feel the effects of radiation.

As for the dose, it must be remembered that small doses will often stimulate tissue cells, and there are pathological conditions—goiter, for

example—where this will do harm.

With these brief preliminary notes on the general effects of radiation in mind, we can better understand the effects of radiation on hypertrophied glands.

In lymphatic leukemia there is an enlargement of the lymphatic glands, particularly the cervical and axillary ones, and also an increase in the number of small lymphocytes. As we have already noted, the lymphocytes of the blood were diminished in number under radiation. In this disease the radiation of the enlarged lymph gland and of the long bones seems to be the best form of therapy yet discovered. There are a few cases that have been reported as cured. Under Roentgenotherapy the life of the patient is evidently prolonged, even though complete cure does not always result. This disease illustrates the point that small doses stimulate diseased tissues, while overdoses are likely to prove toxic and may even be fatal.

In the splenic type of leukemia the rays are also applied to the splenic area. So far, it can be said that the X-ray treatment of the leukemias gives very satisfactory results, as compared to the treatment by benzol and surgery. In some cases which receive regular treatment continued from time to time for months or even years, the results have proved very lasting.

In lymphadenoma, or Hodgkin's disease, the response to radiation is more marked than in the leukemias. In this disease again the treatment must be kept up from time to time for years, and, even then, the disease sooner or later manifests itself, and

the second and subsequent attacks are generally less amenable to the radiations.

In the treatment of hypertrophied prostate gland, there is a difference of opinion, but as a general rule the difference is between those doing surgery and those who are doing X-ray work to some extent. We believe we can safely say, however, that radiotherapy presents less inconvenience and risk than does surgery, and is absolutely painless. There is no risk of infection, no hemorrhage, and no mutilation. It has been my experience that functional improvement soon follows and the more cheerful outlook which this produces has its effect upon the progress of the case.

Because of the simplicity and the efficaciousness of radiation as a treatment, I believe it should always be employed before surgical intervention. I have found that the acute case of prostatitis does not respond so readily, but after the inflammation is reduced the radiation treatment usually gives wonderful relief. There are some cases where the fibrous tissue of the gland is so great that the response to radiation is slow and sometimes slight. These cases must look to surgery as a last resort.

Recent medical literature has been full of the subject of X-ray treatment of hypertrophied tonsils. Ever since Witherbee reported his success in tonsil radiations, almost every roentgenologist has been trying it. The results reported vary from good to doubtful. It has been my experience that tonsils which are markedly fibroid do not readily respond to this treatment. Better results are ob-

tained with tonsils which are largely cellular in type, and those with a large amount of lymphoid tissue. As time goes on it may be that improved technique will help us to accomplish more. My present belief is that tonsils which are enlarged and accompanied by adenoid growth had better be sent to the surgeon. Parenthetically, it might be brought to your attention that even the hard fibrous type will show a marked improvement in the color and cleanliness of the crypts after a few treatments.

The last gland which we will consider is the thyroid. There are three general types of goiter as given by Plummer: colloid, adenomatous, and exophthalmic. The first of these types, the colloid, is ruled out as far as X-ray treatment is concerned. The second and third types, the adenomatous, and the exophthalmic, are two types that respond to radiations, sometimes almost miraculously. Personally, I am enthusiastic over the X-ray treatment of all exophthalmic goiters. I have seen some remarkable results. I have had cases where after the first treatment the pulse rate and nervous symptoms have been greatly reduced. In fact, so far—and I have treated a considerable number—I have not had one case that has not responded to the X-ray treatments. Many

radiologists have reported complete cures, as far as symptoms and laboratory tests can determine.

There are several important reasons why every case of exophthalmic goiter should receive radiation treatment to the exclusion of surgery. There are no fatalities, no scars, no pain, no interference with the occupation, and little inconvenience to the patient. And after this form of treatment, if it is unsuccessful, an operation may still be performed.

In a recent discussion, Dr. Johnson (M.D.) before the Royal Society of Medicine in London made the following statements:

"I have had patients so ill that they have had to be brought in on stretchers, yet within a fortnight they could walk. X-ray should be given a trial in even apparently hopeless cases.

"An X-ray bulb is a more subtle weapon than the surgeon's knife and demands equal skill and experience for its proper handling.

"X-ray treatment in Graves' disease is in no sense an alternative, much less a rival of surgery."

Many other surgeons and radiologists could be quoted in even stronger statements. I believe and believe firmly that no case of exophthalmic goiter should be operated upon until the patient has had a fair chance under a skilled radiologist.

IN THE NEXT ISSUE

"The Peril of Narcotics"

The First of Two Articles by
 Capt. Richmond P. Hobson

President of the International Narcotic Education Association

RHEUMATIC INFECTIONS

By RICHARD A. SCHAUB, D. O.

318 La Casa Grande Building, Pasadena, California

Acute rheumatic fever has been defined as an acute, infectious, febrile, non-contagious disease, characterized chiefly by an acute inflammation of the synovial membranes and adjacent tissues of the joints of the extremities, with a marked tendency toward involvement of the heart.

There is no question of the propriety of classifying acute rheumatic fever as a definite clinical entity, but the development in the bacteriological studies in the last few years have produced grave doubts whether this is a separate disease. It has long been recognized that there is a close relationship between both acute and chronic rheumatism and endocarditis, tonsillitis, chorea, erythema nodosum, and other conditions.

It is well, then, to take up the cause of rheumatism and the bacteriological studies of the cause.

In 1900, Poynton and Pynes isolated an organism which they called the *Diplococcus rheumaticus*, and which they believed to be the cause of rheumatism or acute rheumatic fever. The diplococcus was a member of the streptococcus group and could not be distinguished either morphologically or culturally from the ordinary streptococcus.

Recently, Rosenow carried out a large number of studies with the streptococcus group and apparently he has been able to show that under proper conditions transmutations, or the changing from one form to another, have occurred among this group. Furthermore, he has been able

to demonstrate that strains of these organisms may exhibit a remarkable affinity for certain organs and tissues.

In all of these kindred conditions of rheumatic fever the focus of infection is in the tonsil and in the tooth socket. Rosenow, with his special technique and precautions, has been able to reproduce in animals the lesions found in patients by inoculating the animals with a culture made from tonsils and teeth; and cultures from these lesions in the animals have yielded streptococci. The results have been remarkably constant in a large series of cases and conditions, among which are [articular] and muscular rheumatism, endocarditis, gastric ulcer, appendicitis, herpes zoster, erythema nodosum, chorea, and cholecystitis.

From Rosenow's experiments, and the results therefrom has been evolved this theory. In the tonsil and in the tooth socket, transmutations take place whereby there are developed strains of streptococci, which have special affinities. From time to time certain of these organisms reach the blood stream, and under certain conditions of susceptibility, attack the organs for which they have an affinity and produce disease.

On the basis of Rosenow's theory, which is widely accepted, rheumatism becomes a single manifestation of an almost universal process and cannot be accepted as a separate disease.

If we accept this theory, our definition of rheumatic fever or rheumatism must be changed. Perhaps it is more

correct to say that acute rheumatic fever is an infectious disease, due to a member of the streptococcus group, which has a special affinity for the synovial membranes of the joints of the extremities, slightly less affinity for the endocardium, myocardium, and pericardium and a distinctly less affinity for the tonsils, muscles, and nervous system.

Occurrence of Rheumatism

Acute rheumatic fever occurs chiefly in the temperate zone. It is most common in the cool damp months of the year, and its incidence is largely influenced by exposure to cold and dampness.

The arthritic type of rheumatism is rare in children under five years, and does not occur in infancy. That the transmission of the streptococcus, though, in children of this age, is very prevalent, is indicated by the experiments and the observations of Dr. P. Dudley White of Boston. Dr. White in 1922-23 investigated 1000 families of the poor foreign class near Boston. In families of ten to twelve, ranging from the ages of 3 to 20 years, he found that invariably six to eight of the family would have the disease, either of the arthritic or non-arthritic form. From this it is evident that rheumatism is a family disease, and its transmission is by family association, filial contact and domestic felicity. Dr. White has also shown that heredity plays no part in rheumatism, but, as in tuberculosis, predisposes the child to the disease. The largest proportion of cases of the arthritic type is between the ages of 25 and 35. If there are symptoms simulating this disease after 45 years the cause is probably not rheumatism, but something else.

Pathology

The tissue changes of rheumatic fever are not pathognomonic of the disease. There is hyperemia and swelling of the synovial membranes of the affected joints and effusion of fluid into the joint cavity. The fluid is turbid and contains some leucocytes and a few flakes of fibrin, but rarely goes on to the formation of pus. Cultures made from the fluid during the first two or three days may yield streptococci. Later they are usually sterile.

Symptoms

The onset may be sudden or gradual. There may or may not be any premonitory symptoms of an indefinite sort. Not infrequently an attack may be preceded by an attack of tonsillitis. The onset may be so sudden that the patient may be awakened by pain in the affected joint. There is a rapid development of pain, swelling, and redness in one of the joints, especially one of the larger joints. This is accompanied by a rise in temperature, which may reach 103° or 104°. On examination, the joint is seen to be swollen, dusky red, and held fixed in one position. Active and passive motion is extremely painful, and the joint is hot and exquisitely tender, so that the patient is unable to bear the weight of the bedclothes upon it. There may be more or less edema about the joint and there is an increase of fluid in the joint. There is apt to be a profuse secretion of highly acid sweat. After a few days the temperature subsides and the local symptoms clear up, only to appear in another joint. In this way several of the joints may be affected in succession. The sternoclavicular

(Continued on Page 39)

ILLINOIS LAW DISCRIMINATING AGAINST OSTEOPATHS DECLARED UNCONSTITUTIONAL BY STATE SUPREME COURT

The Illinois law which required graduate osteopaths to graduate from a medical college before being licensed to practice surgery has been declared unconstitutional by the Illinois Supreme Court. Mr. Justice Duncan delivered the opinion of the court, from which we quote the closing paragraphs:

"We think there can be no question whatever that this statute discriminates against appellant as an osteopathic physician and in favor of the graduates of the medical school, as contended by him. It requires him or a graduate of his school, after spending four years in such graduation, to continue his college education for a further time, and perhaps four years longer, until he has become a graduate of a medical school, before he can even be permitted to be examined for license to practice osteopathy and surgery, while a graduate of a medical college is permitted, without further study, to practice medicine and surgery.

"In the second place, he is required to study the therapeutics of the allopaths or other medical schools which he does not desire to use in his practice, before he can practice osteopathy and surgery, while the graduate of a medical school is not required to graduate in osteopathy or to study osteopathic therapeutics, and yet he may be licensed to practice, and may practice, osteopathy.

"In the third place, if an osteopath attends a medical college for the pur-

pose of graduation, the probabilities are that he will be required to repeat in the medical college the study of all those subjects, including surgery, midwifery and gynecology, and all the other studies that we have above enumerated as having been passed by him in his own school, before he can begin the practice of surgery.

"The very great prejudice existing among many physicians of the medical schools against the osteopaths, and of the osteopaths against those of the medical schools, is well known. This statute recognizes both systems as meritorious because it allows both to treat human ailments according to their system, and it discriminates against the osteopath and seems to place the examinations of osteopaths to practice osteopathy entirely at the will and discretion of a medical board, as no one other than those educated in the medical system are qualified, under the act, to conduct the examinations provided for by it. This statute, therefore, tends to deprive the osteopaths of their constitutional right to practice surgery who are, so far as this record shows, just as efficient and as well prepared by college and hospital training to practice surgery as are the physicians of the medical schools. The act is therefore void.

"We are only concerned with the question whether this act is unconstitutional by reasons of unlawful discrimination, as charged. As we have previously said in other cases, we have no leaning for or against either system

or either practitioner. It has been demonstrated over and over again that there is merit in both systems, and neither should be unjustly penalized by statutes which permit unlawful discrimination.

"This statute is in contravention of the fourteenth amendment of the Federal Constitution, which provides that no state shall make or enforce any law which shall abridge the privileges or immunities of citizens of the United States, nor shall any state deprive any person of life, liberty or property without due process of law, nor deny to any person within its jurisdiction the equal protection of the law.

"It also violates the provisions of our bill of rights that no person shall be deprived of life, liberty or property without due process of law, and that no law impairing the obligation of contracts or making any irrevocable grant of special privileges or immunities shall be passed.

"In the passage of this statute the legislature evidently overlooked the fact that it discriminates against osteopaths, as already shown.

"It is a fundamental principle of this government that its people have the right to make constitutions that will guard them against the tyranny of statutes that permit unlawful discrimination, however innocently or inadvertently made, and courts are required to regard their constitutional oaths and declare every such statute void when it conclusively appears that such act is unconstitutional.

"For the foregoing reasons the judgment of the municipal court is reversed."

PERTINENT POINTS FROM THE PRESIDENT'S PEN

It pleases me much to have so many new applications to sign. In proportion to the number of licensed osteopaths, the membership of the Association has been entirely too small. Here is a chance for you as an individual member to render a real service to our organization. Step across the hall, go downstairs or call on the telephone a non-member fellow practitioner, arrange a luncheon engagement or make an appointment with him, and explain the advantages of being a member of the Association, as well as the responsibility that he should realize he owes to his profession in supporting its activities. Let him know it is due to organized osteopathy that he owes his legal standing in the state. Think what it would mean if every member would get a new member! We want new blood and good blood in our organized work, and we are getting it. Try your efforts at a blood infusion on the state Association.

Take heed of the appeal to swell our legal fund. We have our legal independence and we must keep it. There are many angles to the situation and our well-meaning but overzealous medical contemporaries are overlooking no angles to place osteopathy in disrepute.

Visitations: During the past month your president attended meetings at Santa Barbara, Long Beach, Los Angeles and Monrovia. The Santa Barbara Society's clinic plan is real constructive work for the community and a boost for osteopathy. Such things are hard work and require personal sacrifice, but pay big returns in many

ways. The Long Beach people have the same hospitality which they displayed at our last state convention. They have some excellent individual members doing splendid work. It is hard to keep from mentioning personalities, and I do want to congratulate President Collinge of the Los Angeles Society, as well as his co-workers, on the excellent meetings they are having. Monrovia is facing a problem that may be acute in your own locality at any time, namely, the hospital situation. It is most gratifying to see a small group of D. O.'s commanding this situation in a town of eleven thousand population. Somewhere they must have read that taxation without representation is unjust. They are anxious and willing to get behind the community hospital, but are making the effort now and establishing their admission to this hospital in a legal way before the foundation is placed.

ERNEST G. BASHOR, *President,*
California Osteopathic Association.

REVISE CONSTITUTION AND BY-LAWS

Changed conditions having made necessary a revision of the present Constitution and By-Laws of the California Osteopathic Association, President Bashor has appointed Dr. Chas. H. Spencer chairman of a committee to consider the matter and make recommendations to the Executive Committee. Members of the Association are invited to send suggestions to Dr. Spencer. A copy of the present Constitution and By-Laws will be sent on receipt of request addressed to the Secretary-Treasurer at 799 Kensington Road, Los Angeles.

"How come, brudder," asked the preacher, "dat when I talks about watermelon stealing yo' all snaps yo' fingers?"

"Nothin' 'tall, pahson, nothin' 'tall. I just happened to 'member where I left mah knife."—*Pharmaceutical Advance.*



MUNICIPAL AUDITORIUM, OAKLAND

One of the Points of Interest in the City Where the 1924 Convention
of the California Osteopathic Association Will Be Held

THE FOOD QUESTION

Rational Diet

An Advanced Treatise on the Food Question. By Otto Carqué. Octavo, 540 pages, art buckram. The Times-Mirror Press, Los Angeles, 1923. Price \$5.00.

There can be little doubt that faulty nutrition plays a part in the etiology of many ills. Conclusive proof has been obtained that beriberi and scurvy are largely if not wholly due to dietetic deficiency. In view of this fact, we are more ready to admit that improper eating may be a predisposing cause in other diseases.

The present work is the fruition of thirty years of study and research on the subject of diet and health. The author believes that "despite the unprecedented material progress of mankind during the past generation, there still remains one great obstacle to the general advancement of human welfare and happiness. It is the almost appalling ignorance of the average individual regarding the laws of his being." For this ignorance the curricula of our public schools are in no small measure responsible.

"It is never too late to mend" is a time-worn aphorism, but it is none the less true. He who will read carefully

this book by Mr. Carqué will obtain a knowledge of nutrition which unquestionably will help him to keep well and may even prolong his life. Following chapters on proteins, fats, carbohydrates and the organic acids, the book takes up the subject of the organic mineral elements or organic salts, which Mr. Carqué calls "the missing link in dietetics." He regards these salts as the building stones of the body, and shows that the vitamins are active only in their presence.

The book describes the various fruits of the temperate and tropical zones, also the nuts, vegetables, cereals and other food products. In this connection there are a number of excellent photographic reproductions. Other subjects dealt with are dehydration, "the new agriculture," adulteration of food and drink, stimulants and narcotics, faulty nutrition and disease, and regeneration through diet.

There is an appendix of tables of food analyses, giving complete analyses of over 200 food products, showing the amount of the various organic salts in 1000 parts of the water-free substance. The book closes with a bibliography and an index.

IN THE NEXT ISSUE

"Protective Muscle Splinting of the Spinal Column"

Illustrated with Reproductions of X-Ray Plates

By Dain L. Tasker, D. O.

BETTER FEET TO IMPROVE PERSONAL EFFICIENCY

BY H. R. BYNUM, D. O.

1317 Madison Avenue, Memphis, Tennessee.

The National Foot League was organized for the purpose of carrying on a campaign of education on the proper care of the feet and prevention of foot troubles as national economic necessities.

Viewed from the standpoint of mechanics, the feet are the most wonderful part of the body, yet very little specific advice or direction has been given as to their proper care, and each year finds a greater number of people below the normal standard of efficiency, due to bad foot conditions. The time is coming when industrial concerns will examine workers for foot troubles as a measure of individual efficiency, essential to produce satisfactory dividends on payroll investment.

As I view the proposition, there are two ways open: either a resignation to a continuation of existing conditions, admittedly growing worse, or a campaign of education to correct as far as possible the damage already done to the adult population, and to prevent similar misfortune to the coming generations. So it is our aim to establish clinics where children may receive expert treatment and advice.

Establishing Clinics

When any city has as many as 500 lay members of the National Foot League, we will put on a dignified campaign without cost to the local members of the profession through the news columns of the daily newspapers, through moving picture films showing a model clinic in operation,

through addresses by prominent speakers, through radio broadcasting, and by the use of 5000 to 10,000 copies of the National Foot League Journal, with special added features for each particular city.

When this clinic is established, the staff and governing board (which we suggest should be made up from prominent club, social and church workers) is under control and management of the members of the profession in that city. The clinic will be the clearing house for that city.

A clinic in every city will enhance the public conception of what our profession stands for, and make each member of the profession a bigger man in the feeling that he is connected with such an organization.

During the campaign it is our purpose to provide facilities for the examination of school children for foot defects. The possibilities of this opportunity are beyond calculation.

League Membership

The National Foot League must be put over on a big scale if it is to realize the greatest measure of benefit to you, to osteopathy and to the public. To accomplish these results, a large membership is necessary; and to put the League on an efficient workable basis it is essential that we have as near a 100 per cent co-operation as possible. Every member of the profession will receive a prospectus of The National Foot League Journal, showing the high-class contents of the coming issue and full de-

tails of the publicity plan, outlining the benefits that are possible to you through your co-operation in this movement.

Official Journal

The National Foot League Journal will be devoted not only to the science of foot health and comfort, but to health building in general according to the osteopathic concept, and will begin publication in May. It will be

unique, attractive in appearance and will cover a new and interesting field and will gain instant attention from those receiving it. The journal will not be sold in bulk, as this field is well covered by other good publications. The prospectus to be mailed to you will give the plan of distribution.

Prizes to Be Given

In order to stimulate the greatest

California Osteopathic Association

TWENTY-THIRD ANNUAL

CONVENTION



OAKLAND

June 24 - 25 - 26 - 27 - 28, 1924

Mark the dates on your calendar

possible interest in this movement, a number of valuable prizes will be given under the auspices of each unit of the National Foot League Clinic and to be paid for by the National Foot League.

First Prize: A full four-year course in any of the osteopathic colleges, which the winner may select, for the best essay on osteopathy. This prize is offered each year by the League, and delivered under the auspices of each clinic.

Second Prize: \$100 will be given for the best essay on the proper care of the feet, and prevention of foot trouble as a means of conserving individual efficiency. Delivered through each unit of the clinic each year.

Third Prize: \$50 for the most perfect foot of a woman.

Fourth Prize: \$50 for the most perfect foot of a man.

These are merely outlines of what each clinic has at its command each year, as a means of stimulating interest.

Rules of these contests and full details of the plan will be announced as each city becomes eligible for participation.

The plan has been thoroughly worked out from every angle and every feature carefully weighed, and if we can have the earnest co-operation of the members of the profession this can all be accomplished.

When you receive the forthcoming prospectus, examine every feature carefully and if you believe we have a plan worthy of consideration, cooperate with us in the same spirit that led to the formulation of the plan.



**Two Million Dollar City Hall
Oakland, Calif.**

CLASS MEETING

The class of June, 1900, A. S. O., will hold a meeting at the time of the A. O. A. convention in Kirksville.

Physicians have found Calso Water so delightfully refreshing that many use it in their homes as a table water. Calso Water is made of distilled water and chemically pure salts, of the kinds normally present in the body. It has a pleasant taste, yet is rich in calcium and magnesium, to which elements the water owes much of its excellent therapeutic effect.

The instructions said: Add silver nitrate and agitate.

So the dumbbell (which, being interpreted, is Freshie) added the AgNO_3 and then started a search for the bottle of agitate of silver.—*Pharmacial Advance.*

Washington Osteopathic Association

DR. L. H. WALKER, Ellensburg.....*President*
 DR. HENRIETTA CROFTON, Seattle....*First Vice-President*
 DR. E. A. ARCHER, Pullman.....*Second Vice-President*
 DR. H. F. MORSE, Wematehee.....*Treasurer*
 DR. CLARENCE B. UTTERBACK, Tacoma.....*Secretary*
 DR. W. T. THOMAS, Tacoma.....*Trustee*
 DR. A. B. CUNNINGHAM, Seattle.....*Trustee*

The Yakima Valley Osteopathic Society held its regular monthly meeting at the home of Drs. A. B. and Evangeline Howick on February 16. After partaking of a delicious chicken dinner, the meeting was called to order and the annual election of officers was held, which resulted in the election of the following:

Dr. C. A. Hughes, Yakima, president; Dr. Evangeline Howick, Yakima, first vice-president; Dr. W. S. Holt, Yakima, second vice-president; Dr. Verne Holt, Yakima, secretary-treasurer.

Dr. Evangeline Howick was named chairman of the Program Committee. Dr. R. J. Lockwood of Yakima and Dr. Marie Lord of Prosser were named on the Publicity Committee. Round table discussions of proceeding papers read at meetings followed in charge of Dr. Bloxham of Sunnyside. There were eighteen present.

(This chicken dinner reminds us of the breakfast that was given two years ago at the convention. Sec.)

The following osteopathic physicians were licensed in Washington at the January meeting of the Examining Committee: Arthur Becker, Kirkville; Cale Hopkins, Olympia; Robert Imbrie, Hillsboro, Oregon; Max M. Lattig, Longview;

A. A. Lippincott, Tacoma; Andrew McCauley, Idaho Falls, Idaho; L. M. Rheem, Seattle; H. W. Sachs, Olympia; Harriet Sears, Ontario, Oregon; Leroy Smith, Aberdeen; Paul C. Van De Voort, New Orleans; Walter G. Thwait, Kirkville.

Dr. William Stryker of Longbranch, Wash., former Oregon state president, was a Tacoma visitor February 14. "Bill" is interested in growing flowers at the Joemma Flower Farm.

Men and women who succeed
 Have faith in themselves—
 Faith in their ability,
 Faith in the work
 In which they are engaged.
 And faith in those they
 Meet in their daily lives.

(Let's have more faith in our profession and not depend too much on a machine to do what we should with our hands.)

There are many matters of vital interest coming up before our state meeting June 20-21. You will be needed.

The following expect to attend the national convention at Kirkville: Drs. J. W. Kaylor, George V. Lyda, A. M. Agee, A. B. Ford, J. E. Hodson.

Dr. Claude H. Snyder has announced the opening of his office at 201 Follmer-Rhodes Building, Palo Alto, California.

Our delegates to the A. O. A. convention at Kirksville this year are Dr. A. B. Ford of Seattle and Dr. J. E. Hodson of Spokane. We are sure to be represented well at the Osteopathic Jubilee. If you have any items or matters of interest you think should be brought up at the convention, be sure to get in communication with the delegates.

Should "fakers" use osteopathic literature? Are the non-licensed, so-called osteopaths in this state fakers? Shall we ask the publishers to discontinue the service? These and many more interesting subjects on which you will want a voice will come up at the state convention June 20-21.

Art. 7, Sec. 2.: "The year shall begin with June 1, when all dues shall become payable, and must be paid by the time of the annual meeting or stand suspended.

Sec. 3.: "No suspended member shall hold office, vote or participate in the proceedings of the association, nor be entitled to the benefits of its protection."—*From the By-Laws.*

Dr. W. T. Thomas reports many new applications coming in, both from recent graduates and older practitioners.

Dr. A. B. Ford gave a talk on "Reflexes of the Lower Segments of the Spine" before the Pierce County

Osteopathic Society at the regular monthly meeting Tuesday, March 11, at the Olympos Hotel.

Remember that we have election of officers at every state meeting, and this one is no exception. Begin to think who you want for your officers for the coming year. "Polly Ticks" is already showing some activity.

The license department at Olympia has announced to the Examining Committee they will meet July 15. Several have already filed their applications.

The A. O. A. has asked that we send in the names of editors in our cities with whom friendly relations have been established, that some member in each town and city see that a complete list of local newspapers with editors' names be sent, and that every member send in the "human interest" stories that come into his experience. And if the Osteopathic Magazine were to be re-named, what would you suggest?

Prof. Paul T. Cherington, head of the advertising department of the Harvard Graduate School of Business Administration, after reading Dr. H. S. Bunting's book, "Elementary Laws of Advertising," wrote to the author:

"I have read your book through twice, and I find it very suggestive as well as interesting. . . . I hope you and many others will find it advisable to continue the kind of investigation of which this product is the fruit."

Oregon Osteopathic Association

President, Dr. G. E. Holt, Pendleton

Secretary-Treasurer, Dr. C. H. Beaumont, Portland

Trustees: Drs. D. D. Young, J. Simons, W. W. Howard, H. E. Schoen

Dr. W. Stryker, formerly of McMinnville, was a Portland visitor March 3, en route for a short trip to California. He reports Mrs. Stryker's health much improved, and he is thoroughly enjoying his new venture at Longbranch, Washington.

Dr. Hubert F. Leonard has returned to his office in the Morgan Building after several weeks of special study in the East, with special attention to local anesthesia and general surgery. His trip included Chicago, Cleveland, Detroit, and Rochester (Minnesota). He visited the Crile and the Mayo clinics and also the Henry Ford Hospital.

Dr. E. Tracy Parker reports to have lowered his golf score into the seventies. When they get that good we expect almost anything.

Several have signed up for the Downing class in technique at the Hotel Seward the week of April 7. There is room for many more. Dr. Downing's technique has been very enthusiastically received, and all those who have taken it strongly advise it for all osteopathic physicians. Make arrangements early to attend.

Several inquiries have been received by the state secretary regard-

ing an auto caravan to the A. O. A. convention in Kirksville. It is a delightful way to travel. A restful vacation trip and the inspiration of the national convention makes an ideal combination. Anyone who is contemplating such a trip is asked to get in touch with the state secretary, 908 Selling Building, Portland, as early as possible.

Our state convention date has been set for June 23 and 24. Mark it in your appointment book now and arrange to be present. A good program is assured.

The fiscal year for the Association is drawing to a close. There are many who have not yet paid their dues. You need the state association and the state association needs you. The more active you are, the more the state association can do for you and for osteopathy. Send in your check today and be square with the world.

This department can be interesting in proportion to the interest you have in it. If you make a trip, entertain a visiting osteopath, catch a big fish, get married, have a new baby, make a golf score of less than 75, or do any one of a hundred other things, make a news item of it and send it in. Your doing so will not mean that you are seeking pub-

licity for yourself, but it will mean that you are co-operating with us to make this department more interesting. You need not feel limited to sending items about yourself. Send items about other osteopaths also. In many cases a postal card is all that is necessary. Send all items to Dr. C. H. Beaumont, 908 Selling Building, Portland.—C. B. R.

“A healthy optimism is a great asset to a doctor,” says Dr. Edwin Smith. Providing, of course, that it doesn't belong to his patients.—*The Humorist* (London).

The only time pedestrians have the right-of-way is when the ambulance is taking them to the hospital.—*Chickasha Star*.



ADAIR COUNTY COURT HOUSE, KIRKSVILLE
A Familiar Sight to Kirksville Graduates

WANTED: A DISCUSSION

BY MARY L. LECLERE, D. O.

2140 Colorado Boulevard, Eagle Rock, California.

It is hoped that there will be a frank discussion of the article, "The New Theory of Osteopathy." Only by such discussion does mankind arrive at ultimate truth. Dr. Amussen is too much of a scientist to feel that he has said the last word concerning the lesion. He has been so busy studying for the last fifteen years that he has never taken time to publish any of his work, and still feels that it is too incomplete for publication; but because I found material in his notes that I was eager to pass on to the profession, he consented to let me write up some of it. Now he is anxious to have it criticized.

I believe the profession needs such a discussion. Time and again, when I was in college studying the various diseases, I heard students ask the lecturer how osteopathy helped in a given condition. And many times the question was evaded. The natural conclusion was that the teacher himself did not know. If he did not know, it might well be asked why he advised the use of osteopathy for that condition. It is not the presence of surgery and materia medica in the curriculum that makes poor osteopaths, but the *absence of osteopathy*.

Dr. Spencer told us all about the reflex arc when we studied nervous physiology, and then we were allowed to forget it. Why did not all these other teachers tell us how to apply the principle of the reflex arc in the treatment of the diseases they were discussing?

We never once heard about the known pathology, either local or re-

ferred, of the vertebral lesion. Yet this pathology is very clearly set forth in the Bulletins of the Research Institute. For my part, I did not even know there were such bulletins until after I was out of school.

I believe every course in Principles of Osteopathy should begin with a thorough discussion of the lesion, its known pathology, and the theories which attempt to explain how it causes disease and how manipulation produces its therapeutic effects.

Not long ago an osteopath who was in school with me said, "I like Dr. Amussen's ideas. I have really hated to tell people that a displaced bone pinched nerves, but I didn't know what else to tell them." She looked surprised when I told her, "You didn't learn that theory at school. You learned it from the advertisements of our imitators."

Let's thresh out this theory of osteopathy. If you don't agree with every detail of what I write, please say so publicly and present your reasons. Perhaps you can present better proofs for your ideas than I can for mine. If you can, you owe it to osteopathy to do so.

COME TO CALIFORNIA

"The sun is the greatest physician in the world," says Sir Herbert Barker. The trouble in this country is to get an appointment.—*The London Humorist*.

Education pays everybody but the educators.—*Minnesota Star*.

The Western Osteopath

Published Monthly at 799 Kensington Road, Los Angeles, by the

California Osteopathic Association

President, Dr. Ernest G. Bashor, Ferguson Building, Los Angeles

Vice-President, Dr. Inez S. Smith, Hollingsworth Building, Los Angeles

Secretary-Treasurer, Dr. C. B. Rowlingson, Los Angeles

Official Organ of the Western Osteopathic Association
and of the Osteopathic League

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C. B. ROWLINGSON, D. O., Managing Editor

AN APPALLING PERIL

A search of the pupils' lockers was recently made by the school authorities of a high school in a small city of southern California. In fifty of the boys' lockers and in fourteen of the girls' lockers *narcotics were found*.

In Texas a federal grand jury found that boys between the ages of twelve and fifteen years are being taught the use of narcotic drugs. One boy stated to officers of the law that twenty of his companions are drug users. Peddlers of drugs give the children their first supplies of these drugs, so as to increase their illicit sales.

The addict to other kinds of drugs in many cases prefers that children or even adults should not accompany him along his path of pain and terror, but heroin and cocain addicts want company. They have an insane desire to enlist others. Formerly, most addicts were the result of medical treatment. Addicts of this sort now represent but a small fraction of the total.

They are recruited in a systematic and organized way.

Sheriff Traeger of Los Angeles County declares that 90 per cent of the crime committed in the county is traceable to users of narcotics. The warden of San Quentin Prison (California) reports that 90 per cent of the inmates of that institution have been users of narcotics.

Humanity has entered suddenly a new environment of peril—the peril of narcotic addiction. Already, so quickly that we scarcely can realize what has happened, habit-forming drugs mean a life-in-death of terror and suffering for millions, with America leading the world in consumption of opium, morphin, cocain and heroin. For other perils—venomous reptiles, poisonous plants, wild beasts, storm and flood—the race, in the slow process of evolutionary experience, has found its defenses, based on acquired knowledge of the thing to be feared. For this new peril there is no precedent in racial experience. (Its sudden-

ness has found mankind unprepared to meet or combat it.

Modern chemistry, largely responsible, as yet offers no sure defense against the Frankenstein monster of its own creation. In its effort to alleviate human suffering, science has increased the sum total of human misery and has lent itself to the merciless exploitation of the race. Habit-forming drugs, especially opium, have been used to exploit society for many centuries. Such drugs became a menace in Asia, under the exploitation of powerful trading companies, in the days when crude opium was virtually the only form of commercial narcotic.

About 100 years ago a chemist discovered how to produce morphine from opium. Then the menace extended to Europe, whose traders had exploited opium in Asia to the great degradation and misery of the Asiatics. About fifty years ago another chemist, experimenting with the leaves of the coca plant, produced cocaine. This increased the menace and extended the scope of exploitation for addiction purposes.

In 1898 a chemist discovered heroin, another child of opium, and four times as powerful as morphine. Then the present stage of the menace, now a pressing peril, began. In 1909 heroin appeared in America in the practice of medicine. At first it was not believed to be habit-forming. The medical profession after a time outlawed its use. It is no longer recognized as a legitimate drug in medical practice. Soon, however, heroin was recognized as more capable of commercial exploitation than any other narcotic. The great expansion of narcotic addiction in America, given

impetus by heroin, dates from about 1910. This expansion continues almost unchecked, in spite of legal restraint and efforts at salvage of victims.

European chemists have discovered how to manufacture narcotics from coal-tar. New drugs are anticipated more powerful than those now used with such deadly results.

In America alone narcotic addicts number in the millions. They burden the dockets of the criminal courts, federal, state and municipal. Members of grand juries, with the close view they have of criminality and its causes, are appalled to discover the amount of crime originating in narcotic addiction.

The psychology of addiction shows the addict to be inherently and potentially a criminal, a recruiting agent for addiction, and a peddler of narcotics. Medical men now consider addiction, regarding possibility of cure, in a class with leprosy and cancer.

Religious conversion, effecting profound physiological and psychological changes, now is considered the advanced addict's only hope of freedom. The grace of God provided the impulse that sends the blood-current back into the upper brain to restore destroyed tissue, and without it apparently very few addicts, once firmly in the clutch of narcotics, remain "cured."

Addicts come to consider their drug supply as paramount—a matter of life and death. The physical tolerance and craving, growing with addiction, demand an ever-increasing quantity. The average addict takes ten grains of morphine daily, eighty times a normal

dose, and is paying one dollar a grain and up.

It is estimated that more than nine-tenths of all murders, holdups and daring robberies are now committed by addicts. It is especially the addict of heroin who is capable of cruel and daring crimes. The name "heroin" is derived from the psychology of the addict. Under the drug's influence he feels he is a hero. He will dare anything. He will do anything.

America, richest country in the world, and the country with no apparent enemy, is the special objective of organized exploitation. The latest reliable figures show that Italy consumes one grain of narcotic drugs per capita per annum; Germany, two; England, three; France, four, and the United States, *thirty-six!*

Already the amount consumed in the United States is enough to drug every man, woman and child in the entire nation for thirty days out of every year. The amount consumed is increasing at the rate of more than one-half grain per capita per year. Our country is rapidly becoming a drugged nation. We need not wonder at the persistent wave of crime and other alarming symptoms in our social structure.

What is to be done? The next issue of *THE WESTERN OSTEOPATH* will contain the first of two articles on "The Peril of Narcotics," by Captain Richmond P. Hobson, President of the International Narcotic Education Association. These articles will give startling facts regarding this traffic which menaces our civilization, and will point the way to a remedy.

AN APPRECIATION

The members of the Greater Omaha Osteopathic Association desire to express through *THE WESTERN OSTEOPATH* their sincere appreciation to all the agencies that so splendidly co-operated with the members of the Greater Omaha Osteopathic Association in making the radio program of February 18 the splendid success that it proved to be. The radio address by Dr. Gaddis will appear in either the March or April issue of the Osteopathic Magazine.

Greater Omaha Osteopathic Association.

WEST VIRGINIA BOARD TO MEET

The State Board of Examiners in Osteopathy will meet at the office of Dr. Donna R. Russell, 311 Broad Street, Charleston, West Virginia, July 11 and 12, 1924, to examine applicants and consider reciprocity applications. The board requests the filing of applications for either reciprocity or examination at least one month earlier. Stamps should accompany all requests made of the board.

For application blanks write:

C. E. Morris, D.O. Secretary,
541-542 Empire Building,
Clarksburg, West Virginia.

"Saxophone players," says a medical man, "are seldom affected by chest troubles." We feel sure, however, that there is some special punishment reserved for them somewhere.—*Punch.*

OSTEOPATHIC CONVENTIONS

IDAHO-UTAH

(Joint Convention)

June 16-17

WASHINGTON

June 20-21

OREGON

June 23-24

CALIFORNIA

June 24-25-26-27-28

Prominent speakers will appear on the program in each state, under the auspices of the Western Osteopathic Association.

SITE PURCHASED FOR NEW HOSPITAL IN LOS ANGELES

Construction Work to Be Started Soon

The Los Angeles Osteopathic Foundation Sanatorium and Hospital organization reports much progress during the past month. The corporation commissioner has granted the permit to sell one hundred memberships at \$1000 each. More than half of the memberships are sold, and it is expected that all will be sold by April 1. Memberships are being sold at par. No commissions are being paid, and none of the officers are to receive any salary or compensation for their work in organizing and financing the new institution.

Dr. Forbes reports that enough memberships have been sold to guarantee the financing of the hospital. The accompanying reproduction of the architect's conception of the exterior shows the general appearance of the building, construction work on which will be started soon.



Sanitarium and Hospital

The site has been bought. It comprises two acres located on Hoover Street and Beverly Boulevard. The location is ideal for a sanatorium and hospital. The land is high. It overlooks the entire city and county from Catalina Island to the Sierra Madre range. It is above the dust, fog and noise of the city, yet is only a seven-

BEVERLY BOULEVARD



Map prepared under the direction of Arnold Kruckman, secretary of the Hollywood Foothills Improvement Association, showing the route of Beverly Boulevard from the beach at Santa Monica, along the foothills, through the city by way of the Second street tunnel and on to Whittier.



Hospital to Be Built by Los Angeles Osteopathic Foundation

minute drive from Fourth and Broadway.

The institution is to be a staff hospital of the highest standard. All osteopaths who are eligible to staff appointments may buy one membership; only members will be appointed on the staff of the hospital. All equipment necessary or desirable for the care of sanatorium and surgical cases will be provided.

THE WESTERN OSTEOPATH congratulates the profession of southern California on the progress made in osteopathic institutions during the year. The College has more than doubled its attendance, Monte Sano Sanatorium has been completed and is overflowing with satisfied patients, and the new Osteopathic Foundation Hospital has been organized and will be completed within a year. Verily, osteopathy is growing into her own.

CREDIT WHERE CREDIT IS DUE

They tell of a strange case in a small Missouri town. A man complained of pains in his heel. His physicians removed his teeth, but the pains continued. They removed his tonsils, and still the pains remained. As a final resort they removed his shoe and the X-ray revealed a long-embedded needle in his heel.—*Kansas City Star*.

One detail is omitted in the foregoing account. The man's teeth and tonsils were removed by medical doctors; his shoe was removed by an osteopath.

The Old Doctor was always ready to use a better plow. Owners of Taplin Tables are reaping the benefits of the greatest improvement in treating tables made in the last decade. Have you given—or received—a treatment on one?

FORE! (Golfers Only)

The American Osteopathic Golf Association will hold its Third Annual Tournament during the convention at Kirksville the last week in May.

If you are not a member and wish to enter this tournament, write at once to Dr. H. W. Conklin, Secretary, City Bank Building, Battle Creek, Michigan, and send him \$3.00 for a Life Membership. The only other fee will be the green fee when you tee up to play that eventful morning.

Besides a Los Angeles Trophy and the Eye, Ear, Nose and Throat Society's Trophy, there possibly will be a trophy offered by the Los Angeles Surgical Society, one by the Hospital Association, and perhaps one by the Kirksville Colleges or by the Kirksville profession.

Also send your handicaps, verified by your club's secretary, as no other entries will be accepted for Class A trophy, but you may be admitted to Class B, C, D and the rest of the alphabet on any old handicap.

T. J. RUDDY,
President A. O. G. A.

OPPORTUNITIES

FOR SALE—\$10,000 practice with good will, names and addresses of 350 people composing clientele; located in one of the largest and most rapidly growing cities of California. Well equipped, centrally located office of five rooms. Reason: wish to retire after 20 years of constant practice. Price, including equipment, \$500. Decidedly the best opportunity in California to step right into a well-established practice. Will stay to introduce. This won't last. You'll have to hurry. Address D-74, The Western Osteopath.

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UNIVERSITY EXTENSION SCIENCE COURSE AT C. O. P. S.

A university extension course in biology, to be given at the College of Osteopathic Physicians and Surgeons by an instructor representing the University of Southern California, marks the first step in the linking of these two institutions in osteopathic education. The course will be given by Mr. Benton, professor of biology at the college, and formerly instructor in this subject at the university. Classes will be held in the evening, thus making it possible for those planning to take the course in osteopathy to complete their preparation without interfering with other work during the day.

This course will carry university

credits and will be acceptable in all universities and colleges just the same as if it were given in the university building. It will also fulfill the legal requirement for pre-medical work in biology.

It is contemplated to have similar courses established in the other two fundamental sciences, chemistry and physics.

The work in pure sciences done in the College of Osteopathic Physicians and Surgeons has been recognized and accepted by the University of Southern California, and students from this college applying for the bachelor's degree have been admitted to advanced standing there. It is pleasing to know that the excellence of the work being done at the college has made it acceptable to the university.

It is hoped that eventually arrange-

MONTE SANO (Hill of Health) HOSPITAL AND SANITARIUM



ABSOLUTELY FIREPROOF

Beautiful Location

Exceptional equipment and Nursing Service

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Glendale Boulevard at Riverside Drive

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For Stomach, Intestinal, Heart and Kidney conditions. Best X-Ray equipment made for fluoroscopic examination of whole alimentary canal; study of Glenard's disease or general splanchnoptosis and resulting conditions: carcinoma, ulcers, colitis, stenosis, inertia (stomach can usually be made to work). Breaking up of adhesions non-surgically.

Supplementary sigmoidoscopic and proctoscopic work.

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745 North Los Robles Avenue

Pasadena, California

ments will be made which will enable the student who so desires to obtain his credits for the bachelor's degree at the university and his doctor's degree at the college in combined courses of six or seven years, as is done in many of the medical schools.

Dr and Mrs. C. W. Lind, recently of San Francisco, have returned to Palo Alto to make their

home, and are established at 536 Byron Street. Dr. Lind, a former student at Stanford and a graduate of the College of Osteopathic Physicians and Surgeons of Los Angeles, will be associated in practice with Drs. J. L. and Katherine A. Moore. Dr. Lind was in naval hospital service during the war, and is a past president of the San Francisco Osteopathic Society.

DR. FRANK S. CHAMBERS

417-419 Hollingsworth Building

Los Angeles

Practice Limited to

EYE, EAR, NOSE and THROAT

Positively no other cases accepted

COLUMBUS WAS CRAZY

The following remarkable mimeographed circular was recently sent out by a Los Angeles practitioner of one of the cults of osteopathic imitators. Spelling, capitalization, punctuation and arrangement are reproduced exactly as on the circular.

- DO YOU ENJOY YOUR ACHES AND PAINS?
- ARE YOU WEDDED TO YOUR DISEASE?
- WOULD YOU BE LONESOME WITHOUT THE ABOVE?

— BUT FAIR WARNING —

IF YOU USE IMITATOPATHY YOU'RE SURE GOING TO GET WELL FOR IT IS THE MOST MARVELOUS HEALTH SCIENCE KNOWN TO MANKIND. I KNOW WHAT IT WILL DO. SO DO ALL MY PRESENT AND PAST PATIENTS. I AM JUST TELLING YOU THAT IMITATOPATHY CAN GET YOU WELL IF YOU WANT TO BE WELL. YOU MAY SAY. I DON'T BELIEVE IT. IT'S NOT SO.

— ALRIGHT —

THEY TOLD EDISON HE'D BURN UP NEW YORK WITH HIS NEW FANGLED ELECTRIC LIGHTS.

THEY TOLD COLUMBUS HE WAS BUGHOUSE AND PROVED IT (To their own satisfaction).

THEY SAID THE WRIGHT'S WERE CRAZY (The very idea that heavier than air could fly).

ACCORDING TO THE ALL WISE ONES, FORD WOULD NEVER BE ABLE TO SELL A THOUSAND CARS A YEAR; NOW LOOK AT HIM, HE MAKES ONE THOUSAND SIX HUNDRED EVERY DAY—OR IS IT EVERY HOUR?

THEY SAID THE AUTO TRUCK WOULD NEVER TAKE THE PLACE OF THE HORSE ON ACCOUNT OF IT'S EXPENCE (But were is the horse)?

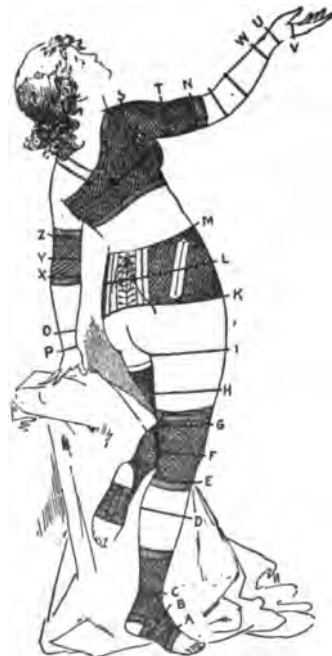
THEY SAID THE AUTOMOBILE REACHED IT'S LIMIT AT SIXTY MILES AN HOUR (But what about Jimmie Murphy and the rest)?

AND WHAT DO THEY SAY WHEN YOU TELL THEM YOUR THINKING OF INVESTING IN A LOT? (They

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tell you to be careful there's sure to be a slump).

EVER SINCE THE BEGINING, I TOLD YOU SO.IT CAN'T BE DONE. BUT HISTORY TELLS IT HAS BEEN DONE.

GETTING BACK TO THE SUBJECT IMITATOPATHY FOR YOUR PAINS, ACHES AND MISERIES, DO YOU ENJOY THEM?IF YOU DO GO ON THEIR YOURS.AND YOU HAVE NURSED 'EM FOR YEARS.I HAVE JUST ONE PURPOSE IN LIFE— THAT'S TO GET THOSE WELL WHO ARE TIRED OF BEING SICK. YES IT COSTS MONEY.NOT NEAR AS MUCH AS IT IS WORTH,CONSIDERING THE THOUSANDS OF PATIENTS THAT HAVE REGAINED HEALTH,BY THE USE OF THIS SCIENCE IN THE PAST TWENTY EIGHT YEARS SINCE IT'S DISCOVERY.

SO GET WELL OR HUG YOUR DISEASE CLOSER AND STAY SICK. YOU'RE THE JUDGE AND IT IS YOUR MISERIES.

IMITATOPATHY IS GOOD FOR ANY KIND OF DISEASE OR AFFLICTION YOU HAVE.

DONT YOU BELIEVE IT?

ALRIGHT, THEN, COLUMBUS WAS CRAZY.

YOURS FOR BETTER HEALTH.

ARE YOU AN OSTEOPATH?

This will be the predominating question that must be answered by each participant on the program of the next annual convention of the American Osteopathic Society of Ophthalmology and Oto-Laryngology, to be held at Kirksville on Wednesday, Thursday, Friday and Saturday of the week preceding the A. O. A. convention.

The Program Committee is submitting one of the best programs ever offered to the profession. These articles will be ultra-analytical and

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technical for those who have advanced to the more classic subjects. Another division of the program will deal with non-surgical treatment. The third division will deal with eye, ear, nose and throat diseases and their diagnosis and treatment, and will be especially for those who are just beginning or who are interested in eye, ear, nose and throat from a general osteo-

pathic standpoint.

In any event, you cannot afford to miss this splendid program which will answer the question, "Are you an osteopath?"

Remember the date—the last half of the week preceding the A. O. A. convention.

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RHEUMATIC INFECTIONS

(Continued from Page 13)

joints and the vertebral joints are never or rarely ever affected. In other cases the symptoms are much milder. There is a gradual onset of pain and stiffness in one or more of the larger joints or occasionally the fingers. This is accompanied by little in the way of local signs, though there may be some swelling and tenderness. The trouble moves from joint to joint in a much more deliberate fashion. The patient is often not confined to bed, but is unable to do his general work.

Course

A simple, uncomplicated attack of acute rheumatic fever may be recovered from in a week or two, but this is not the general rule. Most pa-

tients suffer from a recurrence or a relapse, and do not become entirely well for a period of several months.

Complications

The essential lesion of acute rheumatic fever, the joint inflammation, is the least important and the least dangerous manifestation of this infection. The complications constitute the really important aspect of the disease. The most serious are those that affect the heart. Endocarditis, pericarditis and myocarditis may occur singly or together. They are most generally seen in young patients, and here they have the gravest prognosis. It is said that 60% to 80% of the children with rheumatism develop endocarditis. The onset is insidious and easily missed if special care is not taken to discover it. The heart may not suffer much permanent damage, but gener-

ALKALINE THERAPY IN TOXEMIA

Oster on pneumonia states that: "TOXEMIA is the important prognostic feature in the disease. The pyrexia and extent of consolidation are entirely subsidiary. Severe and fatal toxemia may occur with consolidation of only a small part of one lobe."

"Death is rarely due to direct interference with the function of respiration, even in double pneumonia. But death is most frequently due to the action of the toxins on the brain centers. This is a much more serious factor than weakness of heart muscle itself."

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ally there is more or less damage to one of the valves, and the patient becomes a sufferer from a chronic valvular disease. Pericarditis is also frequently seen in children and is not infrequently followed by an adherent pericardium. There is also more or less myocarditis present in all of these conditions in which the heart is involved. Pleurisy, with effusion, may

occur. The skin may be involved in the infection. Erythema multiforme, erythema nodosum, and purpura are well recognized complications. Herpes zoster has been shown to result from a similar infection. An acute parenchymatous nephritis is described as a rare complication, but it does occur as a complication of acute tonsillitis, and is probably more frequent in rheuma-

TWENTY TAPLIN TABLES

Glenhaven,
Ashton-Preston,
England.
Nov. 20, 1923.

Dr. G. C. Taplin,
541 Boylston St.,
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ARTHUR D. ETESON, D.O.

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TAPLIN TABLE TECHNIC

tism than has been recognized. Hyperpyrexia and chorea are evidences of involvement of the nervous system in the infectious process. Neuritis is not frequent, while true meningitis is comparatively rare. Rheumatic iritis is one of the graver complications. The muscles are affected in two ways. There is always atrophy when, as a result of joint pain, any set of muscles are not used for an appreciable length of time. In addition, there occurs a real myositis, due to infection, with the same type of streptococcus. This, perhaps, does not occur as a real complication, but it is a frequent manifestation of so-called rheumatism. Depending upon the location, it may be known as torticollis or wry neck, lumbago, or merely "rheumatism;" but the essential factor is the same in each instance.

Diagnosis

In the diagnosis of rheumatism it is well to bear in mind two points. The first is that rarely if ever in children is rheumatism manifested by arthritic lesions. The second factor is the antithesis of the first, and is that in adults the disease is almost always manifested by joint affections. The family history is of utmost importance

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Other results can be traced in an indirect way to this little campaign. Of course the list is composed of carefully selected names, but that results are forthcoming is proven when we remember that any one of the above classes of old patients or even new patients traceable to the booklets more than pays for the expense incurred.

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W. C. GORDON, Sioux City, Iowa.

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in the diagnosis. The personal history of past chorea, several attacks of tonsillitis, pericarditis, rheumatic erythema, as well as the presence of an organic mitral lesion are important clues in the diagnosis of this disease. As stated before, rheumatism manifests itself in the child in non-arthritis lesions, such as endocarditis, pericarditis, pleurisy, chorea, inflammation of the skin and fibrous tissues generally, and sore throat. "Growing pains" in children are also indicative of this disease. No doubt growing pains occur in healthy children, independent of rheumatism, but any complaint of this condition warrants a thorough examination of the heart and an inquiry into its history. In adults with

the arthritic form of rheumatism there are several points to bear in mind. First, disease affects the larger joints. Second, it does not occur in all of the joints simultaneously. Third, disease flits from joint to joint. Fourth, arthritis quickly leaves the joint.

Conclusion

In conclusion, there are several points to be emphasized:

1. Rheumatism is a universal process and not a separate disease.
2. The foci of infection are the tonsils and the tooth sockets. In the diagnosis and treatment of rheumatism, these foci should be recognized and taken care of.
3. Family history is essential in

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Note announcement of new methods for Eye diseases and certain errors of refraction.
Every Technician an Expert

ALL CASES REFERRED BACK, WITH REPORT TO OSTEOPATH REFERRING CASE

the diagnosis of this condition, as it has been shown that rheumatism is a family disease.

4. A personal history of several attacks of tonsillitis, chorea, etc., are important factors in diagnosis.

5. The pale, picking child, affected with "growing pains" and slight temperature, with evidence of mitral affection, is a probable rheumatic, and if the condition is not recognized, is a potential cardiac cripple.

6. Due to the fact that the active cause of rheumatism is the streptococ-

cus, it is logical to conclude that *streptococciosis* is a more appropriate name for this disease, and one more indicative of its pathology.

MORE TIME TO BE CRAZY

A spokesman for medical science says that practically fifteen years have been added to the span of normal life, but states further that insanity has increased 200 per cent. Fifteen more years in which to be crazy seems to be the advantage gained. It speaks well for the future of "the intelligent electorate."—*Judge*.

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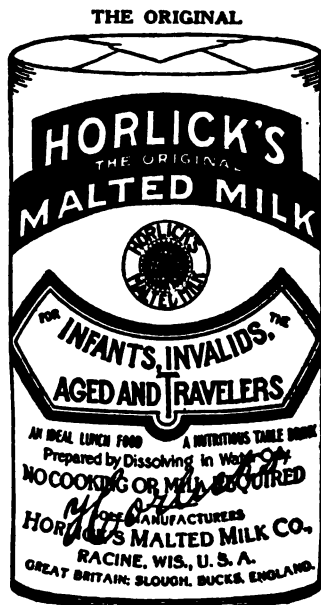
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"THE HERD INSTINCT"

"The Herd Instinct in Medicine and Surgery" was the subject of a paper presented by Dr. R. D. Emery at the February meeting of the Los Angeles Osteopathic Surgical Society. Discussion was led by Dr. T. C. Young of Glendale.

The subject of "Endocrinology" was presented by Dr. P. T. Collinge, with discussion by Dr. Lloyd Reeks.

A very interesting specimen of full-term fetus, presenting all abdominal contents outside of the body cavity, was exhibited by Dr. Ernest Bashor, who brought the specimen directly from the operation.

Among the guests present at the meeting was Dr. L. Van H. Gerdine, President of the College of Osteopathic Physicians and Surgeons.

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IMPORTANT

EXPLANATION

In the listings in California, Oregon, Washington and Idaho, three asterisks (***) under the name of a town indicate that, so far as known, no osteopath is located there. If you know of osteopaths being located in any of the towns so marked in this directory, please report them to the Secretary-Treasurer at 799 Kensington Road, Los Angeles.

In order to make the directory a better guide for osteopaths seeking locations, the number of non-members in each city and town is given. Under Pasadena, for ex-

ample, appear the names and addresses of 34 members, followed by the words, "Also 16 non-members," thus indicating that Pasadena has 50 osteopaths in all.

Names, addresses and other data in this directory are based on the latest and best information available at the time of going to press. Since "to err is human," this would be a superhuman directory if it contained no errors. The Secretary-Treasurer will appreciate receiving corrections.

CALIFORNIA

ALAMEDA—30,975

Miller, Clara M. 2900 Santa Clara Ave.
 Thompson, Clyde L. Citizens Bank Bldg.
 Also 4 non-members.

ALHAMBRA—10,564

Bell, Wm. J. 23 West Main St.
 Corby, M. Magill 2900 Ocean to Ocean Highway
 Keith, Katherine 105 N. Stoneman Ave.
 Also 4 non-members.

ANAHEIM—5,535

Bigham, Harriet M. 1st Natl. Bank Bldg.
 Bigham, W. L. 1st Natl. Bank Bldg.
 Carlin, H. G. 1st Natl. Bank Bldg.
 Tremain, Mabel V. R. F. D. 3
 Also 2 non-members.

ANDERSON

1 non-member.

ARBUCKLE

Martin, W. F.
 Potts, H. S.

ATASCADERO

Weber, Caroline L.
 Also 1 non-member.

AUBURN

2 non-members.

BAKERSFIELD—20,769

Neff, Ethel Martin 1st Natl. Bank Bldg.
 Neff, George W. 1st Natl. Bank Bldg.
 Also 2 non-members.

BALBOA

1 non-member.

BELL

1 non-member.

BENICIA—2,555

BERKELEY—62,995

Henderson, J. W. 1st Natl. Bank Bldg.
 Ivie, Wm. Horace Mercantile Trust Co. Bldg.
 Mansfield, DeLoe 2231 Telegraph Ave.
 Peters, R. A. 1439 Josephine St.
 Also 15 non-members.

BRAWLEY—5,710

Lewis, Ruth A. 122 South 6th St.

BURBANK—3,055

Irving, Chas. E. 263 W. San Fernando Blvd.
 Also 2 non-members.

CALIFORNIA—Continued

BURKE (SONOMA COUNTY)

Burke, Isaac.....

BURLINGAME—4,355

1 non-member.

CALEXICO—6,595

* * *

CALIPATRIA

1 non-member.

CASTELLA

1 non-member.

CHICO—11,352

Allen, Nellie A.....Waterland-Brockner Bldg.
Also 1 non-member.

CLAREMONT—1,630

Hogland, Ellen.....145 West 6th St.

COALINGA—8,110

* * *

COLTON—4,540

Sears, Geo. W.....325 North 8th St.

COMPTON—1,565

1 non-member.

CORNING—1,535

1 non-member.

CORONA—4,375

* * *

COVINA—2,120

Fingerle, Chas. F.....239 N. Citrus Ave.
Also 1 non-member.

DANVILLE

Love, Nellie G.....

DINUBA—3,605

Neuma, Josephine.....R. F. D.
Also 2 non-members.

DOWNEY

1 non-member.

DUNSMUIR—2,680

Conger, Mabel A.....

EAGLE ROCK—2,390

Colton, Guy W.....2266 Colorado Blvd.
Le Clara, Mary L.....2140 Colorado Blvd.

EARLIMART

1 non-member.

EL CENTRO—5,790

2 non-members.

EL MONTE

Hook, Edith L.....

EMERYVILLE—2,535

* * *

ESCONDIDO—1,895

Ridley, C. J.....Box 135.

EUREKA—13,311

2 non-members.

EXETER—1,965

1 non-member.

FILLMORE

1 non-member.

FORT BRAGG—2,770

* * *

FRESNO—54,966

Hopwood, Leona Taylor.....Route J, Box 6th
Pugh, Sarah F.....635 Fortiemp Ave.
Rude, C. C.....Griffith-McKenzie Bldg.
Also 5 non-members.

FULLERTON—4,680

McMullen, Beatrice.....592 N. Spadra St.
McMullen, W. M.....592 N. Spadra St.
Also 2 non-members.

GARDENA

McMath, Jay G.....
Also 1 non-member.

GILROY—3,035

* * *

GLENDALE—16,280

Claasen, W. G.....101 E. Lee Felix Road.
Durfes, I. H.....114 E. Lee Felix Road.
Eckles, J. E.....125 1/2 N. Brand Blvd.
Paine, Caroline.....515 N. Kenwood St.
Rittenhouse, Pearl S.....913 E. Windsor Road.
Turner, Lucena E.....417 E. Elk St.
Warner, Blon S.....108 N. Brand Blvd.
Young, Thomas C.....620 E. Broadway.
Also 14 non-members.

GLENDORA—2,150

Tingley, Edward C.....201 E. Feethill Blvd.

GRASS VALLEY—4,245

* * *

HANFORD—6,240

1 non-member.

HAYWARD—3,695

* * *

HEALDSBURG—2,555

1 non-member.

HERMOSA BEACH

1 non-member.

HOLLISTER—2,945

1 non-member.

HEMET—1,870

1 non-member.

HOLTVILLE—1,425

* * *

HOT SPRINGS

1 non-member.

HUGHSON

* * *

HUNTINGTON BEACH

* * *

CALIFORNIA—Continued

HUNTING PARK—4,788

Preston, Walter A.
 Yates, Wilbur S. 228½ S. Pacific Blvd.
 Also 4 non-members.

HYNES

1 non-member.

IMPERIAL—2,000

1 non-member.

INGLEWOOD—3,485

Ireland, Raymond
 Also 1 non-member.

LA JOLLA

Carter, W. C. Colonial Apt. Hotel.

LANCASTER

LINDSAY—2,730

Bruce, Lewis
 Otso, Susan.....

LODI—5,140

Clouse, Dorah H. 124 W. Pine St.

LONG BEACH—60,214

Barnes, O. W. 343 Pine Ave.
 Blount, Wm. J. Marine Bank Bldg.
 Broadhead, Annie M. 1st Natl. Bank Bldg.
 Bryant, J. Jay 543 E. Ocean Blvd.
 Christensen, E. W. Markwell Bldg.
 Clark, Elmer S. Farmers & Merchants
 Bank Bldg.
 Davis, Warren B. 1st Natl. Bank Bldg.
 Ellis, Albert E. 1st Natl. Bank Bldg.
 Fleming, Ellsworth 1st Natl. Bank Bldg.
 George, Elizabeth DeLaitre Markwell Bldg.
 Jenney, Winifred W. 360 E. 7th St.
 Miles, Henry F. Markwell Bldg.
 Moesman, H. A. 328 Markwell Annex.
 Phillips, Harriet L. 524 E. 19th St.
 Pike, Arthur E. 2639 Wall St.
 Smith, Chas. C. 522 Cedar Ave.
 Also 21 non-members.

LOS ANGELES—800,000

Abbott, Edward T. 367 S. Hill St.
 Adams, John L. 427 W. 6th St.
 Alroy, Grace S. 466 S. Western Ave.
 Ames, Ada DeWitt 112 W. 9th St.
 Ames, Monroe 112 W. 9th St.
 Arnold, Homer J. 412 W. 6th St.
 Baber, Kenneth P. 756 S. Broadway.
 Balfe, Anna 228 W. 4th St.
 Balfe, Elinor 228 W. 4th St.
 Balfe, Sarah 228 W. 4th St.
 Bartholomew, Geo. H. 607 S. Hill St.
 Bartheol, Wm. 1306 S. Burlington Ave.
 Bashor, Ernest G. 307 S. Hill St.
 Bashor, H. A. 307 S. Hill St.
 Beckwith, H. E. 307 S. Hill St.
 Bonning, Lilla M. 610 S. Western Ave.
 Best, James T. 228 W. 4th St.
 Biddle, S. G. 412 W. 6th St.
 Bowling, R. W. 406 S. Main St.
 Brayton, Fred C. 427 W. 6th St.
 Brigham, Harry B. 307 S. Hill St.
 Brigham, W. Curtis 307 S. Hill St.
 Buck, Estelle K. 1027 W. 6th St.
 Burnett, J. O. 406 S. Main St.
 Burns, Mary E. 618 S. Hill St.
 Burton, G. F. 610 S. Broadway.
 Caldwell, O. D. 606 S. Hill St.
 Cafe, Linnie A. 669 S. Burlington St.
 Caylor, Glen D. 367 S. Hill St.
 Chamberlin, Frank H. 607 S. Hill St.
 Chambers, Frank S. 906 S. Hill St.
 Chandler, Louis C. 367 S. Hill St.
 Chapman, L. R. 307 S. Hill St.
 Cheney, Henry S. 1507 S. Figueroa St.
 Clark, Annie Stowe 427 W. 6th St.
 Clark, Frank C. 427 W. 6th St.
 Clark, Wallace C. 367 S. Hill St.
 Clarke, Olive 616 W. Pine St.
 Collinge, Maude M. 367 S. Hill St.
 Collinge, P. T. 367 S. Hill St.
 Comer, Grace P. 436 W. 65th St.
 Connor, Harriet L. 606 S. Hill St.
 Copeland, Glen H. 357 S. Hill St.
 Crist, Royal H. 424 S. Broadway.
 Crow, Louise 412 W. 6th St.
 Cunningham, Frank L. 307 S. Hill St.
 Cunningham, Helen C. 1809 El Corrito Place.
 Dangler, J. H.
 Davidson, Lottie A. 3125 Pasadena Ave.
 DeBit, Ione Ingles 430 S. Western Ave.
 Decker, Curtis E. 307 S. Hill St.
 DeMuth, L. E. 406 S. Hill St.
 Dormer, Robert 307 S. Hill St.
 Dresser, Walter P. 427 W. 6th St.
 Edmiston, S. C. 610 S. Broadway.
 Elerath, Ora Webb 307 S. Hill St.
 Elerath, Walter R. 307 S. Hill St.
 Emery, Lora B. 412 W. 6th St.
 Emery, Robert D. 412 W. 6th St.
 Emery, Willard D. 6024 Hollywood Blvd.
 Ervin, Chas. H. 1006 Dexter St.
 Fairbank, J. E. 607 S. Hill St.
 Falros, Lucius B. 307 S. Hill St.
 Farmer, Geo. C. 5642 Hollywood Blvd.
 Forbes, Harry W. 357 S. Hill St.
 Gault, Sophia L. 128 E. Avenue 63.
 Gibson, Axel Emil 304 S. Broadway.
 Gibson, Katherine E. 1060 S. Broadway.
 Giesy, Norman W. 307 S. Hill St.
 Gillespie, Mary Akroy 1046 E. 43rd St.
 Goode, J. Lynn 2633 Magnolia Ave.
 Goodfellow, W. V. 307 S. Hill St.
 Griffin, F. A. 501 W. 7th St.
 Grus, Otto T. 367 S. Hill St.
 Haight, J. Franz 3123 Pasadena Ave.
 Hardy, Clara B. 2200 W. 6th St.
 Harvey, L. V. 414 N. Avenue 57.
 Hayden, Daisy D. 606 S. Hill St.
 Hayward, Benjamin 367 S. Hill St.
 Hix, Ralph A. 3860 W. 6th St.
 Hoefler, Philip T. 307 S. Hill St.
 Hopkins, Clarence E. 2210 Remeo St.
 Houseman, Blanche 7090 Hollywood Blvd.
 Hull, Louis T. 406 S. Hill St.
 Hunt, A. Thuriow 406 S. Hill St.
 Hunt, John O. 412 W. 6th St.
 Hunter, Stanley M. 228 W. 4th St.
 Jerrus, Edna F. 2718 N. Main St.
 Johnson, Eda L. 1186 N. Ardmore Ave.
 Johnston, W. H. 1659 W. 45th St.
 Johnstone, Lou F. 138½ S. Western Ave.
 Kavanaugh, Bernard 607 S. Hill St.
 Kingsbury, Walter S. 942 N. Western Ave.
 Knowlton, John C. 3717 Baldwin St.
 Laughlin, Ada M. 2502 W. Avenue 30.
 Laughlin, Wm. R. 226 W. 3rd St.
 Lee, Morgan P. 228 W. 4th St.
 Lewis, John H. 307 S. Hill St.
 McAllister, T. W. 641 S. Vermont Ave.
 McCalla, Anna D. 1046 W. 45th St.
 McCalla, Louise R. 1046 W. 45th St.
 McKinney, Clara DeGress. 304 S. Broadway.
 McLaughlin, Elizabeth 367 S. Hill St.
 Marshart, C. K. 941 S. Norton St.
 Marple, Joseph 427 W. 6th St.
 Martin, Alexander 307 S. Hill St.
 Matthews, Ellen 633 W. 15th St.
 Meigs, G. A. R. 284 S. Broadway.
 Merrill, Edward S. 307 S. Hill St.
 Murray, Sarah 610 S. Broadway.
 Nelson, Lura B. 536 ½ Lemon Grove Ave.
 Nickerson, Grace Phelps 606 S. Hill St.
 Nye, Clarence L. 307 S. Hill St.
 Oide, Carl M. New Union Oil Bldg.
 O'Neil, Wm. H. 1026 S. Bennie Brae.
 Percival, Evangelina 412 W. 6th St.
 Perry, Ann 1646 Ingraham St.

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CALIFORNIA—Continued

LOS ANGELES—CONTINUED

| | |
|-----------------------|----------------------------|
| Phillips, J. Marshall | 6404 Hollywood Blvd. |
| Prager, Leo | 786 S. Broadway. |
| Reed, Wm. J. | 4703 S. Vermont Ave. |
| Reeks, Lloyd D. | 304 S. Broadway. |
| Rice, Ralph W. | 406 S. Hill St. |
| Rifenbark, Lloyd I. | 1423 Magnolia Ave. |
| Rosa, Elizabeth | 367 S. Hill St. |
| Rowlingson, C. B. | 786 Kensington Road. |
| Ruddy, T. J. | 367 S. Hill St. |
| Scott, J. Wesley | 412 W. 6th St. |
| Sechrist, Ward C. | 8006 Crockett St. |
| Shank, Grace L. | 815 S. Hill St. |
| Shilling, Grace W. | 610 S. Broadway. |
| Shilling, Warren R. | 610 S. Broadway. |
| Shutte, Fanny E. | 3960 W. 6th St. |
| Slutts, Daisy C. | 1143 S. Normandie Ave. |
| Smith, Georgia B. | 412 W. 6th St. |
| Smith, Inez S. | 606 S. Hill St. |
| Smith, Joseph P. | 228 W. 4th St. |
| Smith, Ralph E. | 587 Cypress Ave. |
| Spates, Edwin M. | 367 S. Hill St. |
| Spencer, Chas. H. | 606 S. Hill St. |
| Spencer, Jennie C. | 606 S. Hill St. |
| Sprague, Norman F. | 367 S. Hill St. |
| Stevens, Nina A. | 1724 Vine St. |
| Stewart, Benjamin R. | 367 S. Hill St. |
| Stewart, Norman G. | 412 W. 6th St. |
| Stockwell, Ida B. | 228 W. 4th St. |
| Tasker, Cora N. | 427 W. 6th St. |
| Tasker, Dain L. | 427 W. 6th St. |
| Teeter, J. Francis | 304 S. Broadway. |
| Teeter, John J. | 1821½ S. Westmoreland Ave. |
| Thorsen, Marie | 308 S. New Hampshire St. |
| Thurston, Dale W. | 112 W. 6th St. |
| Tilbury, Lloyd E. | 3618 S. Flower St. |
| Traugher, W. F. | 606 S. Hill St. |
| Treat, Clara L. | 4009 N. Griffin Ave. |
| Turney, Dayton | 406 S. Main St. |
| Vance, Lilla | 1846 Ingraham St. |
| Volkmann, T. J. O. | 6808 Monte Vista St. |
| Watson, J. E. | 304 S. Broadway. |
| Watson, James M. | 1664 Cortez St. |
| Weaver, Lazzette A. | 1135 S. Alvarado St. |
| Weis, Caroline | 1218 Trenton St. |
| Wells, Clarence K. | 321 W. 3rd St. |
| West, Claude H. | 536 S. Hill St. |
| West, Kathryn M. | 939 Everett St. |
| Weston, Albert M. | 742 S. Burlington St. |
| Weston, Edith S. | 742 S. Burlington St. |
| White, Laertes T. | 606 S. Hill St. |
| Whitehouse, Geo. F. | Union League Bldg. |
| Whiting, Lillian M. | 427 W. 6th St. |
| Whiting, L. D. | 607 S. Hill St. |
| Wilkes, Grace E. | 1007 N. Coronado St. |
| Williams, C. Arthur | 385 S. Broadway. |
| Wilson, Samuel M. | 607 S. Hill St. |
| Woods, Robert A. | 7238½ Compton Ave. |
| Wrenn, W. R. | 1212 S. Flower St. |
| Wright, Ann A. | 5322 S. Wilton Place. |
| Wright, Ben. O. | 1806 N. Vermont Ave. |
| Wright, Orin L. | 1888 N. Vermont Ave. |
| Ziegler, Amy S. | 1723 N. Alexandria Ave. |

LOS GATOS—2,455

1 non-member.

MADERA—3,650

* * *

MARTINEZ—4,090

* * *

MARYSVILLE—5,790

1 non-member.

MERCED—4,210

1 non-member.

MODESTO—11,118

Shed I, Leta White..... 908 Eleventh St.
Snare, J. P..... Board Bldg.
Also 1 non-member.

MONETA

1 non-member.

MONROVIA—5,810

Allison, J. S..... 126 W. Lime St.
Nickerson, Margaret W..... 201 W. Ivy Ave.
Price, Kenneth V..... 223 E. Orange Ave.
Price, Olive Moore..... 223 E. Orange Ave.
Waterman, Pauline M..... 407 Concord St.
Weston, Blanche M..... 184 N. Ivy Ave.
Also 3 non-members.

MONTEBELLO

1 non-member.

MONTEREY

Gazy, Myrtle Cramer..... Work Bldg.

NAPA—7,160

2 non-members.

NATIONAL CITY—8,900

1 non-member.

NEVADA CITY—1,890

2 non-members.

NORWALK

1 non-member.

OAKDALE—1,880

1 non-member.

OAKLAND—240,086

Abbott, Mary Lou..... 3606 Diamond St.
Avery, Frank H..... Thompson Bldg.
Bell, James H..... Eastern Bldg.
McDartel, A. C..... Honshaw Bldg.
McGillivray, Ella..... Oakland Bank Bldg.
Moreland, C. C.....
Peckham, Geo. M..... Bacon Block.
Pelros, C. E..... 1st Natl. Bank Bldg.
Reble, Roland F..... 6304 Sixteenth St.
Siason, Ernest..... 1st Natl. Bank Bldg.
Whitten, Katharine L..... 120 Fairview Ave.
Also 25 non-members.

OAKLEY

1 non-member.

OCEAN PARK

Dunn, W. W..... Hotel Deatur.

ONTARIO—7,715

5 non-members.

ORANGE—5,175

5 non-members.

OROVILLE—8,540

Griggs, Chas. B.....
Also 1 non-member.

OXNARD—4,680

Swift, Floyd J..... 427 Fifth St.

PACIFIC GROVE—3,150

* * *

PALO ALTO—6,255

Lind, C. W..... 536 Green St.
Moore, Jesse L..... 380 Bryant St.
Moore, Katherine A..... 380 Bryant St.
Robb, Edith..... 310 University Ave.
York, Effie E..... 705 Cowper St.
Young, C. W..... Palms-Sheridan Bldg.

CALIFORNIA—Continued

PASADENA—53,383

Bigelow, Orilla..... R. F. D. 2, Box 414.
 Birlew, Dorothy..... 1112 Lincoln Ave.
 Bland, Myrabel..... Citizens Bank Bldg.
 Bowling, W. L..... 65 N. Raymond Ave.
 CIM, A. B..... Citizens Bank Bldg.
 Crain, Coral..... 263 E. Union St.
 Crain, Festal..... 263 E. Union St.
 Donnelly, Emma E..... 54 S. El Molino St.
 Dowlin, Wess L..... Central Bldg.
 Farmer, Frank C..... 86 S. Lake Ave.
 Finley, Chas. F..... 550 E. Colorado St.
 Fish, Marie G..... 1175 N. Los Robles Ave.
 Fish, Stewart G..... 1175 N. Los Robles Ave.
 Hanna, Floyd L..... Citizens Bank Bldg.
 Hinde, Harriet E..... 104 N. Los Robles Ave.
 Holcomb, Dayton B..... 745 N. Los Robles Ave.
 Huntington, Geo. L..... 241 S. Los Robles Ave.
 Jaeger, H. F..... 740 E. Colorado St.
 Kaif, Albert Victor..... Security Bldg.
 King, Lillian B..... 467 Ashtabula St.
 Lister, Anna..... 1435 E. Colorado St.
 Merton, Julia L..... 495 S. Lake Ave.
 Palmer, Mary K..... 254 E. Union St.
 Phillips, Grant E..... 102 N. Madison St.
 Richards, M. Letitia..... Citizens Bank Bldg.
 Richardson, Fiera M..... La Casa Grande Bldg.
 Richardson, Julia E..... La Casa Grande Bldg.
 Schaub, Richard A..... La Casa Grande Bldg.
 Schley, Wm. C..... La Casa Grande Bldg.
 Stillman, Clara J..... 104 N. Los Robles Ave.
 Thompson, Deana B..... Security Bldg.
 Thorne, Elwood J..... 323 Braley Bldg.
 Wood, Beatrice Jemetta..... 170 S. Madison St.
 Wood, Dana L..... 170 S. Madison St.
 White, J. Strothard..... Security Bldg.
 Also 16 non-members.

PATTON

PETALUMA—6,600

Healey, Robert D..... 306 Seventh St.
 Morris, Clara M..... 504 D St.
 Morris, John R..... 504 D St.
 Rundall, N. B..... Gwin-Gebuckler Bldg.
 Also 1 non-member.

PITTSBURG—4,997

PLACERVILLE—1,750

POMONA—14,602

Clark, Charles E..... 630 E. Alharedo St.
 Doelittle, Harriet M..... 536 N. Main St.
 Laughlin, Harry T..... 163 E. 2nd St.
 Also 4 non-members.

PORTERVILLE—4,340

2 non-members.

RED BLUFF—3,290

REDDING—3,140

REDLANDS—9,571

Hawkins, E. W..... Lebois Bldg.
 Lee, Andrew B..... 422 Summit Ave.
 Watkins, E. P..... 661 Alta St.
 Also 1 non-member.

REDONDO BEACH—5,205

2 non-members.

REDWOOD CITY—4,260

REEDLEY—2,595

Glasgow, Joseph C.....
 Also 1 non-member.

RICHMOND—20,462

1 non-member.

RIVERSIDE—20,629

Atwood, Howard C..... Loring Bldg.
 King, Errol R..... Pennsylvania Bldg.
 King, Hildagard..... Pennsylvania Bldg.
 Lorbeer, T. L..... 324 Orange St.
 Peters, Helga S..... 350 Main St.
 Thompson, W. H..... 363 Main St.
 Also 7 non-members.

ROSEVILLE—4,745

SACRAMENTO—59,950

Buchman, Roy F..... Forum Bldg.
 Cary, Una W..... Hegelstein Bldg.
 Daniels, L. R..... Forum Bldg.
 Fenner, C. E..... Forum Bldg.
 George, Vera I..... Hegelstein Bldg.
 Haines, Cyrus A..... Forum Bldg.
 Palmer, Edward B..... Hegelstein Bldg.
 Stewart, James..... Hegelstein Bldg.
 Also 5 non-members.

SALIDA

SALINAS—4,565

SAN BERNARDINO—20,863

Goss, Preston Y..... 300 E St.
 Lee, Robert E..... Chamber of Commerce
 Bldg.
 Lyda, Helen Earle..... 565 F St.
 Also 3 non-members.

SAN DIEGO—87,126

Austin, Isabel E..... Sefton Bldg.
 Brownback, Geo. G..... 1671 Tenth St.
 Carmody, Wilma..... Hotel Brewster.
 Dyer, Louis Q..... 510 B St.
 Elliott, Mabel M..... Spreckels Bldg.
 Heitman, Louise C..... Union Bldg.
 Janace, L. N..... 406 Walnut St.
 Laughlin, N. D..... Granger Block.
 Lee, Vernon R..... Owl Drug Bldg.
 Morgan, Gwendys M..... Spreckels Bldg.
 Noble, Arza J..... Spreckels Bldg.
 Wentworth, Lillian P..... Spreckels Bldg.
 Also 9 non-members.

SAN FERNANDO—3,395

1 non-member.

SAN FRANCISCO—539,033

Crawford, Ada B..... 496 Geary St.
 Farnham, D. C..... 323 Geary St.
 Farnham Margaret H..... 323 Geary St.
 Ford, Chas. F..... 186 Geary St.
 Hamilton, Susan H..... 291 Geary St.
 Hebb, F. Jean..... 323 Geary St.
 Hull, Helen F..... 465 Geary St.
 Hull, Lewis L..... 985 Market St.
 Lawrence, J. L..... 133 Geary St.
 Lawson, Robert G..... 133 Geary St.
 Meyer, Richard L..... 1297 Market St.
 Moore, Audrey C..... 1527 Sutter St.
 Perry, Iris A..... 466 Geary St.
 Petheram, Ethel..... 323 Geary St.
 Rust, Chauncy G..... 169 Ellis St.
 Sheldon, T. W..... 323 Geary St.

CALIFORNIA—Continued

SAN FRANCISCO—CONTINUED

Sutton, Emilie V..... 291 Geary St.
 Turney, Marion I..... 985 Market St.
 Usher, Jennie M..... 73 Haight St.
 Vanderburgh, Rose..... 166 Geary St.
 Vanderburgh, W. W..... 166 Geary St.
 Waldo, Margaret..... 133 Geary St.
 Waldo, Ralph E..... 133 Geary St.
 Also 23 non-members.

SAN GABRIEL—2,800

1 non-member.

SANGER—2,730

* * *

SAN JOSE—41,957

Edwards, F. O..... Garden City Bank Bldg.
 Nims, Herbert J..... 100 Ryland Bldg.
 Shelley, Helen H..... Garden City Bank Bldg.
 Stephenson, Jennie..... Garden City Bank Bldg.
 Also 5 non-members.

SAN LEANDRO—6,048

* * *

SAN LUIS OBISPO—6,250

Story, Mignon C..... Warden-Junior Bldg.
 Also 2 non-members.

SAN MATEO—6,335

1 non-member.

SAN PEDRO

Apperson, Frank B..... Mission Hotel.
 Also 2 non-members.

SAN RAFAEL—5,840

2 non-members.

SANTA ANA—18,027

Howard, Horace J..... 3rd and Sycamore Sts.
 Littell, U. G..... Spurgeon Bldg.
 Otewiler, Hester T..... 114½ E. 4th St.
 Otewiler, Claude E..... 114½ E. 4th St.
 Also 2 non-members.

SANTA BARBARA—22,435

Carlson, M. Elise..... San Marcos Bldg.
 Goodrich, L. J..... San Marcos Bldg.
 Harris, Lilly G..... 1201 De La Vina St.
 Harter, Bertha H..... San Marcos Bldg.
 Ousdal, A. P..... 1201 De La Vina St.
 Sperry, Myra E..... 21 W. Victoria St.
 Walters, Mary..... Bath at Sola St.
 Also 4 non-members.

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1924



THE WESTERN OSTEOPATH

IN THIS ISSUE:

THE PERIL OF NARCOTICS

PROTECTIVE MUSCLE SPLINTING OF THE SPINE
(With Reproductions of X-Ray Plates)

KIRKSVILLE COLLEGES CONSOLIDATED

CONVENTION NEWS

APRIL, 1924

THE WESTERN OSTEOPATH

Vol. 18

APRIL, 1924

No. 10

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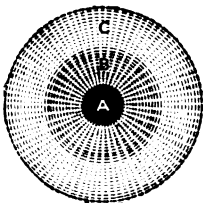
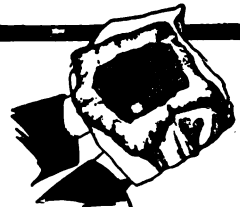


Diagram represents inflamed area. In zone "C" blood is flowing freely through underlying vessels. This forms a current away from the Antiphlogistine, whose liquid contents, therefore, follow the line of least resistance and enter the circulation through the physical process of endosmosis. In zone "A" there is stasis, no current tending to overcome Antiphlogistine's hygroscopic property. The line of least resistance for the liquid exudate is therefore, in the direction of the Antiphlogistine. In obedience to the same law exosmosis is going on in this zone, and the excess of moisture is thus accounted for.



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THE WESTERN OSTEOPATH

Published by the
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Vol. 18

APRIL, 1924

No. 10

THE PERIL OF NARCOTICS

By CAPT. RICHMOND P. HOBSON

President of the International Narcotic Education Association.

One of the Old Testament prophets wrote: "My people are destroyed for lack of knowledge." In no domain is this more true than in the new environment of peril which has developed from the use and abuse of narcotics.

In the New Testament, however, we read: "Ye shall know the truth, and the truth shall make you free."

If a young man knew that this "snow," as narcotic addicts call cocaine and heroin, is more deadly than the venom of the cobra, do you think he would attend a "snow party"? When a lad in high school or college is invited to come down to the wash-room and get a "shot"—a hypodermic injection—do you think, if he knew it to be more deadly than the poison fangs of a rattlesnake or copperhead, that any boy would want to take a "shot"?

And yet these drugs, full effect considered, are far more deadly than the venom of reptiles. In addition to retarding organic functions, they degenerate the brain and lead soon to abject slavery. In the offspring of addicts, the tendency is toward subnormals, and in the end to sterility and a living death for the addict. Nature has her recourse.

The race must either find a remedy, must know the truth and break the

shackles, or take the road toward extinction. This very year tens and hundreds of thousands of our youth are being added to the hopeless army, the millions of "the living dead." The rising tide of crime is a thing against which the forces of law and order are failing. Effort to treat addicts and reclaim the wreckage gives but little hope.

The narcotic trust, or "dope ring," has a virtual monopoly on the narcotic supply for addiction purposes. Its members secure the drugs at a few dollars an ounce. They charge addicts more than a dollar a grain, in most cases more than \$500 an ounce. The heroin addict is the most common. He cannot get money enough lawfully to supply himself with the drug which to him is the most necessary thing in life. To insure his own supply, he becomes a peddler.

It is now agreed that one addict often produces seven more. The captain of a company in the World War, in conversation with the head of our scientific department, who mentioned the "one-producing-seven" estimate, said: "That is very conservative."

In an assignment of soldiers to his company was one addict, to whom little attention was paid. Soon there

were other evidences of addiction in the company. The officers investigated. It was only thirty days since the first addict was observed, and they found twenty-two!

Children Are Victims

Recruiting of narcotic addicts goes on chiefly among the young. The average age of the heroin addict is twenty-three. The majority must have been recruited before the age of twenty. Peddlers are recruiting in the schools. The method is simple. The young people are given a "snow-party." The "snow" is heroin. It is at first supplied free. Just a little on the wrist and a whiff constitutes a "party." Such a "party" once a day will make an addict of a high school boy or girl in a short time. A government report asserts that a youth will become an addict in ten days, and a mature man in thirty days.

Formerly the medical profession believed that ten per cent of addicts could be cured if sent to hospitals for regular treatment. The doctors followed up the ten supposed to be cured, and found that nine of them reverted.

The person becoming an addict is going into the most abject bondage, the most horrible slavery that can be conceived. The scientific world calls these addicts "the living dead."

Habit-forming drugs single out the nervous system, concentrating on the upper brain. The destructive effect is quick. The thought-centers, the neurons and connecting nerve-fibers are quickly damaged. Functioning of faculties in that part of the brain becomes weaker and weaker as compared to the activities of older and tougher centers in the base of the

skull. The upper brain is the shrine of the spirit, the site of the moral and spiritual attributes. The lower brain contains the earlier developed centers, seat of all motives of self-interest. Hence the effect of narcotic degeneracy is more and more to make the victim anti-social, as becoming a species different than his own; a species on the plane of the brute, with brute cunning and cruelty, directed by the intelligence and reasoning power of the man. It is important to understand this, because we find now that nearly all crimes of violence, such as daring robberies and hold-ups involving murder, are committed by addicts.

How Narcotics Work

When narcotics enter the system, nature treats them as if they were toxic poisons. The reaction is immediately to develop antitoxins to neutralize the toxins.

One-eighth of a grain of morphine is a dose in medicine, and one twenty-fifth of a grain of heroin is sufficient to put one under the influence of the drug. In a few days, or even a short time, the system will have developed antitoxins sufficient to neutralize this quantity. The drug effect—the "kick," as it is called in some cases, and "oblivion" in others—will be felt only after getting beyond the neutralization point. Then it will be necessary to have a quarter of a grain, later half a grain, and soon a grain. One grain of morphine is a fatal dose to a person unaccustomed to the drug.

The average addict is taking more than ten grains of morphine daily—more than eighty times a dose. He is paying on an average more than a dollar a grain. Some are taking

twenty grains, some fifty. There are records of more than one hundred grains taken daily.

When the effect of the drug begins to subside, as it does in a few hours, through the action of the skin and the kidneys, the antitoxins do not subside. Remaining in the system unneutralized, they act like irritating poisons. The harmful effect is general—nothing escapes. A condition of torture sets in. The muscles become knotty, cramps ensue in the abdomen and viscera, and pains, as though a sword were being thrust through the body, succeed each other. This suffering, called "withdrawal symptoms," representing the most acute torture ever devised or described, continues for days. Usually death will ensue if the addict is far advanced, and the doses or "shots" are stopped.

The addict comes to look on the question of getting his supply of the drugs not only as important for his well-being, so that he can do his work or look after his business, but as necessary to his very life. He cannot obtain a sufficient supply lawfully. He is thrown at once into the lawless world. He comes to look on the rest of society as his enemy, with its hand against him.

The addict of other drugs in many cases prefers that the young or any other human being should not go his path of pain and terror, but heroin and cocaine addicts, particularly, want company. They have an insane desire to enlist others.

Formerly, most addicts were the result of medical treatment. Addicts of this sort now represent but a small fraction. They are now recruited in a systematic organized way.

Peril Invades Schools

The narcotic peril is spreading rapidly among school children. High school students, and even pupils in the elementary grades, fall prey through the agency of the dope peddler. There is much official evidence of this fact. A report of the federal grand jury at El Paso, Texas states:

"It has come to our observation that boys between the ages of twelve and fifteen years are being taught the use of narcotic drugs; that these boys, once in the grip of this vice, sell the clothes that their parents provide for them, steal and indulge in other petty crimes, for the purpose of obtaining funds to satisfy their cravings, created by the drug habit. We find that one boy has stated to officers of the law that he has about *twenty* companions of his own age who are drug users. Another boy disclosed that there are *forty* of his child companions using narcotics. Peddlers of drugs are giving it away to some children to create narcotic addiction, thus enlarging the demand for their illicit traffic."

The report (April 15, 1919) of the special committee appointed by the Secretary of the Treasury to investigate the secrecy of the drug traffic, states:

"The range of age of addicts was reported as twelve to seventy-five years. * * * Most of the heroin addicts are comparatively young, a portion of them being boys and girls under the age of twenty. This is also true of cocaine addicts."

Nearly all American children go through our schools without obtaining adequate information about these habit-forming narcotics and their effect on the human system. Ignorant

of the exact nature of narcotics, and of the fact that indulgence is inevitably followed by addiction disease, they accept the suggestions of those who are themselves secretly addicted, or who are engaged in the illegal sale of the drugs, to secure relief from any temporary ache or pain that may annoy them, or merely to "get the kick," and thus unwittingly acquire the disease of narcotic addiction.

Dr. Dana S. Hubbard states: "Eighty per cent of the addicts visiting the New York department of health clinic are young men and women just out of their 'teens." This proportion does not indicate that eighty per cent of all the addicts in New York City are young men and women, but that four-fifths of those who applied to the clinic were just out of their 'teens.

Dr. Amos O. Squire of Sing Sing prison says that most addicts acquire the habit in the early twenties.

Mrs. Ellen LaMotte, a recognized authority on narcotic addiction, says that twenty per cent of addicts begin the use of narcotic drugs before they are twenty years of age, and that thirty-five per cent acquire the habit under twenty-five years of age.

Textbooks Deficient

We cannot expect our school children to learn what is not found in their standard textbooks, nor those things about which little or no instruction is given. Textbooks are lacking in subject-matter bearing on narcotics. This is shown by a survey of almost one hundred textbooks on physiology and hygiene used in the public schools throughout the United States. Out of the eighteen textbooks widely used in high schools, five con-

tain nothing whatever about narcotics. In the other thirteen textbooks, less than two pages, on an average, are devoted to a consideration of the subject. If all the material in all of the thirteen textbooks were brought together in a single volume, one would get a fair conception of the effects of narcotics on the system, but when taken separately, as they must be in class-room instruction, they fail to give the instruction which so serious a subject requires.

For instance, only eight authors state that opium is a narcotic drug; only nine that its continued use results in an almost unbreakable habit; only six that certain "patent medicines" contain opium; only four that laudanum is opium dissolved in alcohol; and only four that paregoric is a dilute solution of opium. Only five authors say that opium makes physical wrecks; only four that it affects the mind; only four that it destroys morality; and only one that its use calls for increasing doses. Although heroin is now the leading and the most dangerous drug of addiction, only one author ventures to mention it.

Even such treatment as is given to the subject of habit-forming drugs in these textbooks pertains more to the use as medicines or as drugs which may cause acute poisoning, than to their abuse as habit-forming narcotics which wreck the physical and mental life of all who knowingly or unknowingly become addicted to their use.

But all high school students do not get even this meagre instruction, because in a majority of secondary schools a course in physiology and hygiene is not offered, and even when the subject is taught, it is not often

required of all students. Few universities and colleges today will give entrance credit for work done in this subject in high school—a fact which discourages schools from offering it and students from taking it when offered.

Race Is Menaced

The average citizen of the United States is not well informed about the peril of narcotic addiction. Despite the material current in the daily press as news, there is very little specific knowledge as to the causes and consequences of narcotic addiction, and very little appreciation on the part of fathers and mothers and of boys and girls of the peril that lies in the use of morphine, heroin and cocaine.

Thoughtful men, from the earliest times, have recognized the high importance of the influences surrounding childhood and youth. Modern science has revealed many factors affecting life prior to birth of which the ancients never dreamed. The prenatal period begins with conception, when the germ plasm of two lines or two chains of life are welded together to make a new link in the changing net of human destiny.

The result of the welding, the relative perfection of the little embryo life as it starts upon its course of immortality, depends chiefly upon the integrity of the two lines of germ plasm. Many factors may determine the integrity of such a line of germ plasm, factors of strength and factors of weakness, factors laden with life,

in the present state of human life, as in the past, a potent determining factor is the various forms of narcotic drugs.

No parent who is a narcotic addict and factors laden with death. But can hope to have normal offspring. No organ in the system of the narcotic user can possibly escape some injury. The stomach, intestines, pancreas, liver, kidneys, heart, lungs, nervous system, brain, spinal cord, ovaries, testicles, bone, sinew, all suffer more or less, and with them of necessity the body, the mind, and the character; and the crowning horror of it is that the yet unborn children of such persons will reap the most terrible harvest of all.

The narcotic addict seldom makes or saves any wealth, and is rarely ever able to care for a family. Heads of families, once the possessors of moderate means, or wealthy, are frequently reduced to abject poverty. Whether in trade, profession, or business, narcotics and efficiency cannot travel the same road. The loss of skill, precision, force in intellectual pursuits, honesty, stability, integrity, and character are sure to follow the continued use of any narcotic drug.

Man's capacity as a protector of the home, as well as a bread-winner, is impaired by narcotic addiction. The very nature of a narcotic addict is lower than the standards of civilization. Narcotics tend to incapacitate the user from the highest reproduction, debase love to the level of lust, and remove all reason or conscience.

The Concluding Article on
“The Peril of Narcotics”
Will Appear in the Next Issue

NATIONALLY-KNOWN OSTEOPATHS TO APPEAR ON CONVENTION CIRCUIT

Dr. Carl Johnson of Louisville, Dr. J. Ivan Dufur of Philadelphia, Dr. Arthur D. Becker of Kirksville, Dr. L. van H. Gerdine of Los Angeles and Dr. Dayton Holcomb of Pasadena are the men who have been obtained by the Western Association to appear on the programs of the state conventions to be held in Idaho, Washington, Oregon and California. The present plan in Utah is to hold a one-day meeting at Salt Lake City, June 14, with Drs. Becker, Gerdine and Holcomb as speakers.

The success of the technique programs of the last three A. O. A. conventions has been due in a large measure to Dr. Carl J. Johnson of Louisville, Kentucky. He appeared on the program at Los Angeles in 1922, and at New York City in 1923. He has a national reputation as a technician. He not only knows his technique thoroly, but he "puts it over" with the enthusiasm which is one of the hallmarks of the true teacher.

Dr. J. Ivan Dufur is president of the Dufur Osteopathic Hospital at Ambler, Pennsylvania, about fourteen miles north of Philadelphia. His research work and his methods of treating nervous and mental diseases have made him nationally known. The Dufur Osteopathic Hospital, established four years ago in Philadelphia, outgrew its city quarters and last August was removed to larger buildings with 53 acres of ground at Ambler. The present capacity of the institution is 85 patients, but already plans are under way for enlarging it

within a year to provide for 140 patients.

Dr. Arthur D. Becker received part of his osteopathic training directly from the Old Doctor. He is a former Minnesota osteopath with a record of seven years of highly successful practice in Minneapolis. He was a member of the state Board of Osteopathic Examiners and was twice elected president of the Minnesota Osteopathic Association. He has served as a trustee and a member of the executive committee of the A. O. A. As Dean of the Memorial College at Kirksville he is gaining further distinction.

Dr. L. van H. Gerdine received his osteopathic training at the Massachusetts College of Osteopathy and at the A. S. O. at Kirksville. He also received the degree M. A. at Harvard, and has taken three post-graduate courses in European universities. For nine years he was consulting neurologist of the Still-Hildreth Osteopathic Sanatorium at Macon, Missouri. He left this position about a year ago to become president of the College of Osteopathic Physicians and Surgeons.

Dr. Dayton B. Holcomb received his osteopathic training at the Chicago College of Osteopathy. In 1913 he went to Paris to study in the Pasteur Institute and under Metchnikoff. Later he went to Vienna, where he spent from eight to sixteen hours a day in the University of Vienna. While on a circuit clinic trip for the Western Association in February, 1923, he received many invitations to

appear again before the osteopaths in the states he visited.

Books are the legacies that a great genius leaves to mankind, which are delivered down from generation to generation, as presents to the posterity of those who are yet unborn.—
ADDISON.

The deep-seated congestion and dyspnea are relieved, the pain is lessened and the strength of the heart is conserved in broncho-pneumonia by the use of Antiphlogistine. Valuable information is contained in the booklet, "The Pneumonic Lung," which will be sent free on request by The Denver Chemical Manufacturing Company, 20 Grand Street, New York City.

OSTEOPATHIC PROGRESS IN CALIFORNIA

Freed from her allopathic bondage, California is certainly coming into her own and furnishing us all with osteopathic inspiration. With the college reorganized and vigorous, with your General Hospital unit, and with your new osteopathic institutions, you are assuming responsibilities which offer great osteopathic possibilities. With all that and the splendid though unostentatious work which Dr. Louisa Burns and her helpers are doing at the Research Institute, great strides are being made that will command the continued general appreciation and support of the public.

ASA WILLARD, D. O.,
President,
Montana Osteopathic Association.



A Glimpse of Oakland Across Lake Merritt.

PROTECTIVE MUSCLE SPLINTING OF THE SPINAL COLUMN

BY DAIN L. TASKER, D.O.

427 West Fifth Street, Los Angeles.

The conception of the human body as a machine leads the physician to approach all his patients with the idea that they need "fixing." All of us have plenty of defects which are more or less apparent to even a casual observer. Probably the less education the observer has in medical science subjects the more defects he will find, at least the more he *believes* he finds.

The human body is so much more than a machine that it is not proper for any therapist worthy the designation *physician* to make even his first survey of a patient on that basis. Since, however, the vertebral column is the first formed structure recognized by embryologists, we are justified in beginning a physical examination in this area. The spinal column is such a complex structure and subjected to so many forces that we ought to be extremely careful lest we permit theory too free a rein. We have a big subject to study when we predicate body functional integrity on spinal structural integrity.

Whatever may have been the original plan upon which man was created, the fact stands that the patients with whom we come in contact have undergone some degree of structural and functional change attested by pathology. Pathology is therefore the most important thing for us to consider. If one holds to the theory that the pathology is secondary to structural change and that effort to

"correct" the structural change is adequate therapy, a host of absurd "reductions" will be arrived at. We all recognize numerous causes of diseases which operate without regard or respect for integrity of structure.

The pathology of spinal lesions has been frequently and extensively written about, but I want to illustrate briefly what seems to me a most practical and essential mode of approach in examinations of spinal tissues. While watching clinicians examine the spinal areas of patients I have been impressed with the fact that nearly every one of them laid stress on asymmetry of alignment and hypertension of muscles rather than on possible or probable pathology which might be the cause of the structural phenomena.

Lessened mobility and pliability of the spinal column may be indicated as *stiffness*, *rigidity*, *spasticity*, or *ankylosis*. To my mind each one of these words means a separate condition. Mere *stiffness* may mean nothing more than lack of confidence of the patient in my examining touch or effort to test mobility. Less apprehension on the patient's part might permit me to demonstrate a normally mobile column. The large proportion of patients have pliant spinal columns after either active or passive movement of its articulations. This fact permits an extensive use of rather severely forceful movements of spinal arthrodial joints without definite injury. In all such cases there is no

disease process localized in the spinal tissues.

Rigidity is a term which ought not to be used as a synonym for stiffness. A patient suffering from paralysis agitans has a rigid back which he cannot voluntarily make mobile nor can passive movements make it pliable. It can be passively moved but it does not become flexible. The rigidity is an effect—the effect of a lesion in the central nervous system. This muscular hypertension is usually bilateral.

Spasticity is another muscular hypertension dependent on a lesion in the central nervous system, peripheral evidence of central injury. It is usually unilateral and therefore causes asymmetry in spinal alignment.

The rigid or spastic areas are effects but may, on occasion, become static causes of some other disturbances. Passive manipulation can not be a permanent corrective of such rigidities and spasticities. It palliates or compensates these conditions in a manner comforting to the patient.

Ankylosis is abnormal immobility and has so many significances that we should always be on the alert to sense its presence and possible meaning. This term has been used to cover all sorts of immobility from protective muscle contraction to bony union.

Muscle contraction to reduce movement in inflamed areas is one of nature's most interesting phenomena in disease. The interpretation of its significance is a fairly recent conception. The conception that it is protective has led to the development of some very helpful therapeutic methods which substitute passive fixation to arrest active muscle fixation and thus permit healing.

The comparatively small propor-

tion of patients who suffer from actual spinal disease leads the average physician to almost forget that actual pathology is sometimes located there. Many such conditions are overlooked and hence mistreated.

Practically every human being experiences at some time in life the feeling of stiffness in spinal areas. This stiffness is more subjective than objective and is accompanied by soreness to pressure (another subjective symptom). The ordinary symptoms of subjective stiffness and soreness are greatly relieved by passive movements. The joints involved in these symptoms can be passively moved through their whole normal range and be made to "pop" under the influence of appropriate position and quickly applied external force. This forceful passive movement should not be painful or have any sequelae indicating traumatic inflammatory reaction. Stiffness and soreness are subjective symptoms accompanying all sorts of intoxications. The pathology in these cases is functional rather than structural.

The differentiation of objective and subjective stiffness is frequently difficult. Whenever there is any doubt in the examiner's mind as to the real condition, recourse should be had to the assistance which can be rendered by the radiographic laboratory. No radiograph should be read without knowledge of the clinical findings. It is my belief that the finding of joint stiffness (i. e. a joint splinted by protective muscle contraction) ought to be sufficient warning to the clinician to refrain from forcing motion.

Since the vertebral column forms a portion of the walls of the thoracic and abdominal cavities, visceral dis-

ease in these cavities will cause muscular splinting of the column wherever movement of the column might increase fascial, ligamentous, or capsular tension in the diseased viscera.

We now have in view three general classes of vertebral stiffness: (1) that due to intoxications; (2) that due to intrinsic spinal disease, and (3) that due to effort to protect diseased viscera. Every one of these has a real pathological basis.

Stiffness due to intoxications of various sorts can be greatly moderated by passive movements. From the therapeutic standpoint such manipulation is palliative but not curative. Detoxication of the patient by speeding up his elimination is a far more sensible treatment than using palliative manipulation. Castor oil is a household remedy because it is a detoxicant.

The muscular splinting of spinal areas is so common a phenomenon that it seems scarcely necessary to illustrate it, but I hope that the presentation of a few plates showing actual pathology in spinal tissues may be found helpful and suggestive. I have purposely selected cases which show such pronounced changes that even though one is not much practiced in plate reading there will be no call on the imagination to interpret them. All of the cases have passed through the hands of many physicians, representing all schools of practice. They are chronic cases and therefore have had many and large doses of all sorts of therapy, none of which was germane to the causes of the diseases or the protection of the patients.

Spinal caries is insidious in childhood, but the trained physician ought

to be so conscious of its possibilities that any child showing spinal splinting or effort to assist with the upper extremities in supporting body weight should be searchingly studied to determine the cause of these self-protective phenomena. All of us can recognize an angular kyphosis, but few physicians visualize the actual destructive process which produced the angularity. I have heretofore called attention to the osteogenetic centers for the vertebral arch and the vertebral body. That portion of the vertebral body which forms the facet for the head of a rib is developed by the osseous centers for the vertebral arch. Vertebral caries seems to attack only those portions of a vertebra formed by the centers for its body; hence, no matter how destructive the caries may be, the bony ring surrounding the spinal cord remains intact and the ribs maintain their relation to the dorsal segments.

The function of the vertebral bodies is mainly supportive; hence if caries is present our first therapeutic duty is to initiate physiologic rest. The sooner we can recognize caries and prescribe physiologic rest for the part involved, the less deformity there will be. **Plate 1** illustrates one of those sad cases known to us all—vertebral tuberculosis. This lateral view of a child shows how the disease has destroyed in whole or in part the bodies of five vertebrae: the lower four dorsal and the first lumbar. The disease is active in this case. The extensiveness of the deformity is due to treatment which amounted to neglect. An Albee operation has produced the mechanical conditions calculated to stop the progress of the destructive process.



Plate 1. Vertebral tuberculosis in a child.
(The five plates in this series were made by Dain L. Tasker, D. O.)

Plate 2 illustrates another case of vertebral pathology. The patient is a civil engineer, 40 years of age. During the war he was engaged in mapping unsurveyed portions of the Coast Range for the government. His position, when using the transit, became terribly painful. His back was muscle-splinted in the lumbar area. Treatments for lumbago were unavailing. The X-ray plate showed a complete involvement of the upper three lumbar vertebrae. A plaster cast was immediately applied. After being worn for three months it was replaced by a reinforced sole leather jacket, which has been worn eighteen months. The patient is now able to work without any support and he suffers no pain.

Few physicians realize how easy it is to crush a vertebral body. We have in our collection a half dozen plates showing crushed vertebral bodies in cases practically none of which were suspected. The protective muscle splinting had made no impression on the examining physicians. It does not matter about the school of practice: they are all alike in riding rough-shod over nature's best efforts at self-protection.

The spongy bone of a vertebral body appears to be easily crushed in forced flexion. Cases of this sort that I have radiographed have frequently given no history of direct violence, *i. e.*, of any force applied to the particular vertebral body. Falls on the buttocks, thus telescoping the long axis of the vertebral column, cause the bodies of the vertebrae to withstand a great force suddenly applied. The dorsolumbar area seems to re-

ceive the greatest strain. **Plate 3** illustrates an impacted fracture of the twelfth dorsal in a man 45 years old who was the victim of an accident which broke his right hip. A heavy timber fell and struck him a glancing blow, breaking his hip. No one realized his back was broken, hence his bitter complaint of intolerable pain was all attributed to his hip, even though he declared that his hip was not hurting him, but that his back pain was unendurable. When he was able to shift for himself he had this plate made.

Arthritis causes muscle splinting to stop movement in the affected joint. Arthritis is very common in spinal articulations: even more frequent there than in the phalangeal articulations which we all note so often. Most arthritic attacks in spinal joints tend to become chronic and are ultimately characterized by either atrophic or hypertrophic changes. The atrophic changes produce deviations characteristic of senility. The hypertrophic changes do not produce noticeable malalignments or abnormal curves, but do produce bony ankylosis. These bony processes usually extend in the ligaments, producing osseous bridges across the intervertebral spaces. Sometimes these bridges are very strong and practically surround the intervertebral cartilage, while at others they are weak and brittle. I have radiographed several fractures of these bridges. The fractures were due to excessive zeal in correcting spinal lesions without the physician knowing the patient's true condition. These unfortunate occurrences brought

(Continued on page 22.)

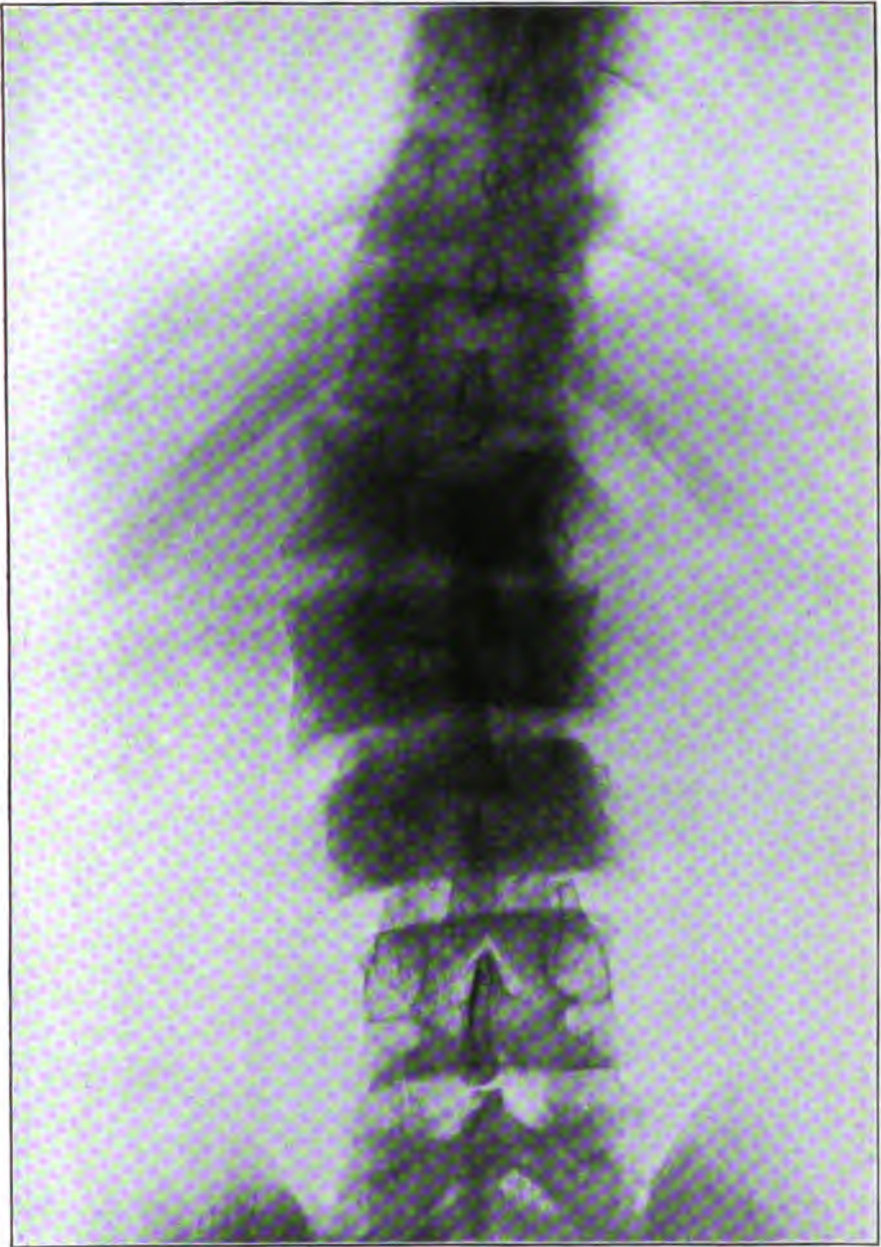


Plate 2. Spondylitis involving the upper three lumbar vertebrae in a man of 40.

OSTEOPATHIC CONVENTIONS

UTAH

Salt Lake City, June 14

IDAHO

Pocatello, June 16-17-18

WASHINGTON

Lake Kachess, June 20-21

OREGON

Albany, June 23-24

CALIFORNIA

Oakland, June 24-25-26-27-28

Prominent speakers will appear on the program in each state, under the auspices of the Western Osteopathic Association. For details see article in this issue.

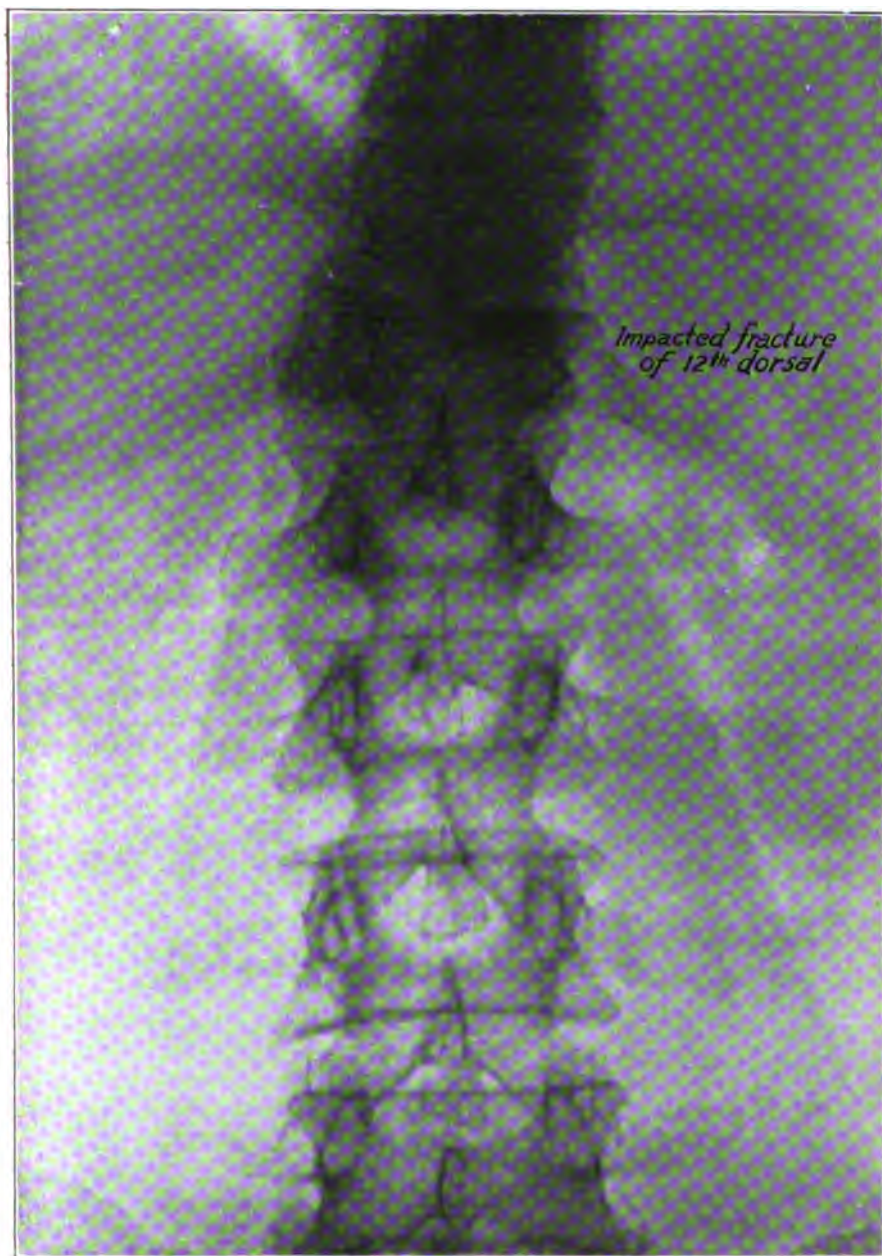


Plate 3. Impacted fracture of the twelfth dorsal vertebra in a man of 45.
The same accident fractured the right femur.

the pathology into the field of observation.

Plate 4 illustrates hypertrophic arthritis in the lumbar region of a man 65 years old. This man had been treated for lumbago for years. He is strong and there is so much mobility in his hips that he can stoop and touch his hands to the floor without bending his knees. His stiff spine has not prevented him from doing heavy manual labor. His nights of rest (?) were worse than his days of labor, because in the recumbent position as his muscles relaxed at the moment of going to sleep he was electrified by pain. Finally the ossification of his spinal ligaments became adequate to passively splint his lumbar articulations and thus give his muscles rest. With an ankylosed back he is a well man. Nature did a good job of splinting in spite of all the therapeutic efforts to establish movement. It is a legitimate question to ask ourselves whether artificial fixation in the first stages of this arthritis deformans might not have enabled the process to terminate with less ossification. The X-ray gives the present-day physician a great advantage if he is willing to use it. An early diagnosis may save the patient from much destructive pathology.

Plate 5 illustrates a difficult case to analyse. A young man, 27 years of age, presented himself to me for examination to determine the cause of a most persistent backache which threatened to prevent his attention to his work. It had grown progressively worse for weeks, in spite of various treatments. It was located in the upper lumbar area. There was muscle splinting of the lumbar. He had

undergone much heroic manipulation and "thrusting" to reduce numerous lumbar "dislocations." The manipulation hurt him cruelly, but he was sold on the idea that he had a vertebra that needed adjusting and he was willing to stand a "major adjustment." I made a radiograph, but could not determine anything definite, so started a gastro-intestinal examination to eliminate all possible factors. Plate 5 was made a half hour after giving him a barium meal. Watching the barium pass along the intestinal tract, I soon noted that none of it entered the umbilical region. Palpation disclosed the existence of a tumor mass lying retroperitoneally on the bodies of the lumbar vertebrae. There was no obstruction to the passage of the barium, showing that the loops of intestines lay around this tumor mass but were not incorporated in it. His military history showed that he had been operated while in service and a sarcoma removed. The mass was probably a metastatic sarcoma. Heavy doses of deep therapy X-ray have greatly improved the patient. Sufficient time has not elapsed to prove the value of the treatment, except that it has relieved all pain and greatly reduced the tumor.

(Plate 5 is on page 24.)

These cases drive home the fact that persistent backache must be carefully studied, especially when accompanied by a truly protective muscle contraction.

These cases have such extensively developed pathology that we ought to sense its presence just on a clinical basis without any X-ray; but the X-ray visualizes the true state of things and impels intelligent co-operation on the part of the patient.

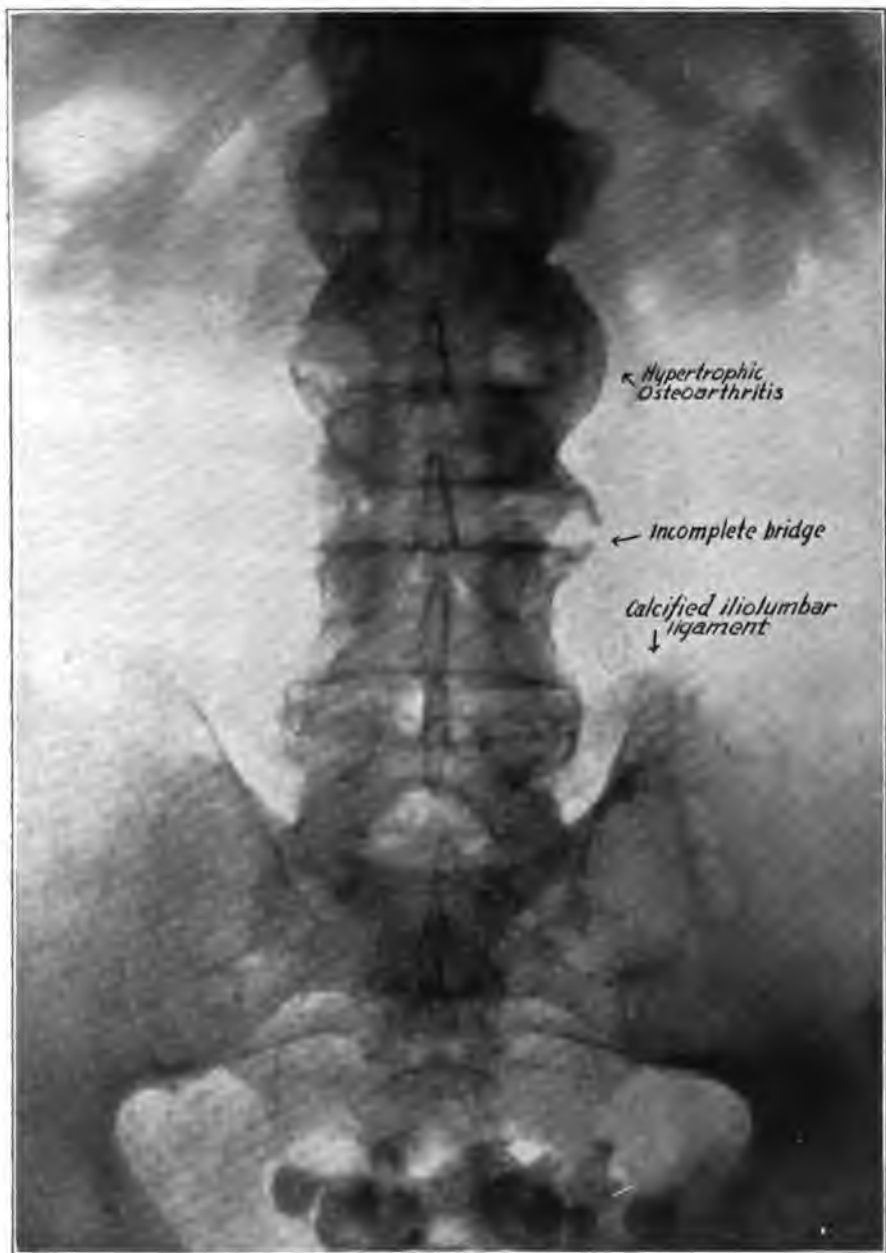


Plate 4. Hypertrophic arthritis in a man of 65. This man has a compensatory hypermobility of the hip joints.

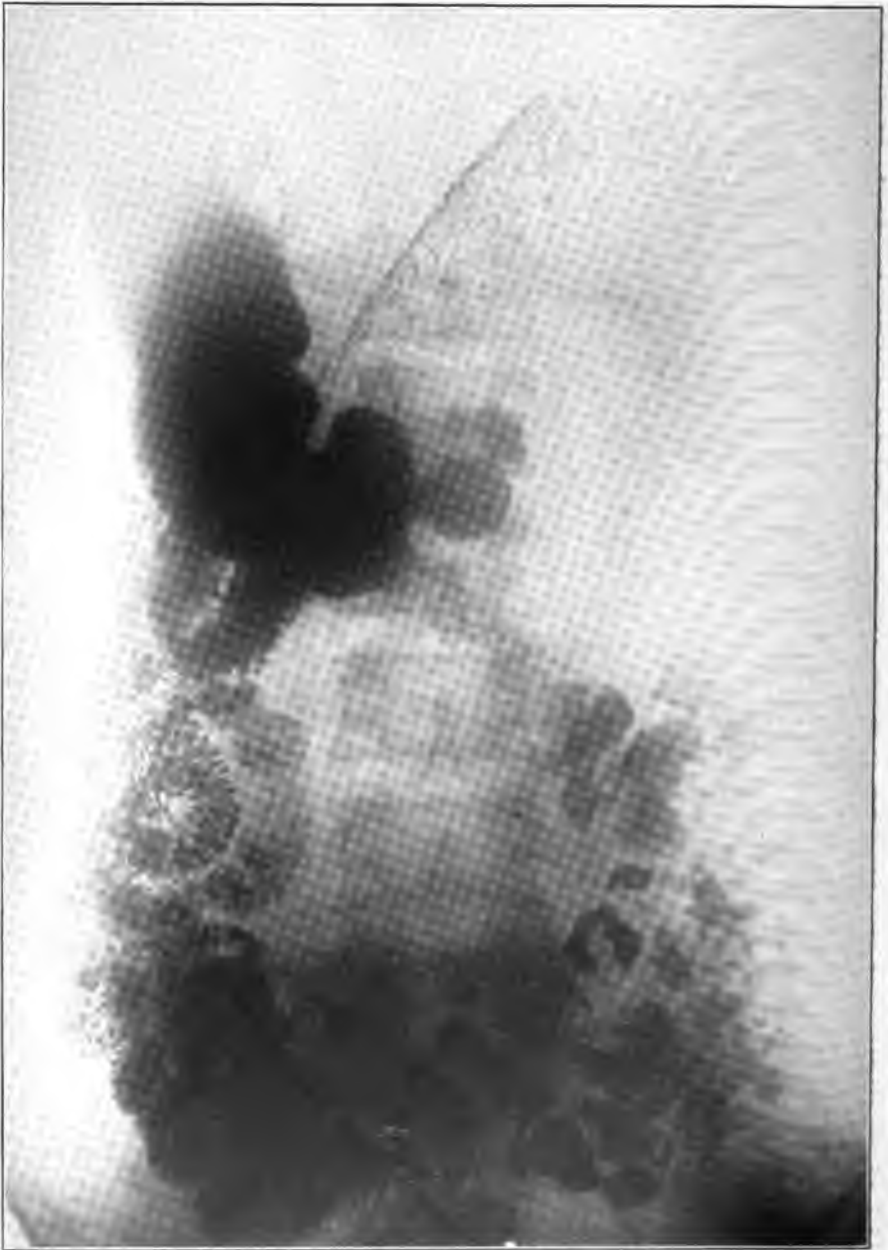


Plate 5. Retroperitoneal tumor on bodies of lumbar vertebrae. Note disposition of gastrointestinal tract around central translucent area.

IS THE "NEW" THEORY OF OSTEOPATHY REALLY NEW?

BY L. V. HARVEY, D.O.

414 North Avenue Fifty-Seven, Los Angeles

The first article in the January issue of THE WESTERN OSTEOPATH is entitled "The New Theory of Osteopathy," and was written by Dr. Mary LeClere. As I understand it, Dr. J. S. Amussen is the originator of the new theory, and Dr. LeClere wrote from his notes. At the February meeting of the Los Angeles Osteopathic Society I was scheduled to speak of my experiences in meeting other osteopaths on my extensive trips thru the United States and Canada, but when I read the article on the "new theory" I called up the program chairman and asked to be allowed to change my subject and discuss Dr. LeClere's article. In the meantime I called on Dr. LeClere and she very kindly placed at my disposal the manuscript of another and more complete article on the same subject.

After my discussion of the article at the meeting in February, Dr. LeClere wrote a short rebuttal which was printed in *Team Work* for March. Since then I have discussed the subject with both Drs. LeClere and Amussen, and I find we are quite agreed on almost every point unless it be the word *new* in the title. I believe they are quite convinced that but little if any of the subject matter is new to me. I do not claim originality in any of my knowledge of the theory of osteopathy, but believe I got it all from those before me. I agree that their theory is correct and the article is excellent. My whole con-

attention is that it is not *new*. I agree with them most heartily when they contend that it is new to a very large percentage of our profession. I am just as sure, however, that many of the older osteopaths understood the whole theory just as well as any of our doctors of today. At the head, of course, I put Dr. Still. With his diligent study and deep philosophy and insight I believe he knew at least as much about the theory of osteopathy as any of our present-day osteopaths. It is true that the A. T. Still Research Institute has proved a great many things, but were we not contending for those very things even before they were proved?

Inasmuch as Dr. LeClere labels the theory *new* and then proceeds to outline a theory of osteopathy without giving credit to the old theory for anything except bony pressure (which she then relegates to surgery), we may believe that she regarded every idea in the article as new. And inasmuch as none of it appears new to me, I had no way of differentiating between what she thought was new and what was not. If she had said, "Here are a few ideas about the theory of osteopathy which as far as we know are new," then I should have read it interestedly and let it go at that.

I do not want to be misunderstood and have someone call me a conservative, for that is anything but the truth. I am a "bear" for new stuff. I grab every idea that looks new, and no one can believe more fully in the

eternal law of progress and evolutionary development of everything in the universe than I do; but how can I subscribe to an idea as being new when the same thing was taught more than twenty years ago and is found printed in books published at that time?

Perhaps one of the analogies in the article on the "new" theory really is new. I do not know that anyone had previously referred to an injured ligament as a "kinked steel wire." I consider the illustration a poor one. In my address I covered that point, with quotations from Dr. Hazzard's "Principles of Osteopathy," pages 80 and 81.

Dr. LeClere says they believe that Dr. Amussen was the first to teach that it is movement by itself that cures. I was taught that in college and then repeated it to my patients more than twenty years ago—before Dr. Amussen came on the job.

I remember very clearly the discussions in class in 1901 as to which was the more important, restoring subluxations to normal position or restoring movement in the lesioned joint. My contention at that time was, and ever since has been, that to restore movement is by far the more important of the two.

I have said to patients hundreds of times that in their lesions there were two things to be accomplished: first, establish movement in the lesion; second, adjust it to a position as nearly normal as possible.

There are many lesions in which we can establish movement and accomplish wonders for the patient but at the same time find it impossible to make or maintain complete adjust-

ment. There is plenty in our early literature along that line to convince anyone that the idea is not new. It would not be possible to establish movement without stretching adhesions and sending messages thru the transmitter of the "neurophone."

Again, in 1901 I was one of the leaders in a discussion as to whether or not nerves are compressed in the ordinary osteopathic spinal lesion. I insisted that in about 99 per cent of the cases the deviation from the normal position was so small that it was not possible for the nerve trunks to be pressed upon, but that the pathologic process was due not to pressure but to irritation from injured joint structures (chiefly ligaments) and transmitted by the then well-known laws of reflexes over the nerves to the centers and from there to the organs in question. At that time I cited quotations from our texts of that day to prove my contentions. Again, in my talk before the Los Angeles Society in February, I cited the same texts in proof that the "new" things in Dr. LeClere's article were *not* new.

In our discussions in class in 1901, however, I admitted that a small proportion of lesions were so gross that actual pressure either of the bones or ligaments was present. In some cases there was only enough pressure to be an irritation, in which case the symptoms were the same as in other lesions except that they were usually much more severe. In other cases the pressure was so great that it did result in a passive pathologic process. Now I am ready to declare boldly that neither Dr. Amussen nor our research workers have ever proved that lesions

"never" produce pressure on nerves or blood vessels. Lesions *do* produce pressure, and I stand ready to discuss that point with anyone. If they insist on calling such lesions dislocations and relegating them to surgery, then I shall continue to insist that they still *produce pressure*, and that they are *osteopathic*, for the simple reason that the osteopath is the only one that has dealt with them as they should be dealt with. I cannot go into the pressure story here, for it is a long one and can be dealt with much better in a lecture than in a written article. We need the real bones before us when discussing it.

To sum up my objections to the article on "The New Theory of Osteopathy":

First, the theory is *not* new.

Second, it robs Dr. Still of the credit due him and gives the laurels for the discovery to another.

Third, it belittles osteopathy in the early days when it was doing some of its greatest work.

Fourth, Dr. LeClere says, "Because osteopaths found the practice so beneficial they were not over-critical of the theory." Were the graduates of two decades ago unable to think? Were they like a flock of sheep following a blind leader? Did they never investigate the *theory*? Dr. LeClere tells us: "The medical profession has never been able to accept the theory." Are *they* scientific? Are *they* "over-critical"? (Just watch and see how quick they grab this "new" theory.) I for one examined the theory of osteopathy before I took up the work. I believe I knew what I was doing. I believed that Dr. Still

had made a *really new* and great discovery, and from that day to this I have found no reason to change my mind.

My fifth objection to the "new theory" article is that it lays us open to attack by our imitators. We have been saying they are our imitators and I am ready to stand by the charge. To many of them this theory is not new. I have talked with them and have tried to show them that we were teaching all this before they were; that Dr. Still knew the theory before Palmer did. I will be surprised if they don't come out with the argument that the osteopaths have just discovered what they have known all the time, and then they will ask us who the imitators are.

Are these "new theory" people going to announce this as a new discovery and found a new school? Will the old guard of osteopathy have all this old fight over again with two imitators in the field, and how long will it take us to convince the public that all they have was discovered by Dr. Still and taught to his early followers? What I object to is their stealing our old thunder and calling it *new*.

WHERE WERE THE POLICE?

[From the Orlanna (N. C.) Journal]

Quite a number of young people attended a stripping bee at the home of Mr. and Mrs. Joe Payton last Saturday evening. After the stripping was completed a dainty supper was served by Mrs. Payton, assisted by Miss Helen Payton and Mrs. Nellie Shanks. Then the young folks danced until midnight.

The Western Osteopath

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California Osteopathic Association

President, Dr. Ernest G. Bashor, Ferguson Building, Los Angeles

Vice-President, Dr. Inez S. Smith, Hollingsworth Building, Los Angeles

Secretary-Treasurer, Dr. C. B. Rowlingson, Los Angeles

Official Organ of the Western Osteopathic Association
and of the Osteopathic League

20 CENTS A COPY

\$2.00 A YEAR

C. B. ROWLINGSON, D. O., Managing Editor

DOES MIXING PAY?

An editorial writer in one of our estimable contemporaries enlarges on the subject of "mixing." He opens his article with the query, "Where can anything be found that is *pure*?"

His challenge immediately brings to mind the fact that gold occurs in nature *pure*. We also recall that carbon, while occurring in a more or less mixed state known as coal, in which form it sells for less than one cent a pound, also is found in a pure state known as diamond, in which form the market value is at the rate of about \$700,000 a pound. Does mixing pay?

The thesis of the editorial seems to be contained in the statement, "There must be an arbitrary point at which a given thing begins to change from purity into a mixture with something foreign to it." On the basis of this premise, what constitutes pure osteopathy depends entirely on the point in its history at which it is seized and labeled *pure*.

A pure strain of thorobred animals remains pure only when it is kept free from admixture with foreign strains. If a strain of horses which has been bred for speed receives an admixture of a strain bred for heavy work, some degree of the chief characteristic of the original strain (speed) is lost. A strain of race horses may be developed to a point where one animal may win a fortune for its owner. Breed the winning horse to a draught horse, and the offspring would be left at the post. Does mixing pay?

When two species are crossed, the result is a hybrid. *Hybrids are sterile.*

When a man stakes out a claim in a rich gold mining district and works it only long enough to scratch the surface of the deposit of the precious metal, does he then abandon it to begin operations in a territory known to be almost barren of gold? Yet there are osteopaths who have deserted the rich "diggings" of osteopathy to start mining in the old allo-

pathic claim, with its numerous abandoned drifts. Some have rushed to work other therapeutic claims from which strange incantations were emanating.

The members of our profession whose annual incomes are in five figures are men who are practicing un-mixed osteopathy. Does mixing pay?

In a recent talk to the students of the A. T. Still College of Osteopathy and Surgery, Dr. A. D. Becker, Dean of the College, said:

"Twenty-one years ago I graduated. There has not been a year of that time that I have not truly believed in osteopathy. I have used it to the exclusion of all other methods. We must not be fanatical, for there is a lot of good in other methods. I am absolutely convinced, however, that it takes all of one good man's time to be a good osteopath. I have tried this thing out at bedsides. I have been out on cases where everything else had failed, with my back against the wall and nothing but osteopathy to work with. I have applied all the osteopathy that I knew and won out. That makes you an osteopath."

Only a small part of the gold in the osteopathic mine has been taken out. Until every vein of its rich ore is exhausted, no osteopath is justified in devoting his energy to working mines of lower grade ore.

Chance is a word void of sense; nothing can exist without a cause.—
VOLTAIRE.

Can any one find out in what condition his body will be, I do not say a year hence, but this evening?—
CICERO.

Our great business undoubtedly is, not to *see* what lies dimly at a distance, but to *do* what lies clearly at hand.—CARLYLE.

PERTINENT POINTS FROM THE PRESIDENT'S PEN

"Know thyself" is an old Athenian inscription. That is what I want to impress upon the osteopathic profession of California. And then I would like to add, *know each other*. It was a good but strenuous trip that your president just made up the San Joaquin Valley, around the bay and down the coast.

The San Joaquin Valley Society is badly scattered, physically and mentally. The osteopaths in this territory have distance handicaps to overcome that most others have not. It is easier for them to get broken up. But I once heard, "When you feel all broken up, save the pieces." They have some good pieces. Many individuals throughout the valley are faithful, loyal workers of our association. Others would like to be, and will be, with proper encouragement and understanding of what our organization stands for, has done, and is doing. They will have a good meeting at Visalia, May 2.

One gets a wonderfully good feeling by being with the Sacramento Society. The state is fortunate in having a good osteopathic infection where it is much needed. Our opponents are not thru developing and trying to serve phony ostrich eggs from the capital.

It was very gratifying to see the individual and collective interest about our state convention around the East Bay district. They are preparing for,

and expecting us all to be there June 24 to 28, inclusive. Every committee is working to make this not only the biggest, but the best state convention ever held in California. Plan your vacation now to include Oakland on the foregoing dates.

The San Francisco Society had a good supply of eats on, and knees underneath the table. If more had come, they might have had to wait for second table.

If you find a successful practicing osteopath with a real reason why he shouldn't be a member of the Association, let us know. All I could find was just an occasional weakly excuse.

I want to take this occasion to thank the more than one hundred osteopaths for the courtesy they showed, the inconveniences they overcame to attend meetings, and the appreciation they expressed—all of which is the tribute they gave to the Association, thru me as its representative, and showed the value they place on the good work being done by all our associated members in this great state.

It surely is a pleasure to meet so many courteous, enthusiastic osteopathic physicians. I wish there were space for me to give you some of the real thrills which are a part of these visitations. One thing, I am convinced we don't know or see each other enough. It is rather interesting to introduce to each other two members practicing together in the same building for months—yet total strangers. Folks, this won't do. A new commandment might be a good thing: *Know thy neighbor as thyself.* Perhaps this would do us all good—

we might want our neighbors to know us "under new management."

It was with satisfaction that I returned with a pocket full of signed applications for membership. Also, our legal fund is growing.

ERNEST G. BASHOR, D. O.,
President

California Osteopathic Association.

WHO STARTED IT?

Nearly everyone has heard the saying, "Nobody ever died of measles." The implication is, of course, that the disease is not serious. Is the saying true? According to an official report, in New York City during the year 1923 there were 245 deaths attributed to measles. These figures were greatly exceeded in 1922, when there were 977 deaths for which the same disease was said to be responsible.

The *Weekly Bulletin* of the New York City Board of Health says: "It is not generally appreciated that measles is a serious disease, and that it causes a large number of deaths each year, especially among children under three years of age. There were more deaths from this cause in 1922 than from diphtheria; in fact, while there were 977 deaths from measles in that year, the deaths from scarlet fever, typhoid fever, whooping cough, infantile paralysis and cerebro-spinal meningitis, all told, were 773."

Is the old saying wrong? Or are the figures wrong? Don't the doctors of New York City know measles when they see it? Or is death caused by the treatment rather than by the disease? Who started the old saying, anyway?

KIRKSVILLE COLLEGES CONSOLIDATED

For several weeks rumors have been afloat that negotiations were under way for the merging of the American School of Osteopathy and the A. T. Still College of Osteopathy and Surgery at Kirksville. With the signing March 25 of a contract by the terms of which Dr. George M. Laughlin acquires the majority of the stock of the A. S. O., the consolidation of the two institutions under one control has become an accomplished fact.

Under the caption, "An Explanation of the Purchase," *The Atscos*, the official weekly publication of the A. T. Still College of Osteopathy and Surgery, in its issue of March 31, printed the following statement over the signature of Dr. George M. Laughlin:

"For the past two months it has been generally understood among the students and citizens of Kirksville that a deal was pending for the consolidation of the two osteopathic schools here. Almost daily some new rumor would be broadcast in regard to the progress of the transaction. I have never felt that I was justified in confirming or denying any rumors. I thought it would be far better to wait until the deal was completed and then make a statement covering the facts in the case.

"The contract was signed Tuesday wherein it is agreed that I shall acquire the capital stock of the A. S. O. for a consideration of approximately \$200,000.00. I think it is due the citizens of Kirksville and the students of both schools to know the reasons for this consolidation and what we propose to do, as all are vitally interested.

"For some time I have thought that we could accomplish a great deal for osteopathy by eliminating discord and strife within our ranks. Students of both schools are here for one purpose, and that is to learn osteopathy in such a way as to fit themselves for a successful practice, and it is self-evident that a great deal more can be accomplished if we have good feeling and unity of purpose instead of ill-feeling and discord. Personally, I have nothing to gain in assuming the burden of consolidation, but I know that it will result in better standards, better discipline and better preparation for our future osteopaths.

"The details of the transaction have been carried on largely by Mr. Brott, in consultation with the majority stockholders, on one side and Dr. Harry Still and myself on the side of the purchasers. I explained in the beginning to Mr. Brott that I would not even make an offer for the stock of the A. S. O. unless the majority of the stockholders wished to entertain a proposition to sell, and that if I did buy the institution, the minority stockholders would be treated on exactly the same basis as those owning large amounts of stock, and that I would not buy any stock at all unless all of the majority stockholders residing in Kirksville were willing to sell.

"We have given for this property what we consider a very liberal price, and in turn acquire a good deal of property which is valuable for school purposes only, but I believe that everybody in connection with the deal is fully satisfied as to the business side of it, at least, all have signed a

contract to that effect, and we have their agreement to give the institution their moral support and good will.

"The A. T. S. C. O. S. is incorporated under a charter which makes it a corporation without capital stock and without earning power to the owners; in other words, it is a non-profit sharing corporation. It is our plan to put the A. S. O. on the same basis just as soon as we can complete payments for the capital stock and retire all debts against the institution.

"It is my intention at this time to designate the combined institution as the 'American School of Osteopathy and Andrew T. Still College of Osteopathy and Surgery, Combined.' In other words, we will use the name of both institutions followed by the word 'combined,' so as to retain the identity of both schools.

"There are, of course, many details to be worked out, and no doubt many problems to be solved as they arise. The transfer of the property does not take place until the close of the present school year on June 2. There will be no change whatever up until that time.

"About a month ago, I sent out six hundred circular letters to members of the profession in practically every state in the Union. I stated in the letter that there was a prospect of consolidation of the two schools here, and we asked for advice. We have had, to date, about four hundred replies, and without a single exception consolidation favored. I think the sentiment in the field is practically unanimous for consolidation, and we hope, inasmuch as we believe it is for the best interests of everyone con-

nected with osteopathy, that the consolidation will receive the unanimous support of the students and citizens of Kirksville.

"[Signed] GEO. M. LAUGHLIN."

Following formal announcement of the transaction in Kirksville, the students of the A. S. O. invited Dr. Laughlin to address them in assembly. Dr. Laughlin accepted the invitation and gave an informal talk explaining the significance of the merger and what it will mean to the future of osteopathic education. He emphasized the advantage of eliminating internal strife and presenting a solid front to attacks from without. Dr. Laughlin was greeted cordially by the A. S. O. students and his talk was warmly applauded.

Later in the day he addressed the assembled students of the Memorial College. In this talk he gave an inspiring picture of the future which is made possible by the joining of the two colleges.

"It is my intention," he said, "just as soon as we liquidate all the obligations against the A. S. O., to combine the institutions on an educational basis. Then we will have something that will be here, not only for ten or twenty years, but for all future time. [Applause.]

"It will have the elements of stability—property deeded to an institution that can be used for one purpose only: the teaching of osteopathy. If we do that, there is no danger of its falling by the wayside. When we get this whole institution on that basis, without debts, it is going to attract the attention of somebody with money, and we can secure a productive endowment which will be of con-

siderable amount. Then you will have a background to be proud of."

In closing his talk, Dr. Laughlin said: "What we need and are going to expect is the co-operation of every student in this college and in the A. S. O.—not for me, but for osteopathy. [Applause.] I have nothing to gain, for I would be infinitely better off if I had never gone into the school business. But there are some things more worth while than the mere accumulation of money, and I believe that this is one of them."

Dr. Laughlin's concluding words were spoken in a voice which was full of the emotion he felt, and the hush which fell upon the students made it apparent that they understood.

In the words of *The Atscos*, "The

prophecy of Elbert Hubbard had come true—the mantle of A. T. Still had fallen on George M. Laughlin."

GONE ARE THE DAYS WHEN

Nobody ever suspected that the application of preventive medicine might save the state a heavy institutional expense.

Consumption was an incurable disease and folks who had it were advised to go west—which they usually did.

Soothing syrup and pacifiers were standard home remedies for infants.

Patent medicines, consisting mostly of alcohol under a trick name, were advertised and sold as a cure for everything from an ingrown toenail to appendicitis.—*Illinois Health News.*



The First College of Osteopathy.

Washington Osteopathic Association

DR. L. H. WALKER, Ellensburg.....President
DR. HENRIETTA CROFTON, Seattle....First Vice-President
DR. E. A. ARCHER, Pullman.....Second Vice-President
DR. H. F. MORSE, Wenatchee.....Treasurer
DR. CLARENCE B. UTTERBACK, Tacoma.....Secretary
DR. W. T. THOMAS, Tacoma.....Trustee
DR. A. E. CUNNINGHAM, Seattle.....Trustee

Dr. E. A. Archer of Pullman has gone to Kirksville to take some special work. He expects to be gone about eight weeks.

Dr. Morse has offered some timely hints: "I would suggest that you mention in *THE WESTERN OSTEOPATH* that the members want to take their fishing tackle with them, and proper clothing for hikes through the woods. June 20 ought to be a good time for catching fish. Those who go by train should write Kachess Lodge in advance, as the trains are only met when guests are expected."

Our President, Dr. L. H. Walker, who has been in Kansas City taking special work this winter, expects to return in time for the convention, June 20-21.

During the absence of Dr. Archer the program is being looked after by Dr. H. F. Morse. Any suggestions you have for the program should be sent to Dr. Morse at Wenatchee.

Make your plans now for the state convention and let the secretary know so that he may notify the Lodge how many to expect.

Considerable money is being spent on the program for our coming convention. If your dues are not paid, please send a check *today*.

Those wanting more folders of Kachess Lodge may get them by writing to Dr. Utterback. You may have some of your friends whom you would like to entertain at the Lodge over Sunday. Send them some of the literature.

After the decision handed down by the State Industrial Insurance Department, all those eligible for surgery examination that have not taken it should send in their application at once.

A great deal of credit is due Dr. Thomas for time he has put in and the way he has handled the Industrial Insurance and the State Health Department. We feel sure the matter of the Health Department will be

taken care of in the same manner as was the Insurance. Dr. Turner, president of the board, is a very liberal and broad-thinking man, and after Dr. Thomas meets with the board, as Dr. Turner has requested, we are sure all the rough places will be ironed out.

Let us have done with misunderstanding; let us strive to realize the dreams of democracy by a prosperity of industry that shall mean the prosperity of the people, by a strengthening of our natural resources that shall mean a strengthening of our charac-

ter, by a merchandising that has for its end manhood and womanhood, the ideal of American citizenship.—*Calvin Coolidge.*

Students from the Des Moines Still College are writing in for information about Washington. What are you doing in the way of getting graduates interested in our state?

A paid-up membership for the fiscal year 1923-24 will be your password into the convention at Kachess.

"I believe that I can safely say that King County stands ready to be the host for the state meeting at any time in the future."—*Secretary, K. C. O. Society.*

Let's take them up for the 1925 convention.

"The Yakima Valley Society expects to attend in a body. All together and all there. Attend what? The state W. O. A. meet, of course. We will be there with bells on."

This letter should be the sentiment of every D. O. in the state. I am running this without the knowledge of either party—*Secretary.*

Dr. W. T. Thomas,
Tacoma, Wash.

Dear Doctor: The news contained in your letter which was received this morning is very gratifying indeed, and certainly we are very much indebted to you for your efforts in securing recognition which is rightfully ours. It is fortunate that we have at least one "go-getter" in this state. I have set June 20-21 aside and have in anticipation the pleasure of seeing you there.

Fraternally yours.

The King County Society held their regular monthly meeting at the Hotel Gowman, Thursday, April 10. Dr. J. T. Slaughter read a paper on

"Care of the Mother During Gestation," and Dr. J. L. Megrew a paper on "Diet and Treatment for Malnutrition in Children."

Here is what the president of one of our colleges has said about surgery: "I may say in general from my knowledge of surgical conditions in Class A medical schools—and I myself am a graduate of such—that our course in surgery is pretty much the same as far as both theoretical and practical work is concerned."

Dr. C. T. Smith of Aberdeen is the first one to send in dues for next year.

To date there are only 51 members eligible to attend the state meeting. If your dues have not been sent, now is the time.

There will be at least five of the best in our profession on our convention program. That alone will be worth \$10.00. There is considerable work for both the Treasurer and Secretary in getting the books in shape for the end of the year. If you have not sent your dues yet, please attend to it at once.

Dr. H. F. Leonard of Portland has returned after a five weeks' trip visiting eastern clinics. He is giving special attention to local anesthesia in general surgery.

Now that they have invented a way to make people tell the truth by injecting a serum into them, the anti-vaccination movement ought to get several million recruits.—*Bridgeport Telegram.*

Oregon Osteopathic Association

President, Dr. G. E. Holt, Pendleton

Secretary-Treasurer, Dr. C. H. Beaumont, Portland

Trustees: Drs. D. D. Young, J. Simons, W. W. Howard, H. E. Schoen

The Portland Osteopathic Society held its semi-annual meeting March 27 at the office of Drs. Leonard and Young in the Morgan Building. Officers present were Dr. D. D. Young and Dr. Mary E. Giles. After several items of business were disposed of, Dr. Hubert F. Leonard gave a two-hour lecture upon "The Latest Developments in Thyroid Surgery," and gave some of his experiences in eastern hospitals. Those present were: Drs. E. G. Houseman, D. D. Young, Mary E. Giles, L. H. Howland, Eva L. Walker, Bertha A. Davidson, Virginia Leweaux, H. W. Paine, H. B. Merner, C. H. Beaumont, O. F. Heisley, Etta Heisley, R. B. Northrup.

Drs. C. H. Downing and R. H. Williams of Kansas City were in Portland during the week of April 7. Dr. Downing held a class in technic at the Seward Hotel, which was well attended by osteopaths from all over the state.

Dr. F. E. Moore, who for many years practiced in Portland, has moved to San Francisco to become president of the College of Electronic Medicine. The sanitarium is to close and Dr. H. C. P. Moore will follow him soon.

The Eastern Oregon Osteopathic Society is planning its next meeting

for the last of April. Weather permitting, it will be held at Meacham, "Top o' the Blue Mountains." At this meeting, in addition to topics of interest to the profession, sports will be stressed. A tournament of "barnyard pool" is planned. Dr. G. E. Holt is in charge of the program.

Dr. W. S. Holt of Yakima, Washington, spent a week early in March as the guest of his brother, Dr. G. E. Holt of Pendleton.

Dr. W. S. Stryker, formerly of McMinnville, passed thru the state early in March en route to Pasadena, where he took Mrs. Stryker for further treatment. While going thru he took time to visit with Drs. Howland and Beaumont in Portland, Dr. L. C. Marshall at Salem and Dr. S. L. DeLapp at Roseburg.

Early in February, Dr. S. L. DeLapp of Roseburg, on behalf of the Roseburg School Board, of which he is a member, addressed the Kiwanis Club concerning the need of more schools in that city, and secured the endorsement of the club for the school board's program.

Dr. Harry W. Paine of Oregon City reports that the salmon are running well there and the fishing is excellent. The run is so heavy that anything caught weighing less than 25

pounds is thrown back! (They say.) It is planned to have Dr. Mary Giles there at an early date to substantiate her claim of being the "champion woman angler of Oregon."

On Sunday, April 9, Drs. Howland and Beaumont, with their families, motored to Salem and were guests of Dr. L. C. Marshall. After a splendid dinner, the party drove out to the Illihee Country Club, where golf was enjoyed while daylight lasted.

Dr. Anne Brekke, formerly of Crookston, Minnesota, is now located at Salem and has formed a partnership with Dr. B. H. White.

Thru the splendid work of Dr. C. A. Pengra of Portland, with co-operation of the Chamber of Commerce, the May issue of the O. M. will feature Oregon. This is a splendid opportunity for the osteopaths of Oregon to get before the public both professionally and as public-spirited citizens. Each should make an effort to get a copy of this issue into every home in his or her community. If you have not done so, telegraph your order in today. You cannot afford to miss this exceptional opportunity!

Mail addressed to Dr. C. J. Ramsey at Tillamook has been returned marked "not there." Anyone knowing her whereabouts please communicate with the State Secretary at 908 Selling Building, Portland.

This is the last opportunity of paying up your dues to the state association before the annual meeting. A splendid program has been arranged which no osteopath in this state can afford to miss. Owing to the expense involved, it will be necessary for those in arrears to pay an admittance charge. Send in your check today and be square with the world.

The State Secretary has had several communications from osteopaths who are contemplating locating in Oregon. If you know of any good locations that are available, the Secretary will appreciate your getting in touch with him regarding them. The more folks we get into the state and the better known osteopathy becomes, the better it will be for all of us.

Sometimes we despair of seeing the world made safe for democracy, and would be content if only the highways could be made so.—*San Diego Union*.

Osteopathic Women's National Association

FOURTH ANNUAL CONVENTION

Kirkville, Missouri

MAY 24, 1924

CALIFORNIA CONVENTION PROGRAM TAKING SHAPE

BY EDWARD T. ABBOTT, D.O.

PROGRAM CHAIRMAN

357 South Hill Street, Los Angeles

I have chosen from among the profession a committee of osteopaths who have the capacity, coupled with willingness to work, and who at the same time are near enough to my office to be able to meet whenever necessary or advisable without undue loss of time. In our discussions of the problems relating to the program for the state convention, June 24 to 28, at Oakland, we have taken up the various subjects as represented in the two questionnaires published in THE WESTERN OSTEOPATH, and by the simple process of selecting those receiving the highest number of votes,

have made up a good outline. The committee, divided into sub-groups, is hard at work on various individual problems.

We have been and are considering thoroly the angles from which each subject is to be approached, and have made assignments accordingly. Each person who appears upon the program shall have a subject that is in itself in keeping with the main thot, and his approach to the subject is to be in keeping with ideas to be worked out on the program as a whole. An outline of each paper, together with the discussion of the same, is to be in the

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Containers for sending specimens by mail furnished on request.

hands of the committee at an early date. By this means we can supply emergency speakers and control the program in such a way that no large gaps will appear to break the general trend.

Following are the names of the members of the committee, with an outline of the program as it appears to date. Changes made from time to time will be published in subsequent issues of THE WESTERN OSTEOPATH. After reading this over, perhaps you will have a suggestion to offer. If so, send it in.

Committee

Dr. G. D. Caylor.
 Dr. Albert Weston.
 Dr. R. D. Emery.
 Dr. P. T. Collinge.
 Dr. Chas. H. Spencer (Program
 Chairman, Western Association).

Dr. Jennie C. Spencer.

Dr. L. van H. Gerdine (in charge
 of P. G. Work for C. O. P. S.)

Dr. E. G. Bashor (ex-officio).

This committee is arranging for the scientific program only. Committees on arrangements, social activities, publicity, exhibits and other details, represented by osteopaths so situated that they can serve best, are at work on their individual programs. Reports on their work will be published later.

TENTATIVE PROGRAM

(Subject to Change)

Tuesday, June 24

8 to 9:30 a. m.—C. O. P. S. Postgraduate program.

10 to 12 noon—General Assembly. Dr. E. G. Bashor, President, presiding. Song, "America." Invocation. Address of Wel-



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DR. DAYTON B. HOLCOMB

745 North Los Robles Avenue

Pasadena, California

come. Response. Opening Address by Dr. Bashor.

1 to 2 p. m.—C. O. P. S. Postgraduate work.

2 to 3:30 p. m.—Dr. J. Ivan Dufur, President of Dufur Osteopathic Hospital, Ambler, Pennsylvania

3:30 to 5 p. m.—Consideration of General Osteopathic Diseases. Dr. A. M. Weston in charge.

8 p. m.—Reception and Dance. Dr. Katharine Whitten in charge.

Wednesday, June 25

8 to 9 a. m.—C. O. P. S. Postgraduate program (continued).

9 to 10:30 a. m.—Dean Becker of Kirksville. (Western Association circuit.)

10:30 to 12 noon—Problems of General Practitioner in Eye, Ear, Nose and Throat. P. T. Collinge in charge.

1 to 2 p. m.—C. O. P. S. Postgraduate program (continued).

2 to 3:30 p. m.—The Problem of the

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General Practitioner in Obstetrics. Dr. G. D. Cayler in charge.

3:30 to 5 p. m.—The Problems of the General Practitioner in Gynecology. Dr. Jennie Spencer in charge.

We shall arrange in these two subjects just what you want. Please ask *now*.

8 to 9 p. m.—Radio Broadcasting.

Thursday, June 26

8 to 9 a. m.—C. O. P. S. Postgraduate program (continued).

9 to 10:30 a. m.—Dr. L. van H. Gerding, President of C. O. P. S. (Western Association circuit.)

10:30 to 12 noon—What the Osteopathic Practitioner Owes to the World. W. C. Brigham, D. O.

1 to 2 p. m.—C. O. P. S. Postgraduate program (continued).

2 to 5 p. m.—Business.

8 p. m.—Meetings of Fraternities, Sororities and other organizations.

Friday, June 27

8 to 9 a. m.—C. O. P. S. Postgraduate program (continued). College wants to know whom you wish to hear.

9 to 12 noon—Business.

1 to 2 p. m.—C. O. P. S. Postgraduate program (continued).

2 to 3 p. m.—Clinic. Dr. H. W. Forbes.

3 to 4 p. m.—Public Speaker from U. C. (Name to be announced)

7 p. m.—Banquet.

Saturday, June 28

8 to 9 a. m.—C. O. P. S. Postgraduate program (conclusion).

9 to 10:30 a. m.—The Problems of the General Practitioner in Handling Surgical Cases. R. D. Emery in charge.

10:30 to 12 noon—Technique. Dr. Carl Johnson, Louisville, Kentucky. (Western Association circuit.)

1 p. m.—Picnic.

DIED—Rev. Henry J. Crist, aged 81, father of Dr. Royal H. Crist, April 8, at his home in South Pasadena. He had been ill about two months.

Absence diminishes little passions and increases great ones, as the wind extinguishes candles and fans a fire.—
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WANTED—McManis de luxe stool. Bargain. Address R-11, care of WESTERN OSTEOPATH.

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REDUCED FARES TO KIRKSVILLE FOR A. O. A. CONVENTION

By W. V. GOODFELLOW, D.O.

Western Chairman, Transportation
Committee, A. O. A.
801 Ferguson Building, Los Angeles

Round-trip tickets to Kirksville from any western point, at a special rate of one and a half times the regular one-way fare, will be available on the certificate plan. This necessitates securing a certificate at the time of purchasing your ticket and presenting it for validation at Kirksville before beginning the return trip. Sale of certificate-plan tickets will begin May 17 and will continue until May 23. These tickets will be honored for return trip until June 14 only. Summer excursion fares will be on a

History of Osteopathy

A table of contents and an adequate index will enable any person who ever read or studied a book for information to use it to the best advantage.

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Honest physicians are not abused, but the ways of the political machine are laid bare.

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WHITTIER HOSPITAL VICTORY

After this issue had gone to press, word was received that by a vote of 1801 to 1000 the citizens of Whittier (California) had adopted an ordinance which will result in opening the Murphy Memorial Hospital to the patients of osteopathic physicians. Heretofore such patients have been denied admission to this institution, on the ground that as it is a "Class A" hospital (A. M. A. designation) only doctors bearing the label M.D. could practice there. Details will be printed in the next issue.

lower basis than on the certificate plan, so your Transportation Chairman advises you to secure information from your agent relative to the summer excursion rates, which will be on a basis of approximately one and one-third of regular one-way fare for round trip. It would, therefore, seem desirable for members of our profession to procure the excursion ticket

rather than the regular convention certificate.

Arrangements for special cars from any concentration point can be arranged if a sufficient number of applicants signify their desire to go together on a certain date. This should make the trip much more enjoyable and very profitable. If those contemplating going to the convention who

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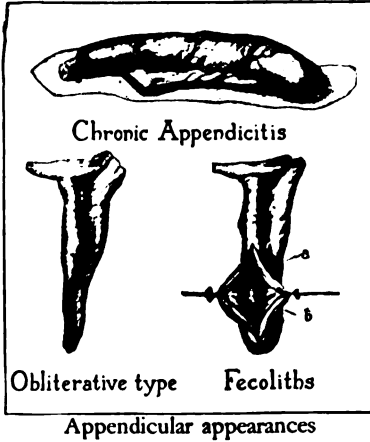
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3. *Single mild attack*—surgery inadvisable. Medical treatment usually efficacious.
4. *Recurrent mild attacks or chronic appendicitis*—symptoms which clear up under ordinary dietetic and hygienic regimen.

A lubricant, he states, taken in cases of recurring attacks, has proven itself the best preventive measure yet devised.

As you know, the usual drug laxatives and cathartics or the over-residuized diet resorted to so often in these cases, tend to bring on attacks; first by their irritant action on the intestinal mucous membrane and second, by the ex-

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would like to go in a special osteopathic car will communicate with me at once, the necessary arrangements will be made. Unless a sufficient number desire to go in a special car from any one concentration point to justify the carrying out of the plan, no special car arrangements will be undertaken. Please write me immediately if you desire to be one who will go from your district in a special car. These may be arranged from Seattle, San Francisco, Los Angeles and Salt Lake City. Other announcements will be forthcoming soon.

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EASTERN CONVENTION AT ATLANTIC CITY

The fourth annual convention of the Eastern Osteopathic Association will be held at the Ritz Hotel, Atlantic City, Friday and Saturday, May 9 and 10, 1924. Dr. Chas. J. Muttart is program chairman and he has arranged a rare treat for those who attend.

Among those who are scheduled to participate in the program are: Drs. F. P. Millard, Toronto; Carl J. Johnson, Louisville, Kentucky; P. E. Roscoe, R. H. Singleton, Cleveland; C. J. Gaddis, Chicago; Jerome N. Watters, Newark; Geo. W. Riley, Chas. Hazzard, Thomas Thorburn, L. Mason Beeman and Charles S. Green, New York.

Dr. Muttart is strong for tech-

Alkalies in toxemia of pregnancy

Plass and Bogert report a series of 105 normal pregnant women showing a consistent tendency toward a lowering of serum CALCIUM and serum MAGNESIUM during pregnancy with return to normal shortly after delivery. (Amer. Jour. Obstetrics, Oct., 1923.)

There was no evidence that the low serum bears a causal relation to the convulsive manifestations of eclampsia.

With our present knowledge it is difficult to prove that the toxemia and acidosis during pregnancy is related to the decrease of ALKALIES.

The administration of ALKALIES during pregnancy, however, gives such brilliant results that, from a clinical viewpoint, we cannot ignore their value, especially in the vomiting of pregnancy.

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nique. There will be plenty of it at this meeting.

Each of the leading speakers will be given time to answer all the questions you may care to ask. This is a new departure and one that should appeal to all. Come prepared to ask questions.

This is the premier osteopathic event of the East. Come and spend

two days with us and whet your scientific and social appetites for the great gathering at Kirksville. Atlantic City will be at its best, and the Ritz is an ideal place for our meeting. Make your plans now for Atlantic City, May 9 and 10.

A. G. WALMSLEY,
Chairman of Publicity.

TWENTY TAPLIN TABLES

Glenhaven,
Ashton-Preston,
England.
Nov. 20, 1923.

Dr. G. C. Taplin,
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TORONTO ITEMS

During the recent recital given by Galli-Curci in Toronto, the only presentation she received was a beautiful bouquet of roses from the Toronto Association of Osteopathic Physicians. This singer of international renown gives osteopathy the credit for the excellent health which she has enjoyed for the past four years. While in Toronto she was treated by Dr. Hubert Pocock. Thirty Toronto osteopaths and their friends attended her recital. Dr. Pocock suggests that a group of seats be reserved by the osteopaths of each city in which she sings.

The Toronto Association of Osteopathic Physicians was out in full force to hear Dr. P. E. Roscoe of Cleve-

land when he was in Toronto in March. With the assistance of an osteopathic X-ray expert, an osteopathic specialist on nose, throat and eye work and another associate who looks after the outside work, emergency calls and obstetrical cases, Dr. Roscoe conducts a most successful clinical group practice in Cleveland. It is an interesting story, particularly

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THAT THERE ARE MORE THAN SIXTY OSTEOPATHIC INSTITUTIONS.

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THAT WE ARE ESTABLISHING CLINICS for the sick poor, and little children.

THAT WE NEED A HOST MORE YOUNG MEN AND WOMEN that we may train to carry on our work.

THAT FOLKS LIKE GALLI CURCI, ROOSEVELT, and JOHN BURROUGHS stand for osteopathy, saying it gives to the ill something they cannot get elsewhere.

After you have told them this in the first pages of the April magazine, then follows: Art of Food Selection; Perfect Spine; Warnings about Exercise; Inflammation; Nature's Way of Fighting.

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This is the April issue of the Magazine. Put this over by the thousand in every center and send out to your lists for the full year. Only \$50.00 in thousand lots. \$6.25 per hundred per month in year order. 50c extra per hundred for less period. Prices about half the usual charge for like amount and quality.

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LOS ANGELES

to osteopaths who are looking forward to improving themselves and incidentally their profession. "Work ten months in the office and two months at post-graduate study," seems to be the motto of this unusual group of workers. His object in telling about the clinic is to arouse in other osteopaths the urge to go and do likewise, working together in groups as a unit.

Following a banquet, the evening was devoted to practical work and examination of patients.

On April 19, Dr. Lucius Bush of New York City will give a demonstration of his work to the Toronto osteopaths.

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Note announcement of new methods for Eye diseases and certain errors of refraction.
Every Technician an Expert

ALL CASES REFERRED BACK, WITH REPORT TO OSTEOPATH REFERRING CASE

**MEMORIAL EXERCISES
AT KIRKSVILLE
SUNDAY, MAY 25**

11 a. m.—Regular church services. Osteopathic physicians will give health talks.

2 p. m.—Memorial address by United States Senator Willis of Ohio at Normal College Auditorium. All churches, the citizen organizations and the osteopathic profession will participate.

The invocation will be given by the

Rev. R. A. Waggoner, pastor of the First Presbyterian Church. A splendid orchestra will play.

Chorus by the A. S. O. Glee Club.
Chorus by the A. T. S. C. O. S. Glee Club.

Dr. Still's favorite songs, "There Is a Fountain Filled with Blood," "Happy Day That Fixed My Choice" and "America," will be sung by the audience.

The benediction will be pronounced by the Rev. L. C. Sherbourne of the Kirksville Episcopal Church.

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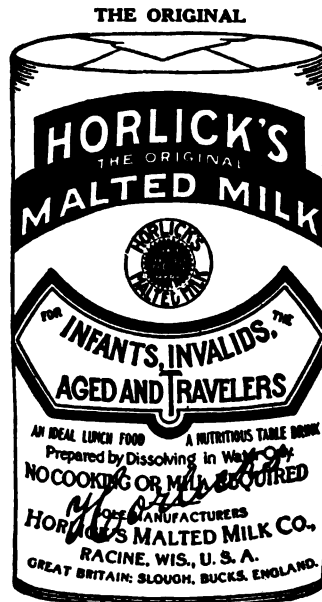
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AVOID IMITATIONS

Immediately after the program at the Auditorium, a tree planted by the Old Doctor will be replanted and dedicated on the Court House Square. This will be a brief exercise, lasting only a few minutes.

Exercises at the Grave

At 4:30 p. m. there will be a memorial tribute at the grave of the Old Doctor. The American Legion, G. A. R., Ministerial Association, the municipal officers and all of the civic and military organizations of the city and some from surrounding cities will participate, the State of Missouri being represented by the Governor or his representative.

Boy Scouts will preserve a space 100 feet in diameter about the grave, so that all of the thousands who will assemble there can see.

Brief tributes to the Old Doctor

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and to his devoted helper, Mother Still, will be given by United States Senator Willis, Mrs. J. B. Foraker, wife of ex-Senator Foraker, and Mrs. Philip North Moore, President of the National Council of Women's Clubs.

There will be a number of others also present, who are prominent in the administrative affairs of the nation and the states.

In behalf of the osteopathic profession, a wreath will be placed on the grave by the President of the A. O. A., and following him the heads of other organizations represented will add wreaths. Then little girls, appropriately garbed and representing every state and province in the United States and Canada and some foreign countries, will place on

the grave floral tributes from laymen in the states and countries they represent. (We already have assurance of tributes from England, Scotland, France and Italy.)

A splendid male quartet will sing the "Recessional."

Rev. G. H. Cosper of the Methodist Church will offer a prayer.

The whole service at the grave will take about one-half hour. There will be nothing oratorical about it, but it will be an impressive tribute of love which will be participated in by thousands.

The evening will be devoted to church services. Osteopathic physicians will fill the pulpits of all of the churches of the city and give health talks.

KILL TWO BIRDS WITH ONE STONE

Arrange to attend a class in the Bates Method while in Kirksville this summer.

Schedule—

May 19-24—Class in the Bates Method.

May 25-31—A. O. A. Convention.

June 2-7—Class in the Bates Method.

TAKE YOUR CHOICE

For information address

THE SECRETARY

KIRKSVILLE COLLEGE OF PERFECT SIGHT

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✓
Clinical osteopathy

THE WESTERN OSTEOPATH

IN THIS ISSUE:

HOW TO MEET THE NARCOTIC PERIL

INFLAMMATIONS OF THE PELVIS

“OLD MAN FEAR”

FAIR PLAY TRIUMPHS IN WHITTIER

OSTEOPATHY IN HAWAII

OSTEOPATHIC HOSPITALS

1871

MAY, 1924

THE WESTERN OSTEOPATH

Vol. 18

MAY, 1924

No. 11

Published monthly by the California Osteopathic Association at 799 Kensington Road, Los Angeles. Annual subscription, \$2.00. Entered as second-class matter August 25, 1922, at the postoffice at Los Angeles, California, under the act of March 3, 1879.

Announcement for Prospective Students



The Summer Quarter will begin about the third week in June and continue till the 1st of September.

Both advanced and elementary courses along various lines will be given during the quarter. For students intending to enter the freshman class who may be lacking in some of the preliminary requirements, opportunities will be given to make up such work. These requirements are one full year of college work in the fundamental sciences, zoology, physics, and chemistry. This means at least a 200-hour course in each subject, that is, eight college units. High school work in these subjects is not permitted as the equivalent of the college work.

These courses will be given during the summer, and applicants lacking any part of them may have opportunity to make up their deficiencies. Students having no premedical work whatsoever will be required to take the full year, the class beginning the latter part of September. Advanced students will find opportunities here for special work along clinical and laboratory lines. A number of lecture courses will also be given.

Those intending to enter this College next September or earlier should write for further and detailed information.

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The why of Antiphlogistine in Infected Wounds



EVEN in the case of contused wounds, a definite call is made on the leucocytes, for their help of inhibition, and in the much more dangerous situation of badly incised or lacerated wounds, very strenuous duty is placed upon these policemen—scavengers of the blood—a call and duty that demand instantaneous response.

Antiphlogistine helps Nature's reparative action and checks infection

It accomplishes the former through greatly increasing leucocytosis, thus tending to wall out infection by increasing the serous exudate and favoring the production of antibodies, upon which the healing of every wound actually depends.

Simultaneously, by endosmotic action, it is flushing the infected area with its non-irritant antiseptics of eucalyptus, boric acid and gaultheria.

Apply the Antiphlogistine like a poultice, *not* like an ointment. Heat a sufficient quantity, place it in the centre of a gauze square, cover the affected part completely with the Antiphlogistine, and bind snugly with a bandage.

Over 100,000 physicians use the genuine Antiphlogistine, because they know it may be depended upon to remove inflammation and congestion.

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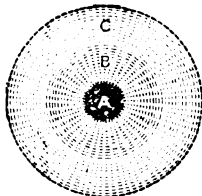


Diagram represents inflamed area. In zone "C" blood is flowing freely through underlying vessels. This forms a current away from the Antiphlogistine, whose liquid contents, therefore, follow the line of least resistance and enter the circulation through the physical process of endosmosis. In zone "A" there is stasis, no current tending to overcome Antiphlogistine's hygroscopic property. The line of least resistance for the liquid exudate is therefore, in the direction of the Antiphlogistine. In obedience to the same law exosmosis is going on in this zone, and the excess of moisture is thus accounted for.



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Antiphlogistine poultice after application. Center moist. Periphery virtually dry.

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Home of DR. A. T. STILL, Kirksville, Missouri

THE WESTERN OSTEOPATH

Published by the
California Osteopathic Association

Vol. 18

MAY, 1924

No. 11

THE PERIL OF NARCOTICS

II.—How to Meet the Peril

By CAPT. RICHMOND P. HOBSON

The presence of a narcotic user in any walk of life is undesirable, but there is no place where the addict can do more material harm—not counting moral and spiritual values—than in industry. Statistics are not obtainable regarding the number of injuries which are a direct result of negligence on the part of a fellow worker who is a narcotic addict, but men familiar with industry are convinced that many accidents are directly traceable to narcotic addiction.

One "hophead" baker, for instance, can spoil the output of a whole bakery. One engineer or executive in any line of work may endanger the lives of many, afloat or ashore, and cause great property loss or damage. The more hazardous the occupation, the more trying on man's nervous and muscular system the work, the greater is the field for the narcotic addict and the dope peddler.

In Southern California oil fields, where skilled and unskilled men work long hours at hazardous labor, the presence of the narcotic peril in industry is plainly felt. These oil-workers do high-tension, nerve-racking work; they work long hours, sometimes in cold, wet weather, and they are well paid. Frequently they

feel that they need a stimulant, and the omnipresent peddler is always there to serve them. Here is where education of the manhood of the nation would be most effective.

In the factory, in the shops, in large offices, in amusement centers, the narcotic addict and his shadow twin, the dope peddler, the always to be found. Where they are found, accidents are sure to occur, with loss of life and economic waste. All leaders of industry, all heads of large enterprises, are aware of the danger to themselves, their business and the men employed by them, whenever a narcotic addict is on the ground.

The economic loss to the nation from dope traffic is estimated by Dr. Carleton Simon, special deputy police commissioner of New York City, to be \$1,825,000,000 per year, or more than \$18 for every man, woman and child in the United States.

Law Fails in Crisis

What is the solution of the problem of narcotic addiction? Legislation seeking to control transportation and sale, although vigorously enforced, has not met with success. Under it a new crop of addicts has grown, and this country is now consuming more opium than any other nation on the

globe. Our courts are flooded with cases of violations of the narcotic laws, State and national. Our prisons are filled with addicts. Our high school boys and girls are falling prey to this peril. The very foundations of our civilization are threatened. Law has brought no relief.

When a situation of social peril confronts a good citizen, his first thought, naturally, is of recourse to law. Addiction was brought to the attention of our government in 1912. In 1914 came the Harrison Anti-Narcotic Act, passing Congress without opposition. The law has been in full operation ever since, and now as high as 60 per cent of the time of federal courts is taken up with narcotic cases. More than half of all prisoners sent to the federal penitentiary at Leavenworth are violators of the anti-narcotic laws.

Yet scarcely the surface of this criminal traffic has been touched. It now appears utterly impossible to control the traffic in narcotics by law, although there should be no lessening of effort.

In a recent conference of the opium commission of the League of Nations, the charge was made that large quantities of narcotics are smuggled into the United States and Canada from Switzerland. "Buyers' Guides," from exporters in Germany list narcotics as one of the commodities supplied regularly to world trade.

A single carrier pigeon, released in Mexico, or from a ship at sea, can bring in enough heroin to supply a group of addicts from many "parties." One airplane flight can bring enough heroin to supply a group of states for more than a year.

Some have felt that an agreement might be made with other governments to curtail the cultivation of the poppy, source of raw opium. Governments profiting from poppy-culture have always refused to consider any such proposal, the most recent refusal being in the councils of the League of Nations. One great power went to war with China twice to compel free entry of opium to that country.

Society Threatened

The economic effect of narcotics on the individual and the state is sufficient to interest everyone in any endeavor to destroy the evil. Although only a fraction of the addicts are known, due to the secretive nature of their activities as such, a treasury department report shows that there are about 1,250,000 known addicts in the United States, and that twenty-five per cent of these are not usefully employed. This means that many thousands of addicts must secure their dope supply in some questionable manner, presumably by illegal methods—theft, robbery, banditry, and often murder.

In addition to this, there are many thousands of illegal dope-peddlers: men and women who are making their living without the pale of the law, criminals and enemies to society. Many addicts spend as high as \$15 a day to satisfy their craving for these drugs. Users of narcotics need large incomes.

This money is not spent for any constructive purpose. The addict is worse off after he has made his purchase and used the drug. His greatest hope is to get in a condition somewhat resembling that of a good citi-

zen. He never can hope to be a normal citizen again.

Man is the chief architect of his own character, and a contributing architect to the character building of everyone with whom he comes in contact. Narcotic drugs will undermine every man's character and ultimately destroy him as a character builder either for himself or for another.

Someone has said that the state is a collection of individuals; that the characteristics, habits and customs of the individuals are sure to be reflected in the nation. As the individual and the individual's character are torn down, so will the character of the nation be destroyed, and with the destruction of the nation will go all of our vaunted civilization. Factors that are fundamental in the life history of the individual and of a nation must manifestly be fundamental in the progress of civilization and the general welfare of the human race.

Does international law hold forth any promise of protection? The development of such laws requires decades upon decades, and then they may be lightly thrown aside as "scraps of paper." It is fairly easy to secure state and national legislation, because the composing units of civil government are organized, but the nations of the earth are not organized, and any proposition that is aimed at particular nations is opposed at the outset. An international reduction in armaments affects all the leading nations alike, and none can take offense, but any attempt to limit the agricultural products of a few nations will meet with the keenest opposition. Thus, the present movement to limit

the world's supply of opium and cocaine only precipitates a new subject for disagreement.

Addiction an Ally of Crime

Authorities, men in charge of city, county and state penal institutions, declare a large percentage of the convicts serving time at these institutions are narcotic addicts. Sheriff William Traeger of Los Angeles county, declares that ninety per cent of the crime committed in that county is traceable to users of narcotics. The warden of the California State Penitentiary at San Quentin says ninety per cent of the inmates of that institution have been users of narcotics.

At the federal institutions the percentage is also high. At the Atlanta prison the authorities declare twenty per cent of all criminals sent there last year were addicts; at Leavenworth during the same period twenty-four per cent of all persons sent to that institution were addicts. During the last half of 1922, forty-nine per cent of all prisoners sent to Leavenworth were violators of the Harrison Anti-Narcotic Act.

It is the soul of man that raises him above the brute life about him. It is the soul-life that gives dignity and beauty to human existence. Destroy the soul of man and he sinks to the level of the beasts of the field.

"What shall it profit a man if he gain the whole world and lose his own soul?"

"What shall a man give in exchange for his soul?"

Narcotic addicts lose their soul life. They sink to the level of the brute. They give their divine heritage for the little grain of white powder which wrecks them, body and

soul—which cripples their children, breaks their homes and leaves them destitute, except as they may hope to return to “normal” when under the influence of the tyrant drug that has killed their higher natures.

Can the addict be persuaded to leave off his loathsome habit, and thereby destroy the market for narcotic drugs in this country? Very few addicts are ever cured, and those who take medical treatment nearly always revert. To rely on the cure or reform of narcotic victims for the removal of this peril would be like expecting a man to refrain from eating. To them life and addiction are one.

After the disease of addiction has been contracted it is too late. The only hope of cure is through prevention.

There is an urgent need for something to be done, and done quickly, to prevent the spread of the narcotic peril. *The peril is spreading.* There are more addicts this year than last. There are more today than yesterday.

Education the Remedy

Final solution of the narcotic addiction problem is to be found in the education of all children of all nations as to the evil effects of opium, morphine, cocaine, and heroin on the human system. When these children control the world, the dope problem will have been solved, and not before. Those living in drug-producing countries will not want to poison those living in other countries, and those living in “drugless” nations will have no use for narcotic poisons produced elsewhere.

Narcotics are comparatively new factors in our civilization, and the

race has not yet learned to fear them. When a child knows thoroughly the terrible effects of harmful things, he recoils from them with the instinct of self-preservation. We need to preach the gospel of narcotic abstinence from the pulpit, to flash it on the screen, to enact it on the stage, to proclaim it from the public platform, to depict it in the press, and, above all, to teach it in our schools.

All constructive social agencies will help in fighting this peril—in setting up in the minds of all the same abhorrence that is felt for a venomous snake—but the school is the only place where immunity will be developed in the very fibre of the people. It is the only institution that reaches every child in the United States, and it is the only place where the child lives for five hours each day, for five days each week, and for thirty-two weeks each year. The warp and woof of human life is made in the schools; ideals are born there. Naturally the children are now the objective for both sides.

Whoever you are, whether father or mother, son or daughter, brother or sister, husband or wife, whether member of a church, or adherent of a philosophy, whether residing in the city or in the country, whether a citizen of America or of any other nation, there can be no appeal of higher import than one to aid in bringing the truth about narcotics into the minds of every boy and girl in America and the world.

The International Narcotic Education Association, of which I have the honor to be president, has a definite plan for combatting narcotic addiction by means of the greatest power

known to civilization—the power of education.

Applying the Remedy

This organization is taking no part in the making or enforcing of laws nor in the salvage of addicts. It undertakes to get the truth about narcotic drugs through the best channels of research and experimentation. It has organized research activities in Europe, America, and Asia, and now has the co-operation of many universities on these continents. It has this truth prepared by the best educational experts. Its bulletins are intended to be used by teachers in schools, and to be read in homes and by the public at large.

The association takes the truth about narcotics to society through all available agencies, particularly utilizing existing educational systems. Its current program is to reach, through the authorities and teachers, with instruction about the peril of narcotics, during the school year, the 24,000,000 young people in the schools and colleges of America, and to place bulletins, as far as practicable, in all the homes of the land.

For the safety of the home, the nation, the race, the truth about narcotics *must* become known.

"Ye shall know the truth and the truth shall make you free."

There is at least one way in which law can be of immediate and vital value in the campaign in which the International Narcotic Education Association has taken the lead. State legislatures, by enacting new school laws or amending those already existing, can provide for adequate instruction concerning narcotics in the schools of their several states.

The schools have not functioned in this regard because of the inadequacy of state laws in this connection. At the present time Arizona, Delaware, Tennessee, and West Virginia have no laws requiring that the facts concerning narcotics be taught in the public schools. Twenty-seven other states have such indefinite laws that it is not at all certain whether any instruction is required about any other narcotic than alcohol.

What about your state?

In every state, and throughout the nation, the need is urgent, the peril is pressing. It is a matter of patriotic duty to bring the truth about narcotics home to the people, and particularly to the children, who are in the greatest danger, and with whom rests the future of our country, of civilization itself.



DR. A. D. BECKER
Convention Circuit Speaker

INFLAMMATIONS OF THE PELVIS

By HARRIET L. CONNOR, D.O.

Hollingsworth Building, Los Angeles.

In a short discussion of inflammations of the female genitalia it would be impossible to go into detail in regard to the etiology, pathology, symptomatology and treatment of the numerous conditions classified under this heading, but I shall try to give a brief summary of those inflammatory conditions most frequently met with in general practice.

Inflammation of the pelvis is almost synonymous with infection. True, we all see inflammation induced by trauma, by irritating chemicals, or by abnormal urinary contents, but often an infection is superimposed on the original simple condition, prolonging and adding to its seriousness. We all see cases of cystitis produced by the mechanical irritation of a bladder stone or by irritating drugs excreted from the kidneys; cases of vulvitis produced by irritating chemicals in douches, hyperacidity of urine or glycosuria; and cases of endometritis and endocervicitis caused by the irritating discharges from sloughing fibroids or polyps. But still more frequently we find these primary causes have opened the channels for the entrance of infective agents which we have to combat even after the removal of the inciting cause.

The vulva and vagina have a rather high resistance to infection,—especially the vagina, which is known to rid itself of virulent pyogenic organisms within two or three days. This bactericidal action is probably due to the slight amount of acid mucus secreted by the surface cells of its walls.

The uterus, tubes, and ovaries are

much less resistant, but are protected by the vagina and the narrow cervical canal bathed in an alkaline mucus which serves as a further protection from those micro-organisms which have survived the acid secretion of the vagina. Furthermore, the internal organs are somewhat protected by the tent of peritoneum covering them and shutting off the pelvis from the upper abdominal cavity.

The infective agents more commonly invading the pelvis in order of their frequency are the gonococcus, the streptococcus and the staphylococcus groups, the colon bacillus and the tubercle bacillus.

Gonorrheal infection is common among all classes of women, and the osteopath in general practice as well as the specialist in gynecology is frequently called on to handle these cases.

Gonorrhea is essentially a mucous membrane and serous membrane infection and but rarely invades the deeper tissues. It commonly originates on the vaginal portion of the cervix or vulva and travels upward, invading the bladder, the cervical canal, uterine cavity, tubes, surface of the ovaries, and the pelvic peritoneum. Occasionally the infection invades the deeper structures of the uterine wall and the connective tissue between the folds and beneath the broad ligaments, but this is often the result of repeated acute attacks. The peritonitis induced by the infection is usually rather localized about the tubes and ovaries. Rarely does it become general and produce abscess in

the cul-de-sac. Occasionally, especially in neglected cases, a bacteremia occurs and joints and endocardium are involved.

We meet with many cases of this infection which remain rather localized in the vagina and vulva. They run a rather mild course and show little tendency to spread. These cases are probably the result of a less virulent type of gonococcus or are due to a greater immunity of the individual, either natural or acquired from a previous attack. It may be the recurrence of an old infection which has been lying dormant in the glands, such as Bartholin's glands, Skene's ducts or the glands of the cervix, and the original virulence of the micro-organisms has been attenuated.

It is surprising how quickly the gonococcus disappears from the discharges, even in cases receiving no care. It is sometimes only a matter of days before it disappears from the surface membranes, disappearing even from the tube in as short a time as two weeks in some cases. The glands, however, may harbor the gonococcus for long periods and produce acute exacerbations of the infection.

Treatment in cases seen early is effective and will often result in complete resolution. Rest in bed is the first essential in cases of an acute or subacute nature. In our local treatment we should be careful not to hasten the spread of infection, which is sometimes the result of being zealous and thoroughgoing in our methods. I have found nothing better for local treatment to vulva and vagina than the old stand-bys, bichloride of mercury and argyrol. Bichloride has been looked upon with disfavor on account

of the many cases of poisoning, accidental and otherwise, that have occurred, but by being careful that the persons in whose hands I place it are responsible and stressing its poisonous nature and the need of care in its use, I have never had an accident of that kind. Potassium permanganate is effective and is preferred by many. The great mistake made in the use of antiseptics in acute inflammations is using too strong a solution, which is worse than nothing. I use bichloride in dilution of 1:8000 from the beginning to the end of the treatment, and find it effective and harmless to the regenerating mucosa unless used for too long a time. The vulva is douched after each urination and is painted thoroughly once or twice a day with 20% argyrol. Vaginal douches are given about twice a day and the vagina thoroughly painted with argyrol or a tampon saturated with it is left in place for a few hours.

The treatment for bladder involvement is expectant. No interference is necessary unless irrigation from within by taking large quantities of water does not reduce the quantity of pus in the urine and give relief from symptoms. Hot sitz baths will relieve the pain and tenesmus suffered during urination and an icebag will control the itching and burning of the vulva. If irrigation of the bladder becomes necessary, potassium permanganate 1:8000 is effective, washing the bladder until the returned solution is free from pus and mucus and introducing an ounce or more of 5% argyrol, which is left in the bladder to be voided naturally.

Involvement above the vagina calls

(Continued on Page 39)

“OLD MAN FEAR”

BY WARREN B. DAVIS, D.O.

First National Bank Building, Long Beach, California

Many ill persons have various ungrounded fears. It is one of the duties of the physician to get the confidence of his patients, and in cases where fears exist, discover them and as far as possible help the patient to overcome them.

Undoubtedly much of the turning to Mrs. Eddy, Coué, *et al* is a reaction to the frightening tactics which are an important part of the stock in trade of a considerable portion of the medical profession. Probably every osteopath has treated patients who have been told by allopaths that they had serious diseases where none existed.

When a person is ill there is a tendency for the imagination to work overtime, and suggestions such as “it might be a cancer” or “it might be very serious” seem to be eagerly taken up, and made the most of. Fear is one of the greatest foes of the nervous system, and the physician who aids fear is either an ignoramus or a grafter.

This “Old Man Fear” is a bad actor, and has tempted many a physician to act as his ally because forsooth the physician “needed the money,” and the patient would pay as long as “Old Man Fear” had hold of him.

The physician who deliberately frightens a patient, with the idea that as long as the patient is frightened he will continue to “come across” with the money, is not only a grafter, but a wolf in sheep’s

clothing, for he obtains the money by taking advantage of the patient’s confidence in him. In comparison, the nocturnal thug is a gentleman.

About a year ago I was asked to call upon “a woman with very serious heart trouble,” and was told over the telephone to “be very careful.” I found a retired teacher, 55 years of age, lying in bed, where she had been for three months. Her history was of no more than common interest, as it was the usual tale of enervation, constipation, and toxemia with the good heart getting the blame.

Examination showed no heart lesions; nothing but poor functional activity which was a part of the general condition. There was much gas in the intestinal tract. When asked to sit up she said she did not dare to do so, because her heart was so weak. She knew she was “going to die,” but hoped to get enough strength so her heart would stand the trip over the mountains to her home in Ohio. She feared that her heart would stop as soon as 4000 feet altitude was reached. How much of this line of thought she had obtained from her physician, an M. D., I do not know, but I do know that she was good pay, and that his bill had been about \$40 a month for several months.

She was a victim of fear, and it was four weeks before she would come to my office, “on account of her heart.” In six months she was back

in Ohio, and at Christmas time I received a letter from her telling how well she was and that she was teaching in night school.

Osteopathy worked wonders for her, but had I not helped her mentally as well as physically, the result might have been different.

More cases could be cited, but every osteopath has them. Details vary, but the general principles on which they are based are much the same. If the truth were known, we wonder how many surgeons would be found guilty of performing operations which they have frightened their patients into believing were necessary. There are too many cases in which the operation is primarily on the patient's bank account and but secondarily on his anatomy. Many a patient with slim financial resources (or with none at all) has been spared a surgical operation and has recovered his health notwithstanding.

Let us as physicians be sworn enemies of FEAR. Let us use helpful, cheerful suggestions, and be honest with our patients and honest with ourselves, and thus honor our profession.

"Laugh a Week"

FIRST MEMBER OF 1946 CLASS ENROLLED

In a letter accompanying his article on "Osteopathy in Hawaii," which appears in this issue, Dr. T. L. Morgan of Lihue, Kauai, Hawaii, writes:

"My attention is somewhat divided these days, due to the arrival on January 10 of Tom Morgan, Jr., who is going to be a husky D. O. in the 1946 class."

BLOOD ANALYSIS

PRACTICAL CHEMICAL ANALYSIS OF BLOOD, by Victor C. Myers, M.A., Ph.D. 232 pages, illustrated. Cloth. C. V. Mosby Company, St. Louis, 1924.

Reviewed by .

DAYTON TURNEY, D. O.

This book is a compilation of a series of articles on blood analysis by Dr. Myers published in the *Journal of Laboratory and Clinical Medicine*. This second edition is revised and enlarged. The work is rich in clinical interpretation of the results of analysis. In the introduction and in each chapter, the author emphasizes the value of blood analysis in diagnosis, prognosis and treatment, by means of brief discussion and many tables, and adds a special chapter dealing with this phase of blood analysis alone.

The chapters in order treat the determination of non-protein and urea nitrogen, uric acid, creatinin, blood sugar, acid-base balance of the blood, cholesterol, chlorides, and others of less importance. Following the discussion in each chapter, the author adds the practical laboratory methods which have proven most satisfactory in his experience. An extensive bibliography is included.

The merits of the methods of blood analysis developed by Folin and Wu are discussed in a special chapter with a complete description of technic. Another section deals with types and uses of colorimeters. These instruments have earned an important place in analytic chemistry. The final chapter presents directions for preparing all reagents needed in carrying out the tests described.

OSTEOPATHY IN HAWAII

By T. L. MORGAN, D. O.

Lihue, Kauai, Hawaii

Although Hawaii is two thousand miles from the mainland, osteopathy was practiced here as long ago as twenty-three years, which was many years before thousands of communities nearer Kirksville knew about osteopathy. Only a few years after Hawaii voluntarily gave up her monarchy for a place in United States territory, an osteopath was brought to Honolulu by a banker to care for members of his family. He stayed for a time and made many friends for our profession. These friends and their children are still staunch supporters of osteopathy. A few years later a woman who is now a patient of mine had Dr. Ferd Goodfellow of Los Angeles come to Kauai to treat her. He also took care of several other cases here. If he happens to read this it will no doubt bring back to him memories of delightful people, magnificent scenery, sugar plantations and muddy roads, all of which remain except the muddy roads. These are now macadamized from one end of the island to the other and are traveled over by the finest Packards, Lincolns and Cadillacs (none of them driven by the writer, however). After Dr. Goodfellow left, one or two other D. O.'s came for brief periods to treat individuals. Until the Drs. Morelock of Honolulu came, no osteopaths were permanently located in the Territory.

There are now seven osteopaths in the islands, and all practice in Honolulu except myself. I am on an-

other island a night's steamer ride away. We have our local association and most of the members are also members of the A. O. A. Osteopathy has been sold to Hawaii through the good work of the pioneers. Many of the well-to-do white and Hawaiian people are firm backers of the island practitioners. I came here as the private physician of an elderly sugar planter, who has been one of the leading citizens of Hawaii for over half a century. Not content to have but one case to attend, I opened an office for general practice and have been most gratified with the result. I believe I know exactly how the pioneers felt who first practiced miles from a fellow osteopath and who had no one to consult with on difficult cases. One who has never had the experience of being alone cannot imagine the fine feeling that you have when you do get to talk "shop" with a person of your own persuasion, and my colleagues in Honolulu have always given me much help and encouragement.

Each of the large sugar plantations has its own M. D. and hospital. Here at Lihue we have a fine up-to-date hospital which has always been wide open to my patients and the M. D. in charge has always gone more than fifty-fifty to play square with me, as have all the other medical men here with whom I have dealt.

Most of the patrons of my office are white, but occasionally a Chinese, Japanese, Hawaiian or Portuguese

comes into the office after he has been the rounds of other treatment. Some of them talk such a conglomeration of "pidgin" English that I have to diagnose their talk as well as their troubles.

We have the model A. O. A. law and are accorded equal rights in any public hospital. This law was passed in 1921 after the wide attention focused on osteopathy through the case of the man who retains me now. Two of his sons are members of the legislature. All the legislators knew him and his condition and that he got splendid results only through osteopathy after years of medical treatment. Other friends helped to put the bill over, and it passed successfully.

Hawaii is well named "The Paradise of the Pacific" and is the land of ever-changing beauty in mountains and sea, delightful climate and year-around sports. (Sounds like tourist bureau literature, but true.) But if you would spend a different vacation have your ticket read "Honolulu bound" and enjoy yourself in the Pacific outpost of osteopathy.

NOTICE OF CALIFORNIA EXAMINATIONS

The next meeting of the California Board of Osteopathic Examiners to examine applicants for licenses to practice will be held July 28, 29 and 30 at Los Angeles. Both written and oral examinations will be given at that time.

Natural ability without education has oftener raised man to glory and virtue than education without natural ability.—CICERO.

HISTORY OF OSTEOPATHY NEARLY READY

Dr. E. R. Booth of Cincinnati, who has been working for many months on the revised edition of his "History of Osteopathy," has sent us final proofs of some pages taken at random from different parts of the new book. These pages contain interesting fragments of osteopathic history which we are looking forward to reading in their entirety in the completed work. The book will probably be published about the middle of May.

SANITARIUM TO MOVE

The buildings of the Southwestern Osteopathic Sanitarium at Blackwell, Oklahoma, have been sold and the institution is to be moved to a larger field, Wichita, Kansas and Oklahoma City being considered. The commercial bodies of both cities are interested in attracting this live group of men to their respective cities. At this writing it has not been decided which city will be selected. To secure better railroad facilities to accommodate the demands on them from outside their own locality, and other advantages to be gained from a larger city, are the reasons for the change of location.—*A. O. H. A. Bulletin.*

DES MOINES OSTEOPATHS GIVE RADIO PROGRAM

The Taylor Clinic Quartette of Des Moines (Iowa) gave a program at Radio WHO on the evening of April 30. The program included solo and quartet numbers and a short talk by Judge H. H. Sawyer.

PROBLEMS OF THE GENERAL PRACTITIONER TO BE FEATURED AT CALIFORNIA CONVENTION

BY EDW. T. ABBOTT, D. O.

Program Chairman

411 Black Building, Los Angeles

The tentative program for the California convention to be held at Oakland next month, as revised to the date on which this issue of THE WESTERN OSTEOPATH went to press, is as follows:

Tuesday, June 24

A. M.

8-10—Registration.

10-12—General Assembly.

Chairman: E. G. Bashor, D. O.
Song, "America."

Invocation.

Address of Welcome—Mayor of Oakland.

Response—Dr. L. H. Howland, President, Western Osteopathic Association.

Opening Address—Dr. E. G. Bashor, President, California Osteopathic Association.

Report of Program Committee—Dr. Edw. Abbott, Chairman.

P. M.

1-2—C. O. P. S. Postgraduate Program begins. Dr. L. Van H. Gerdine, President C. O. P. S., in charge.

2-3:30—"Problems of the General Practitioner in Pediatrics." Dr. A. M. Weston presiding.

1. "The Nervous Picking Child." Speaker to be announced.
2. "The Tubercular Child." Speaker to be announced.

3:30-5—"Problems of the General Practitioner in Diseases of the Eye, Ear, Nose and Throat." Dr. P. T. Collinge presiding.

1. "The Relation of Head Infections to General Health." Dr. A. T. Seymour.
2. "The Oculovac and Erisiphake Treatment of Cataract." Dr. T. J. Ruddy.
3. "Etiology of Bronchitis and Tuberculosis with Special Ref-

erence to Nasal and Oral Infections." Dr. L. D. Reeks.

8:00—Reception and Dance. Dr. Katharine Whitten in charge.

Wednesday, June 25

A. M.

8-9:00—C. O. P. S. Postgraduate work.

9-10:30—Western Association Circuit. Dr. Charles Spencer in charge.

"Focal Infection as a Cause of Insanity." Dr. J. Ivan Dufur, President Dufur Osteopathic Hospital, Ambler, Pa.

Discussion led by Dr. T. J. Ruddy.

10:30-12—The Surgical Problems of the General Practitioner. Dr. R. D. Emery in charge.

1. "Recognition of Surgical Abdomen." Dr. T. C. Young, Glendale.

Discussion—Dr. Edward Abbott, Los Angeles.

2. "Tuberculosis of the Kidney." Dr. N. F. Sprague, Los Angeles.

Discussion—Dr. K. P. Baber, Los Angeles.

3. "Needs in Acute Osteomyelitis." Speakers to be announced.

P. M.

1-2:00—C.O.P.S. Postgraduate work.

2-2:30—Problems of the General Practitioner in Obstetrics. Dr. G. D. Cayler, Los Angeles, in charge.

1. "Early Recognition and Prenatal Care of Toxemias." Dr. Lillian Whiting.

2. "Early Recognition and Care of Septicemia." Speaker to be announced.

3:30-5—Problems of the General Practitioner in Gynecology. Dr. Jennie Spencer in charge.

Subjects and speakers to be announced.

8:00—"Biological Origin of the Mind." Dr. J. Ivan Dufur.

OSTEOPATHIC CONVENTIONS

UTAH

Salt Lake City, June 16

IDAHO

Pocatello, June 16-17-18

WASHINGTON

Lake Kachess, June 20-21

OREGON

Albany, June 23-24

CALIFORNIA

Oakland, June 24-25-26-27-28

Prominent speakers will appear on the program in each state, under the auspices of the Western Osteopathic Association.

This will be a public lecture and is to be broadcast by radio.

Thursday, June 26

A. M.

- 8-9:00—C. O. P. S. Postgraduate work.
 9-10:30—Dean Becker of Kirksville. Western Association Circuit. Subject to be announced.
 10:30-12—"That Lump in the Breast"—and Osteopathy. Dr. Dayton Holcomb, Pasadena. Western Association Circuit.

P. M.

- 1-2:00—C. O. P. S. Postgraduate work.
 2-5:00—Business.
 8-9:00—Public lecture (illustrated). Speaker to be announced.

Friday, June 27

A. M.

- 8-9:00—C. O. P. S. Postgraduate work.
 9-10:00—Physiologic Technic. Dr. Carl Johnson, Louisville, Ky. Western Association Circuit.
 10-12:00—Business.

P. M.

- 1-2:00—C. O. P. S. Postgraduate work.
 2-3:00—Clinic—Dr. H. W. Forbes.
 3-4:00—"Pyorrhoea." Dr. Clayton Wesby, University of California.
 7:00—Banquet.

Saturday, June 28

A. M.

- 8-9:00—C. O. P. S. Postgraduate work.
 9-10:00—"What the Osteopathic General Practitioner Owes to the World." Dr. W. C. Brigham, Chairman Professional Education Committee of A. O. A.
 10-12:00—"The Psychic Influence of the Doctor in General Practice." Dr. L. Van H. Gerdine, President C. O. P. S., Western Association Circuit.

Dr. Gerdine will also report on the College work of the year.

In so far as possible, the C. O. P. S. postgraduate work will be given by the Western Association Circuit speakers.

The beautiful rests on the foundations of the necessary.—EMERSON.

Smile a Week

DR. A. A. GOUR ANSWERS A. M. A. SPOKESMAN

Every osteopath who is a reader of the popular magazines will notice how often they publish articles by spokesmen of the A. M. A. The subject of some of these articles has been osteopathy. That these same publications do not print the other side of the story is due to the fact that they refuse answers submitted to them by writers favoring the cause of osteopathy.

One of the worst offenders of recent date is Dr. Morris Fishbein, one of the editors of the Journal of the A. M. A. His latest outburst against osteopathy appeared in the "American Mercury" for February; also in a number of prominent dailies.

Dr. A. A. Gour, nationally known osteopath, writer, teacher of prominence, author of "Therapeutics of Activity" and staff writer of the Chicago Daily News, has joined the editorial staff of *Pearson's Magazine*, and his first contribution is an answer to Dr. Fishbein's attack on osteopathy, in the April issue of *Pearson's*. It is a strong and fearless indictment of the sinister methods used by this exponent of the A. M. A., and every osteopath should read it.

There is a likelihood that certain interests will use their influence to keep *Pearson's* off your newsstand. In that case, communicate with Dr. Gour, care of *Pearson's Magazine*, 157 East Ohio street, Chicago, Ill.

Dr. Gour will also conduct a department on health activities as a regular feature of *Pearson's*.

Smile a Week

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FAIR PLAY TRIUMPHS IN WHITTIER

The citizens of Whittier (California) have adopted by popular vote an ordinance which ordains that "the Murphy Memorial Hospital in the city of Whittier shall receive those who are sick and physically afflicted, without distinction as to the particular system of healing or alleviating suffering they desire to employ." Thus have the citizens of this progressive city pried loose one of the tentacles of the medical octopus.

In the deed of gift signed by Col. S. J. Murphy it was stipulated that the hospital should be open to all physicians legally authorized to practice medicine or any other means of healing or alleviating human suffering. The deed further stipulated that the hospital should be "Class A." Colonel Murphy, like many hundreds of thousands of other citizens of this "land of the free and home of the brave," was not aware of the interpretation which is placed on the designation "Class A" by the medical Prussians.

M. Louise Davis, D. O., of Whittier, applied for a position on the staff of the hospital. Her application was denied on the grounds that she did not hold a physicians and surgeons' license. She was assured that if she would obtain such a license she would be welcomed on the staff.

Dr. Davis spent a year in post-graduate study, took the necessary examinations, and obtained a physicians and surgeons' license. Did the medical cocks of the walk keep their word? They did not. After "stalling" for several weeks, a special meeting of the staff was called three days

prior to a regular meeting. At this meeting, under the pretext of safeguarding the "Class A" feature of the hospital, an emergency resolution was rushed thru to require that applicants for staff positions must have an M. D. degree conferred by a medical college approved by the American Medical Association.

Dr. F. J. Bold, a member of the staff who wanted to see fair play, objected to this high-handed procedure. He was put off the staff for "insubordination." He later issued a 2500-word statement over his signature which was printed and distributed during the pre-election campaign.

Members of the California Osteopathic Association practicing in Whittier started the movement for the ordinance which was voted on April 14. Before the election, interest in the issue ran high. Many letters pro and con were printed in the Whittier newspapers.

One highly effective statement which was widely circulated was written by Dr. Harry W. Forbes of Los Angeles. From this we quote in part:

To the Taxpayers

The one and only issue in the proposed Hospital Ordinance is: "Shall the hospital, which is owned and tax-supported by all citizens, be used by all citizens?"

The hospital is built on land owned by all citizens. It is supported by taxes collected from all citizens. Shall it be open to all citizens; or shall it be closed to all except one group of doctors and their clients?

Those who believe that community property should be at the service of all who own it will vote "Yes." Those who believe that taxation without representation is a good governmental policy will vote "No."

Will the people of Whittier tolerate a discrimination in their hospital which they would not tolerate in their schools, or their parks, or their library, or in any other property that they own and maintain in common?

The present hospital situation would be duplicated in the schools if the Board of Education had closed the high schools of Whittier to all teachers and pupils who were not adherents of one particular church organization. The vote to open the hospital should be as overwhelming as would be the vote to open the schools if they had been closed to all but one group of citizens. There is no other issue in this campaign. * * *

The generous donor of the hospital buildings is entitled to the grateful appreciation of the people of Whittier, not only for the excellent buildings that he has provided, but also for the wise public policy he enjoined in the following provision in his deed of gift: "Provided, however, that no person who may be legally authorized to practice medicine or any other means of healing or alleviating human sufferings shall be excluded from attending patients who may desire such person's services when in said hospital because such person does or does not practice a particular system of healing or alleviating human suffering."

Careful voters will not be confused or misled by arguments concerning the desirability or undesirability of having the hospital labeled "Class A." This term when applied to a hospital has a certain misleading connotation. In ordinary things "Class A" means of good quality. As applied to a hospital it has no such meaning. The term "Class A" has been adopted by one hospital association as its trade-mark. It is a trade name, like "A-1" stoves or "AA" milk. Some good hospitals have accepted this label; but in doing so they have lost some of their excellence and limited their usefulness because they have been compelled to exclude all physicians who do not belong to one medical group.

A hospital that is owned and maintained by a group of regular physicians as their private enterprise may properly accept the trade-mark of their organiza-

tion. A community hospital has no right to exclude all but one group of citizens.

The welfare of the patients and the good name of the hospital require that stringent rules and regulations for its government be adopted and enforced. No physician or patient should be admitted who does not conform to every reasonable and necessary rule and regulation. But no one will argue that it is a necessary or reasonable rule that each patient and doctor must be an adherent of one particular church or medical system.

The revised report of the vote on this ordinance was: *Yes*, 1938; *No*, 1049.

At the same election, the voters of Whittier elected a new city Board of Trustees, all of whom are supporters of the policy of maintaining a hospital which shall not exclude the patients of any legally qualified physician.

ROBINSON CRUSOE AS AN ADVERTISER

One of the most persistent advertisers in the history of success was Robinson Crusoe. He knew what he wanted—a ship; and he put up an ad for one. He flung a shirt on a pole at the top of his island: that, in the language of the sea, was plain to every seafaring man.

The circulation was small, but there was no other medium; and Crusoe kept at it, despite the fact that he got no inquiries for a long time. He changed his copy, as one garment after another was frayed out, and in the end he got what he wanted.

Suppose Crusoe had taken down that signal after a time and declared "advertising doesn't pay?" Where would he and his story be now?

Persistence in advertising pays.

WAY CLEARED FOR CONSTRUCTION OF HOSPITAL

Construction work on the hospital-sanatorium to be built by the Los Angeles Osteopathic Foundation has been delayed owing to the fact that efforts were being made to have one-half of the two-acre site re-zoned so as to permit the erection of the building on the crest of the hill.

The City Council having been petitioned to take action, the matter was referred to the City Planning Commission for investigation. During the investigation the *Los Angeles Record* printed the following editorial:

Hospitals and City Zoning

The Record believes that the City Planning Commission should be supported as a general rule. It is absolutely essential that this city's development be intelligently guided.

But *The Record* also believes that the Planning Commission should protect itself against righteous criticism in the matter of hospitals. Los Angeles must have adequate hospital facilities. They should not be classed as business buildings. They are vital institutions, like schools and churches.

The proposed Osteopathic Foundation Hospital has been trying for nearly one year to secure a site and necessary municipal government assistance to enable it to erect a Class A building. The project has been shoved from pillar to post, largely because of zoning restrictions. On several occasions intelligent understanding of the serious hospital situation and the principle of the greatest good for the community at large would have solved the problem.

There has been submitted to the Council and referred to the Planning Commission, application for waiver of Zone B to C on property known as Observation Hill, consisting of the block on west side of Hoover between Council and Temple Streets.

Half of the property now is in Zone C, and if the balance is not put in that zone

they will build the first unit on the parcel in C, but it will not be as fine a unit as they plan because the B parcel is on the top of the hill where a structure of pride to the city can be erected and one more conducive to the many advantages that patients should have. So, there will be a hospital there in any event, and why not waive the technicalities necessary to make it the fine big project it should be?

After investigation, the Planning Commission voted unanimously to recommend to the Council that the B parcel be placed in Zone C. Before the matter could come to vote in the Council, it was necessary that it pass the Welfare Committee. Here the vote was also favorable.

When the subject came before the Council for final disposition, objections were made by some property owners in the vicinity. This small group, however, was overruled by the larger considerations of the general welfare, and the Council voted unanimously to place the B parcel in Zone C.

This action removes the last obstacle to the beginning of building operations. Architects are now working on the plans, and it is expected that ground will be broken in June. The building will be of fireproof construction, four stories in height, with a capacity of one hundred patients. The façade will set 200 feet back from the street, and the grounds will be tastefully landscaped with lawn and shrubs. When completed, patients in the rooms will look out upon attractive immediate surroundings, with a magnificent view of the western part of Los Angeles and the mountains in the background.

LOS ANGELES SOCIETY CELEBRATES OSTEOPATHIC JUBILEE

At the April 14 meeting of the Los Angeles Osteopathic Society, the fiftieth anniversary of the founding of osteopathy was celebrated with an elaborate banquet and special program. The celebration was held at the Biltmore Hotel, with Dr. P. T. Collinge, president of the Society, as master of ceremonies.

Dr. Dain L. Tasker, President of the California Board of Osteopathic Examiners, gave the address of the evening, his subject being, "Fifty Years of Osteopathy." He reviewed the progress of our system of therapy through the various periods, naming three principal stages, that of experimentation, that of exploitation, and that of maturation. He emphasized the point that we now have reached the dangerous age, that of fifty years; that we must not continually look back upon the past, but must consider that we are living in the present, and that the present of osteopathy is progressing and developing as time flies on. It rests upon our shoulders to maintain the present and further to prepare for the future, for, since osteopathy is founded upon a truth, it will live until time shall be no more.

Mrs. Estelle Brown-Mills presented the musical program, and she was assisted by one of her artist pupils, Mrs. Strelitz, who rendered several excellent vocal selections. Dorothy Bartosh, niece of Dr. William Bartosh, enraptured her audience with toe dances and humorous readings.

Harold J. Stonier, Executive Secre-

tary of the University of Southern California, spoke on "Citizenship in a Presidential Year," telling of our needs for fewer laws and better enforcement of existing laws. He presented many statistics and gave us much valuable information on various government problems.

Dr. Ernest Bashor, President of the California Osteopathic Association spoke briefly of his trip throughout the state in the interests of the Association, and of the plans for the annual state meeting in June.

J. LYNN GOODE, D. O.,
Publicity Chairman.

"Laugh a Week"

OSTEOPATH GIVES RADIO TALKS

Dr. L. V. Harvey of Los Angeles is giving a series of talks on alternate Thursday afternoons from Radio KFI. The talks deal with Dr. Harvey's experiences in motor camping in nearly every State in the Union, as well as in Canada and Mexico.

DAUGHTER BORN TO DR. DAYTON HOLCOMB

Dr. Dayton B. Holcomb of Pasadena is the proud father of a daughter, born April 18 at Monte Sano Hospital, Los Angeles. The newcomer weighed $7\frac{3}{4}$ pounds on arrival, and has been named Virginia. Mrs. Holcomb is doing nicely.

Drs. Dain L. and Cora N. Tasker of Los Angeles are enjoying the comforts of a new home in the Edendale section.

Smile a Week



DR. CARL A. JOHNSON
of Louisville, Kentucky
One of the Speakers who will appear
on Convention Program on Western
Association Circuit

Dr. J. Strothard White of Pasadena has removed his office from the Security Building to 127 South Los Robles Avenue.

Dr. Robert Buck has returned to Los Angeles and is now associated in practise with his mother, Dr. Estelle Buck, at 660 South Vermont Avenue. For the past three years Dr. Buck has been in Denver and in Detroit, where he has made a special study of surgical and pulmonary tuberculosis and its treatment.

When patients require artificial limbs or deformity appliances, the Geo. R. E. Milligan Company of Los Angeles and Fresno are ready to take care of their needs, and will carry out your instructions in fitting.

VERILY, THINGS ARE NOT WHAT THEY SEEM

The promoters of a new laxative medicine recently filed in the patent office an application to use the name "Limestone Brand" as a trade-mark. The application was denied, on the ground that limestone is not a laxative. When the promoters' attorney wrote that the preparation contained none, the patent office replied that the name was deceptive. The attorney then prepared a remarkable brief on the subject, which included the following statements:

"Ivory is a good trade-mark for soap not made of ivory. Gold Dust Washing Powder is not made of gold. Old Crow Whisky is not distilled from crows. There is no bull in Bull Durham. Pearline contains no pearls, and White Rock is water.

"There is no cream in cream of tartar, in cold cream or in chocolate creams; no milk in milk of magnesia, in milkweed or in the coconut. These are all as remote from the cow as the cowslip.

"There is no grape in grapefruit, or bread in bread-fruit. A pineapple is neither pine nor apple; a prickly pear is not a pear; an alligator pear is neither a pear nor an alligator, and a sugar plum is not a plum.

"Apple butter is not butter. All the butter is taken out of buttermilk, and there is none in butternuts, nor in buttercups, and the flies in the dairy are not butterflies.

"Peanuts are not peas, and it is doubtful if they are nuts. Sailors wear pea-jackets—peas do not; they have peacods, which, by the way are not fish."—*Romaly*.

The Western Osteopath

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California Osteopathic Association

President, Dr. Ernest G. Bashor, Ferguson Building, Los Angeles

Vice-President, Dr. Inez S. Smith, Hollingsworth Building, Los Angeles

Secretary-Treasurer, Dr. C. B. Rowlingson, Los Angeles

Official Organ of the Western Osteopathic Association
and of the Osteopathic League

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C. B. ROWLINGSON, D. O., Managing Editor

OSTEOPATHIC HOSPITALS

The first issue of the *American Osteopathic Hospital Association Bulletin* has reached us. Its four pages are full of interest.

The first article emphasizes the fact that the large majority of medical hospitals care chiefly for acute and surgical cases. Granting this, it follows that there is a big field for institutions designed to care for chronic cases and those which require the treatment usually available only in sanatoriums.

Continuing, the *Bulletin* states:

"It is this situation which opens to osteopathy a tremendously important field of usefulness, and to the American Osteopathic Hospital Association our profession has a right to look for guidance and development in this field. Osteopathy * * * has made its place in the world by relieving chronic disorders. The medical profession admittedly fails to render satisfactory service to chronic invalids.

"What, then, is our duty as osteopaths as well as our privilege and opportunity? Is it not to give to the

public osteopathic hospitals with doctors and nurses experienced in the treatment of chronic as well as acute and surgical conditions, so that a complete service may be rendered?"

The obvious answer to the query is an affirmative one. When we survey the field of osteopathic institutions, we find that a creditable beginning has already been made. Monte Sano Hospital and Sanitarium at Los Angeles is a noteworthy recent addition to the list. In the same city the Los Angeles Osteopathic Foundation has purchased a two-acre site and plans are now being drawn for a four-story building with a capacity of one hundred beds. This will also be of the hospital sanatorium type, designed to care for both acute and chronic cases.

The fact that construction of a second osteopathic hospital and sanatorium in Los Angeles is to follow so closely on the completion of the first one may arouse the query, "Will not Los Angeles be oversupplied?"

Perhaps no better answer could be

found than the report of a recent survey made by the Los Angeles County Medical Society. The purpose of the survey was to compare the hospital facilities of Los Angeles with those in ten large eastern cities. The information collected revealed the fact that such cities as Detroit, Chicago and Cleveland have 3.5 beds to each thousand of population, while Los Angeles has but 1.5 beds to each thousand. From this it is evident that several additional hospitals could be built in Los Angeles without approaching very close to the point of filling the actual needs.

We hope that other large cities will soon have osteopathic hospitals and sanatoriums. We hope that the *American Osteopathic Hospital Association Bulletin* is a lusty infant that will grow to many times the size of the first issue.

PRAISES SPIRIT OF CO-OPERATION

The following communication has been received by the Editor:

Through the columns of THE WESTERN OSTEOPATH I want to thank every one who so willingly helped to make the programs of the Los Angeles Osteopathic Society meetings a success during the past year. It not only shows a most commendable spirit of co-operation, but also indicates that the profession in this section is pulling together to an unusual degree.

[Signed] A. M. WESTON.

Program Chairman,
Los Angeles Osteopathic Society.

All things whatsoever ye would that men should do to you, do ye even so to them: for this is the law and the prophets.—*Mathew 7:12.*

“Laugh a Week”

PERTINENT POINTS FROM THE PRESIDENT'S PEN

TRUSTEES' MEETING. I am taking this opportunity of notifying the Trustees that the annual meeting will be held at Oakland, Wednesday evening, June 25. Fortunately it has not been necessary to have any special meeting during the year, but it is important that we make business our business at this annual meeting. This is your opportunity to offer some real constructive criticism of our Association and its work. What about policies and officers the next year? Think it over.

PUBLIC EDUCATION. Have you all been reading the remarkable articles in the current periodicals relative to the trend of non-drug therapy? This should give us food for thought. Surely we are passing through something akin to a medical revolution. Don't fail to see *Physical Culture* for April and May.

SERVICE CLUBS. Permit me to congratulate all of our members who belong to the various Service Clubs. One can appreciate the wonderful work of these organizations only by his intimate contact with them. They are an expression of good citizenship. Our interest in public affairs, welfare work and various civic activities cannot be too strongly emphasized. Let us be good osteopaths and good citizens. We are planning to have at least six members of our profession talk at the Service Club luncheons during convention week.

NATIONAL CONVENTION. Everything is arranged. The California Limited, carrying our special car, will leave Los Angeles at 11:30 A. M.

Thursday, May 22. We will be met at La Plata by auto and taken to Kirksville. We regret that more Californians will not be able to see our wonderful float, "The Spirit of Osteopathy." Our delegates are: Drs. Emery, Harlan, Whiting and Beckwith.

STANDING COMMITTEES. We are almost ready for the sprint. If you have any finishing touches to the year's work, it is time to get busy. Is your work ready to turn over to your successor? Organize your report for the state convention.

TRANSPORTATION TO OAKLAND. Those in Southern California who are planning to motor to Oakland for the state convention are asked to communicate with Dr. P. T. Collinge. Those who are going by steamer, write Dr. H. F. Miles, Markwell Building, Long Beach. Those who are going by train are asked to get in touch with Dr. N. W. Giesy, while any who are planning to fly should arrange with Dr. T. C. Young of Glendale to join the airplane squadron.

VISITATIONS. (Last but not least.) The Riverside-San Bernardino Society came out sixteen strong to the meeting May 1 at San Bernardino. Here, as elsewhere, the new members are adding the necessary punch to the organization work. They are working in a businesslike way to solve their professional problems. Next month they will meet at Redlands and discuss the osteopathic problems in insurance work.

ERNEST G. BASHOR,
President,
California Osteopathic Association.

Smile a Week

THE DANGER OF PUTTING OLD PEOPLE TO BED

W. J. TYSON, M.D., F.R.C.P.

In *Pharmaceutical Advance*

Probably I shall be running a tilt against some one's opinion when I say that many old people are sent to bed too early, and are kept in bed too long when they are convalescing. But we should be chary in advising old people to take to bed when slightly ill. I was attending an old man of 80 with a slight attack of bronchitis, the like of which he had often suffered before. A consultation was suggested, and the consultant advised my patient to go to bed. I remonstrated, but gave way to what I then thought was wiser advice than my own. The patient kept his bed for a week, and then died. It may have been a case of *post hoc* and not *propter hoc*; still my opinion is that this man would have had a better chance of recovery if he had remained up during the daytime.

We must remember that the *will power* of old people is comparatively weak, and that bed to them is comfortable; then, when once in bed, after a few days the heart and muscular system lose tone. The effort to overcome this is difficult, and sometimes impossible to regain again. It often requires a good deal of courage to keep these people from taking to their beds, for the patient often takes kindly to the bed himself, and the friends think you unkind in advising less rest. My belief, then, is that it is wise to keep old people about and with moderate exercise as long as possible.

"Laugh a Week"
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Washington Osteopathic Association

DR. L. H. WALKER, Ellensburg.....*President*
 DR. HENRIETTA CROFTON, Seattle.....*First Vice-President*
 DR. E. A. ARCHER, Pullman.....*Second Vice-President*
 DR. H. F. MORSE, Wenatchee.....*Treasurer*
 DR. CLARENCE B. UTTERBACK, Tacoma.....*Secretary*
 DR. W. T. THOMAS, Tacoma.....*Trustee*
 DR. A. E. CUNNINGHAM, Seattle.....*Trustee*

The tentative program for the state convention next month is as follows:

Friday, June 20

- A. M.
 8:00—Technique. Dr. Carl Johnson, Louisville, Ky.
 9:00—"Focal Infection As a Cause of Insanity." Dr. J. Ivan Dufur, Philadelphia.
 10:00—"Heart Compensation in Autotoxiosis." Dr. Dayton Holcomb, Pasadena, California.
 11:00—Technique. Dr. Carl Johnson.

- P. M.
 1:30—"The Endocrin States in Mental and Nervous Diseases." Dr. J. Ivan Dufur.
 2:30—"That Lump in the Breast"—and Osteopathy. Dr. Holcomb.
 3:30—Technique. Dr. Johnson.
 4:30—"Osteopathic Treatment of Nervous and Mental Diseases." Dr. Dufur.

Saturday, June 21

- A. M.
 8:00—Business session. Legislative report and election of officers.
 10:00—"Principles of Osteopathy." Dr. A. D. Becker, Kirkville.
 11:00—"The Psychic Influence of the Doctor in General Practice." Dr. L. van H. Gerdine, Los Angeles.

- P. M.
 1:30—"Osteopathic Management of Acute Infections." Dr. A. D. Becker.
 3:00—"Newer Ideas of Causes and Methods of Treatment in Functional Nervous Diseases." Dr. L. van H. Gerdine.
 4:30—Business session.

The following description of the Lake Kachess country is taken from the Seattle *Post-Intelligencer*:

"Besides being the first in beauty in the long list of mountain liquid mirrors, Lake Kachess has the advantage of ideal altitude (2235 feet). The main part of the lake is seven miles in length, while Little Kachess, joined at the south by a narrow stream, passable to canoes and small boats, adds another four miles, making Kachess the largest of the Cascade lakes. Its setting is superb. Forest-clad mountain walls fall sheer into its blue depths, while drawn high across the skyline at the north is the snowy ridge of Mineral Mountain. Other peaks fall back in a terraced jumble from the water's edge. It is Switzerland, three hours from Seattle."

If the program which we have in store and the attractions of Lake Kachess are not sufficient to bring you to a convention, nothing will.

Rarely in the history of our state association have we been on our toes as we are at present as a result of the work of our legislative committee, Drs. Chadwick, Thomas and Morse. There has been nearly 100 per cent return on the letters sent out the last month.

A few have objected to paying a \$5.00 renewal fee to the state each year. The reason for levying this fee will be explained at the convention.

Many having the surgeon's license and signed it as such have not been turned down in months past.

Many opinions were expressed as to the board we should have. The majority seem to be in favor of a composite board. If you are not in favor of that plan you had better be at Kachess.

Some have said that the present law is unfair; others that the 1909 law was unfair. Is either opinion correct? If so, which one?

The foregoing are just a few of the things to be discussed at our coming convention. You can't afford to miss it.

Dr. Myrtle Snyder says she wants to attend the convention this year, but she has Mr. Miller to account to now. Congratulations.

Dr. Jane Montgomery's new address is R. R. No. 2, Victoria, B. C.

Judging from the correspondence of newcomers to the state, we are to have a good showing of them at the convention. In that way they will be able to get acquainted with those who were here before them.

Someone has written: I would rather leave well enough alone than to stir things up and have them settle down to worse conditions than at present. If there is a good prospect of winning something better, forge ahead; if not, go slow.

One of our loyal men expresses his views as follows: It seems to me that if we had a mixed board it would give osteopathy more privileges. At

least they wouldn't be afraid of breaking the law in using laxatives, antiseptics, emetics, and antidotes for poisons.

Dr. Abegglen gives some good hints: "I have examined several in the past two or three years and have had no complaints. I sign all teachers' health certificates *Osteopathic Physician and Surgeon*. I also sign birth certificates that way. I think it is a good thing to sign our full title.

Those who have so much consideration for your highly paid (!) treasurer and secretary are asked to remember that much work piles up on them at the last minute before convention. If you expect to pay your dues, kindly send check now, while you think of it.

News items for the June issue must reach the secretary not later than May 22.

GETTING ON THE NERVES

"There's one fellow in this town who certainly gets on my nerves."

"Who's that?"

"The osteopath." — *Los Angeles Record*.

BOOK DIAGNOSIS

While the diagnosis of the patient, who had eaten rather generously, was proceeding, the sick man said, "Doctor, do you think the trouble is in the appendix?"

"Oh, no," said the doctor, "not at all. The trouble is with your table of contents." — *Western Christian Advocate*.

Oregon Osteopathic Association

President, Dr. G. E. Holt, Pendleton

Secretary-Treasurer, Dr. C. H. Beaumont, Portland

Trustees: Drs. D. D. Young, J. Simons, W. W. Howard, H. E. Schoen

The attention of Oregon members is called to the program of the Washington convention as printed in the Washington Association department. As the subjects to be presented in Oregon by the speakers on the Western Association circuit are the same, it is not necessary to repeat them here.—
Editor.

Dr. H. N. Lacy has returned to his office after a severe attack of influenza. We are glad to report that he is rapidly regaining his accustomed vigor.

Dr. B. P. Shepherd recently spent a few days in Spokane on business.

Dr. E. T. Parker, as a member of the Waverly Golf Club team, journeyed to Seattle recently and put in a busy day at golf.

Dr. J. L. Ingle addressed the Men's Club of La Grande on April 24. His subject was "What Is Osteopathy?" His talk was cordially received, and many expressed themselves as surprised to know that osteopathy was so comprehensive a science.

Dr. Harry Paine reports that osteopathy is becoming better known in Oregon City, especially as being a complete science. He is gradually working into minor surgery and acute work. The educational method which he is using is having good results.

"Laugh a Week"

Due to his inability to give the time and work necessary to the legislative committee, Dr. J. E. Anderson has resigned as chairman. It is expected that his successor will be appointed shortly.

Drs. L. H. Howland and W. W. Howard have been appointed as delegate and alternate respectively to represent the Oregon Association at the national convention at Kirksville.

Through the co-operation of the Portland Chamber of Commerce, Dr. C. A. Pengra, and the A. O. A., the May number of the *Osteopathic Magazine* features Oregon. This proves an exceptional opportunity for Oregon osteopaths to put across some excellent educational work for their state, for osteopathy, and for themselves. In anticipation of an extra demand, a few extra copies have been printed. If you have not already ordered them, telegraph your order to A. O. A. headquarters today!

DUES! The year is about to close and a number are still delinquent to the state association. We have not hounded you this year, trusting you would come under the tape at the last minute. We are keeping the books open as long as possible, so that no one need be on the blacklist. The time is getting short and the books will soon have to be closed. Send your check today and get in on the finish at least!

THE SPEAKING VOICE

The speaking voice is the most marvelous instrument given to humanity. More completely and more truly than any other human characteristic it expresses the individuality and the personality of the speaker. Hearing a voice—without sight or even without the words—age, sex, nationality and character are instantaneously recognized. To a keen ear the intonation of the speech carries far more significance than its words. One may say the right thing; but if it is not the true thing, the voice, the inflection, the tone betray. The inmost secrets of the heart are quite unconsciously revealed by an accentuation or an intonation—a quality of sound over which the speaker has no control— which it is impossible to conceal.

The subtlest and most enticing charm of womanhood is found in her speaking voice; perhaps the most potent factor in a man's successful career is that quality of voice which carries conviction. A low, clear, musical voice in a woman will attract attention anywhere and at any time. The voice of honesty, earnestness and of genuine feeling is never mistaken and never fails to make its appeal. One tone of the voice tells of birth, of temperament, disposition, culture. It is the quality of its tones rather than the command of language which gives power to public speech, which makes the orator effective or which guides and persuades in the every-day contacts of life.

And yet the speaking voice is the most neglected or human possessions and its value as a personal and business asset is most ignored. While its individuality is inherent and can no

more be changed than the individuality of a facial expression, it can be cultivated and improved. If women spent half as much time in acquiring a full, rounded, well-pitched voice as they spend making up their faces, they would add an attraction which would far outweigh enameled skin and lip-stick color—one which would improve health, increase influence and become a permanent advantage as well. The shrill and discordant notes of the average American voice, and especially of the girl of today, is an ominous fact. The high, nervous key, the rapid and indifferent enunciation, the emptiness of voices heard upon our streets, in our public places and in our homes, is an appalling indication of lack of balance, of shallow minds, of physical defects.

Our schools teach "expression" as an adjunct of so-called interpretation, mostly for those who are ambitious to become actors or—worse yet—"dramatic readers," a course which usually produces a self-conscious and unnatural quality of tone and manner which is painful to the sensitive ear. A common-sense and obligatory course in correct breath control and pitching of tone and in the self-command and poise which produce clear and resonant enunciation would do much to overcome the common tendency to overpitched voices, and the slipshod slurring of sounds which is making our speech slovenly and our utterances a distress to cultivated minds and ears.

But until we learn to listen—to catch shades of inflection and understand the meanings beneath the uttered word, we shall never begin to appreciate and cultivate the speaking

voice. We must realize the power of the voice to influence and control and its infallibility as an index of character and an indication of capability before we shall understand that its development and training are of far more importance than most of our efforts to improve the individual or the race. The singing voice has long been cultivated seriously and is the subject of an elaborate technique of training. Yet the voice in which each man and woman must express himself to the world has never yet been considered of enough importance to be made the subject of an ordinary school course.—*Los Angeles Times*.

Dr. Edward I. Kushner, formerly of Omaha, is now associated with Drs. Sisson and Sisson in the First National Bank Building, Oakland.

INEFFICIENT MEDICAL TREATMENT OF TUBERCULOSIS

Alfred W. McCann, well-known writer for *Physical Culture* and other publications, has thrown down the gage of battle to the medical profession. His battlefield is the subject of pulmonary tuberculosis. We quote from *Time* (New York):

There exists a "lime starvation" treatment, which consists of getting organic lime into the blood. Mr. McCann asserts that the customary sanatorium treatment arrests only 22% of tuberculosis cases, taken at early stages, and treated under ideal conditions, whereas, for 12 years, the "lime starvation" cure has arrested an average of 68%, taken at serious stages, and treated while patients continued to do their regular work. Mr. McCann asserts that the suppression of this cure reveals "the abysmal inertia of the medical pro-

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fession with respect to a disease so clumsily and inefficiently attacked."

He supports his charges by two quotations—one from Dr. John B. Murphy, in whose memory a hospital is being built in Chicago: "In fact, it [outrageously neglected treatment of tuberculosis] borders on a crime." The other quotation is from Dr. Richard C. Cabot, Harvard: "I know from my own certain knowledge that the vast majority of physicians in

Massachusetts cannot make a diagnosis of early tuberculosis. I do not believe that one-tenth of the physicians in any state can tell incipient tuberculosis when they see it from physical signs."

Mr. McCann concludes that the obstructionist tactics of the American Medical Association keep 10,000,000 American sufferers from hope of recovery. This is a statement that may be characterized as fantastic.

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DATE OF UTAH CONVENTION CHANGED

The annual convention of the Utah Osteopathic Association, which had been set for June 14, has been changed to Monday, June 16. The speakers will be Drs. Becker, Gerdine, and Holcomb.

Dr. Alice Houghton of Salt Lake City was recently elected president of the Business and Professional Women's Club of that city.

THE DOCTOR IN COURT

Mr. R. B. Newcomb, a Cleveland attorney, sums up what the attitude of the physician should be in court procedure, as follows:

"First: No doctor should enter the courtroom as a professional witness unless he leaves behind all prejudice and bias and takes the stand with a judicial mind to render even-handed justice to both sides, in exactly the same way he would do if the trial judge had called him to court to testify.

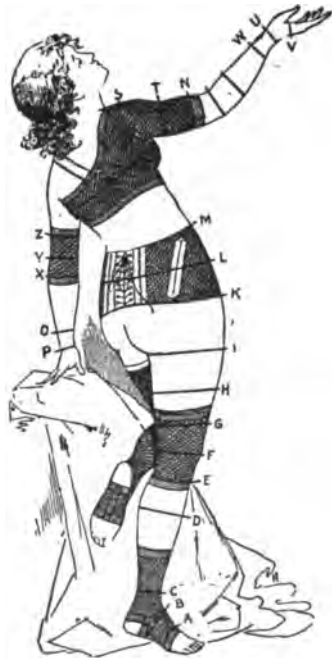
"Second: The doctor in court should avoid technical medical terms as far as possible, and, when using them, should explain to the jury in simple language what they mean. Otherwise, the value of his testimony is almost wholly lost.

"Third: No doctor should be called to court to give his time from his practice without the assurance from the lawyer calling him that he will be paid for the time that he gives from his practice, that amount which he would have received had he remained at his office or in his own professional work.

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I believe, however, that its abstract quality would not make it so popular with the average concrete type of mind; but I cannot conceive of a good business executive not wishing, even through curiosity, to peruse a text of this kind. After one has studied advertising in its various phases, it is the reading of your kind of text which reviews and combines, in unitary form, the field of advertising.

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"Fourth: The doctor in court is able to contribute very substantially to the administration of justice; and when his demeanor is fair and just, he need have no fear whatever that the lawyer who cross-examines him will undertake to trap him or humiliate him in any way. It would injure the lawyer's case to the jury far more than it could possibly help him.

"Fifth: If more doctors would be more willing to attend court and give testimony, the expert medical service would not fall into so few hands as at present.

"And, last but not least: The doctor should always keep in mind that his appearance on the stand makes him the representative of a high and noble calling and it befits him to maintain that standard throughout

his testimony.

"If these few simple suggestions are followed, the prevailing distaste for court service on the part of medical men will largely disappear."—*Pharmaceutical Advance*.

BORN—April 12, to Dr. and Mrs. H. A. Fenner, of North Platte, Neb., a son, Harold A., Jr.

The true greatness of nations is in those qualities which constitute the greatness of the individual.—
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A NOTED gastroenterologist points out that the first and last few feet of the gastro-intestinal tract are the regions where ulcerations most commonly occur. Ulcers of the esophagus, stomach and duodenum are fairly common, he states, but those of the jejunum and ilium are exceedingly rare. Ulcerations in the upper digestive tract are practically never multiple, while those occurring in the lower bowel are usually multiple. In fact, routine proctoscopic examinations by one of the leading gastroenterologists have shown that ulcerations of the large bowel are much more common than heretofore supposed.

As you know, laxatives and purgatives given in gastro-intestinal ulceration cases are often the cause of the chronicity of this condition or of hemorrhage and perforation and are there-

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INFLAMMATIONS OF THE PELVIS

(Continued from Page 13)

for the use of an icebag over the abdomen. Intrauterine applications are dangerous and useless. Surgery has no place in the treatment of acute gonorrhoeal tubes. The rare cases of pus collection in the cul-de-sac call for post-colpotomy and drainage.

After temperature and tenderness through the pelvis subside, the patient is allowed restricted activity. If there are recurrences, two or three trials of conservative treatment should be made

before resorting to surgery. Chronic collections of pus in the tubes and tubo-ovarian abscesses are indications for their removal; but if possible a few months should elapse before it is done, to make certain that the contents are sterile. This reduces the danger of operation.

Streptococcus infection gains entrance to the internal pelvic organs by way of the vagina or through the blood stream. It is most serious as a postpartum infection, when the increased blood and lymph supply of the pelvis favors its rapid spread. It is a rather rare occurrence in these days of improved antisepsis in obstetrical practice, but it does occur occasionally when much manipulation and instrumentation is necessary. It is more common in cases of interrupted pregnancy where various instruments are

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introduced into the uterus with little care being taken to prevent infection. Less serious are infections occurring during ordinary operative procedures and those which have spread from an infection of an appendix or diverticulum. I have seen many cases due to the use of dirty sounds and intrauterine applications for chronic endometritis, both procedures being dangerous, especially as practiced indiscriminately by some in the ordinary office.

The streptococcus spreads by way of the lymph vessels and often, especially in postpartum cases, with the most dangerous speed. In a short time uterine walls, tubes, ovaries, and the entire pelvic peritoneum are invaded, thrombophlebitis develops in the pelvic veins, and infective emboli gain entrance to the inferior vena cava from the right ovarian vein and find

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lodgment in the heart. These severe fulminating cases often have a fatal conclusion in a short time in spite of any kind of treatment, or may drag on for months with the development of abscesses in various parts of the body and terminate either in recovery or in death from exhaustion, depending on which wins out—the immunizing power of the body or the streptococcus.

The treatment from the start can be little more than of a supportive nature, since the infection spreads to the deep structures too quickly to make local measures of much value. Normal saline by rectum and hypodermoclysis, the pushing of water per mouth unless nausea prevents, the Fowler position and icebag over the abdomen are useful. Careful general osteopathic treatments also help in the combat being waged by the body.

Collections of pus in the cul-de-sac are easily evacuated, but further than that many surgeons hesitate to go. Some feel that by removing a uterus which is the site of multiple abscesses and ligating and removing infected veins and appendages they have nothing to lose and everything to gain, and probably such radical procedure does occasionally save a life.

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inflammations that the manipulative gynecologist plays a most useful part. Many women are incapacitated by the chronic metritis, by the adhesions of peritoneal surfaces and the chronic low-grade inflammations of the perimetrium which follow both gonorrheal and septic infections, and these are conditions in which skillful manipulation, aided by glycerine applications and hot douches, play an important part. All manipulative procedure should be conducted with great caution, in order that the reaction which is produced may be observed. Frequently small collections of pus will remain among the peritoneal adhesions or intwisted, distorted tubes, which will light up new inflammation

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Note announcement of new methods for Eye diseases and certain errors of refraction.
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ALL CASES REFERRED BACK, WITH REPORT TO OSTEOPATH REFERRING CASE

if disturbed. Perhaps by loosening adhesions very gradually these collections will in some instances be absorbed, but it is treading on dangerous ground. One should proceed cautiously and stop if any sign of acute inflammation develops. Careful stretching, supplemented by glycerine suppositories and large hot douches, does wonders for cases of involved uterine ligaments. Likewise chronic metritis, whether the result of infection or subinvolution, shows remarkable improvement under manipulative

treatment. It often requires a great deal of patience on the part of both physician and patient to handle these chronic cases, but most women are willing to give conservative treatment a very thorough trial, even though it is slow work. The end results are often better and no longer in being arrived at than by resorting to surgery.

Tuberculosis involves most frequently the uterus, next the tubes and ovaries, and in 50% of such cases is secondary to infection elsewhere in

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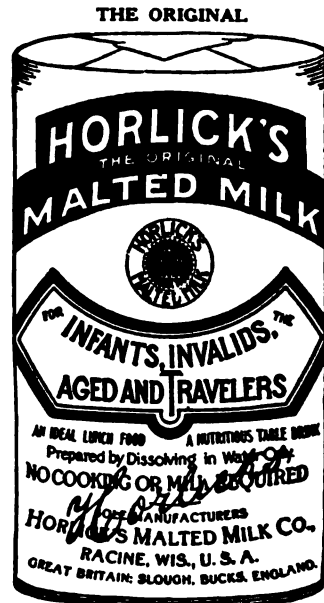
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the body. So nearly does it resemble a gonorrhoeal infection, both as to symptoms and physical findings, that it is often impossible to make a differential diagnosis except at operation. A bilateral inflammation of tubes and ovaries in a virgin, especially with a demonstrated involvement in the lungs or elsewhere, almost establishes the diagnosis of tubercular infection.

Treatment should first be conservative, hygienic measures to raise resistance being the most important part. If surgery is undertaken, it should be of a radical nature, as the infection is practically always general throughout the pelvis. This is in contradistinction to surgery following gonorrhoea or sepsis. In cases of this kind in young women, an ovary which is rather doubtful should be left, unless the patient's occupation is such that pelvic congestion is favored and res-

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toration to normal function is plainly impossible.

In women past the climacteric or following hysterectomy there is frequently a type of inflammation which is usually caused by the colon bacillus, although sometimes by a staphylococcus, and is of a chronic type. The lowered resistance of the vulval and vaginal tissues, due to the decreased blood supply, seems to make the tissues at this time very susceptible to this type of inflammation. Occasionally the endometrium is involved and frequently the infection spreads to the bladder. The condition is known as senile vaginitis and in longstanding cases the vaginal walls are white in color, with patches which appear to be denuded and bleed easily. Adhesions may occur between the vaginal walls or between the cervix and the vaginal wall. Cases of more recent occurrence present a reddened vagina and cervix, frequently with small granular elevations on the cervix and a profuse purulent discharge.

The inflammation clears up rapidly with the use of 10% ichthyol in glycerine on tampons (or in the form of suppositories where tampons cause discomfort), accompanied by daily douches of 1:8000 bichloride. The latter are discontinued when the discharge ceases to be purulent and are replaced by boric acid douches. These inflammations are apt to recur, and instructions are given to the patient to maintain thorough cleanliness of the vulva, using a boric acid wash and some protective ointment like zinc oxide and daily vaginal douches of soda or boric acid with an occasional bichloride douche.

The cases with involvement of the endometrium are exceedingly intracta-

ble and will make treatment of the vaginitis and vulvitis very unsatisfactory, as the discharge from the uterus causes constant re-infection. Currettment is sometimes resorted to, but I cannot see that it offers much in the way of results in these cases when it has so little effect in chronic pyogenic infection of the endometrium in younger women. It would seem better to try to raise the general resistance and control the vaginitis and vulvitis with the measures I have mentioned, or in extreme cases remove the uterus entirely.

Another intractable type of inflammation is endocervicitis and cervical erosion, either the result of infection or following childbirth. Cases which follow childbirth often show a good deal of eversion of the cervical lining, due to laceration or swelling. We see many cases in virgins, but these are always accompanied by inflammations of the adnexa and yield better to glycerine medication, hot douching and manipulation than do cases occurring postpartum, providing we can clear up the adnexal condition. Recently linear cautery with the cautery knife has been used effectively in those cases which show no permanent results under ordinary methods. An anteroposterior incision is made through the cervical lining, beginning at the internal os and extending down deep enough to reach the outer margin of the area of erosion. If the first incisions are not wholly effective, second incisions are made in a few weeks. The results reported are good, the scar seeming to correct the eversion even when associated with some cervical tear, with the result that the erosion and discharge disappear.

Felicia ...

THE WESTERN OSTEOPATH

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1874—1924



JUNE, 1924

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Vol. 18

JUNE, 1924

No. 12

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The summer course will begin the third week of June and continue until the first week of September. Deficiencies in premedical science can be made up at this session. There will also be advanced work for seniors and postgraduates.

New classes in the regular osteopathic course are formed but once a year, beginning about the first of October. Deficiencies should be made up at the summer session if possible.

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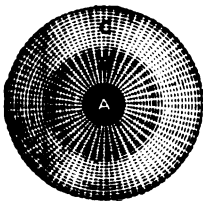


Diagram represents inflamed area. In zone "C" blood is flowing freely through underlying vessels. This forms a current away from the Antiphlogistine, whose liquid contents, therefore, follow the line of least resistance and enter the circulation through the physical process of endosmosis. In zone "A" there is stasis, no current tending to overcome Antiphlogistine's hygroscopic property. The line of least resistance for the liquid exudate is therefore, in the direction of the Antiphlogistine. In obedience to the same law exosmosis is going on in this zone, and the excess of moisture is thus accounted for.



Antiphlogistine position after application. Center moist. Periphery virtually dry.

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OSTEOPATHY
1874—1924



DR. ANDREW TAYLOR STILL
1828—1917

THE WESTERN OSTEOPATH

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THE OLD DOCTOR

BY ASA WILLARD, D. O.

Missoula, Montana

Dr. Still developed a scientific truth which has proved of great benefit to humanity; but in pursuing science his humanity was never dulled. His was not the cold-blooded type which can rejoice in the scientific fact being demonstrated and take no heed of the writhings of the dumb animals being vivisected without anesthesia to demonstrate it. Some of those who influence the policies of professions, labor organizations and governments are ruthless in their methods—they are purposeful, but soulless—as were the Germans with their *kultur*. They believe that the end justifies the means. Their intellectuality may be appreciated, their contributions of common value generally recognized; but they are never loved.

When a tornado so disastrously struck the little town of Kirksville in 1899, some of Dr. Still's students who lived there lost their homes. They had given \$500 notes for their tuition. The notes were marked paid and returned to them, I think, the next day after the tornado. That illustrates his practical, intimate thoughtfulness of others. Any plea in the name of suffering or misfortune appealed to Dr. Still. Not in-

frequently his ready sympathy caused him to be imposed upon. In fact, those who were close to him and whom he loved most, know that in no small measure because of this the Old Doctor never had many extra dollars, regardless of his income, until "Mother" Still insisted on taking charge of the exchequer and establishing sufficient espionage and check to eliminate the impositions. After that system was established he would frequently say regarding some trivial expenditure, "I will have to ask Ma," and chuckle and tell how, with "Ma" financing, he was on the road to wealth now. Asking "Ma" for a nickel or a dime appealed to his sense of humor.

Loving man, Dr. Still loved God in the spirit of "Inasmuch as ye have done it unto one of the least of these, ye have done it unto me," for the Old Doctor believed that we were just fulfilling a part of life here on earth. He thought much on this subject, and spoke of it to those intimate with him, particularly in his later years. His way of expressing it was characteristically original. "We are only in the egg stage of development here," he said; "if you're a pretty good egg here, you will be a better bird in the next stage."

! One summer when the writer was in Kirksville, about twelve years ago, and spent much time with the Old Doctor, the latter wrote an article briefly elaborating that thought in his own way, and asked me to take a copy of it home, to have my mother read it, and to write him what she thought of it. He thought of us as God's creatures living a part of our lives here, with opportunity for development. The human body, the temple of the soul, was of divine architecture. As such he studied it.

No one could have known him personally or could have studied his writings and work without getting that. "The God I worship demonstrates all His works," is one of his expressions, voicing an inspiration which was often conveyed by gesture or expression.

We respect the memory of our Old Doctor because he was a scientist whose work benefitted mankind, but we love his memory because he was this and more: he was a man—a loving, lovable soul.

WHAT RESEARCH HAS DONE FOR OSTEOPATHY

BY LILLIAN M. WHITING, D. O.

1315 Fair Oaks Avenue, South Pasadena, California

During fifty years the science of osteopathy has grown from the vision of one man to a profession numbering more than six thousand physicians. As a profession, osteopathy dates back to the founding of the first college in 1892. There are now seven colleges with an enrollment (in round numbers) of 2000 students. The profession is well organized. Almost every town, city and state has its association or society. Many journals, both technical and popular, are published each month. During the past thirty years more than thirty-five osteopathic books have been published. One of the strongest proofs of the growth and value of osteopathy is the fact that it has legal recognition in forty-six states.

The cause of this remarkable growth is due to the relief and cure of sickness when other systems of treatment have failed. Why has it accomplished these results? Because it is founded on true physiologic

facts. Normal function depends on normal structure. "Physical fitness is the basis of physiological efficiency."

No system of healing can endure unless it can prove in a scientific manner that its theories are true. Realizing the imperative need for research work, the American Osteopathic Association established the A. T. Still Research Institute in 1908 and called upon the profession and its friends to endow it. During these past sixteen years the institute has turned out a prodigious amount of work. The original plan was to have three departments, a Research Department, equipped with laboratories, a Post-graduate School, and a Hospital. Unfortunately, up to the present time the endowment has permitted only the establishment of the Research Department, and that with very limited resources and inadequate facilities. Nevertheless, the results of the work of this department have proved that Dr. Still's discovery is a principle of science and a law of nature.

The many new problems raised by osteopathy have been and are being worked out so they can be used for the benefit of humanity by their more efficient application in osteopathic practice. That the maladjustment of structure is a cause of disease has been scientifically demonstrated. In the study of lumbar lesions, for example, surprizing and remarkable results have been obtained. Dr. Burns began this line of research in 1915 and the work has been continued ever since. In this study, normal and healthy animals were kept under observation on proper diet and checked up by chemical and microscopic examinations for weeks before they were lesioned. Lumbar lesions produced on healthy female animals who have borne perfectly healthy young before, after being lesioned are either sterile, or if pregnancy occurs it is often followed by miscarriage. Many of the mothers die soon after delivery. The placentas are deformed, cystic or fibroid.

This same lesion produces marked pathology in other organs. The ovaries are congested, cystic, hemorrhagic, or contain tumors; the kidneys are congested, hemorrhagic, edematous, or have cloudy swelling; the stomach is atonic, sometimes dilated and full of gas; the intestines are atonic, congested, and contain gas, the ileo-cecal region being most affected. The uterus is atonic, congested, hemorrhagic or contains fibroid or malignant tumors. The young of lesioned mothers show marked abnormalities. They are slow in development, stunted in growth, subject to deformities, and erratic in behavior. It is a well-known fact that deformities of the

brain are often associated with physical deformities. The investigation of the place of vertebral lesions in the cause of deformities and monsters has only just begun.

Clinical records bear out the findings of the Research Institute. If we are to have healthy mothers, free from the serious complications of pregnancy and labor, and who will bear normal, healthy children, we must recognize the tremendous importance of correcting lumbar lesions. Research work further shows that in the examination of the heavy edematous uteri in women with lumbar and other vertebral lesions and in the experimental animals, there is a local acidosis and edema, and that the pelvic tissues are weak and have lost their tone and elasticity. This acidosis and edema may be responsible for the pain and nervous symptoms associated with pelvic diseases. Loss of tone and elasticity of the pelvic ligaments may cause or perpetuate uterine malposition.

Some recent work on second dorsal lesions is also giving remarkable results. One of these is that soon after the lesion is produced, the animal becomes blind. This is only one of the many experiments that have been carried on by the Institute. During the life of the Institute, eleven books have been published. Space does not permit giving a full list of titles, but among them are: "Immediate Effects of Bony Lesions;" "Osteopathic Treatment of Diseases of Ear, Nose and Throat;" "Pathology of the Vertebral Lesion;" "Diseases of Children;" "Studies in the Osteopathic Sciences;" and Hulett's "Principles of Osteopathy." It would seem al-

most incomprehensible that many osteopathic physicians do not possess literature in their own science, yet such is the fact, for many of these books are still in the first thousand.

Now if this Institute, which has already done so much for osteopathy, is to do justice to the many problems yet untouched, it must have a much more active co-operation from the profession and its friends. We realize the importance of the Institute's work in this summary by Dr. Burns:

"It is hardly within the range of possibility, and surely not of present fact, to have too much provision for the study of disease, the problems of which are so complicated and obscure that only through years of time and the collaboration and mutual confirmation of many observers can their solution be expected. Osteopathy has an immense work before it in sifting the accumulation of the past, rejecting what has been proved false, and in revising much of what has been regarded as settled, but which is very much unsettled in the new light of the osteopathic concept. This alone would require an institution, and yet this would be a minor part of its work. For osteopathy is not simply a negating of other systems. It is not merely a different method of treating disease, nor is it chiefly a different method of diagnosis, although these are logical developments. The philosophy of osteopathy springs from the very root of the tree of knowledge of disease. Its essential principles are basic, as they reveal the primary causes of disease, which were never recognized by the medical profession, but were literally "kicking around under foot" until Dr. Still took these rejected stones

and began to build of them a true philosophy of health. Naturally, no research work had ever been done having any direct bearing along these lines. Other scientific institutions and laboratories devote their time and energies to problems coming down to them from medical tradition, and are working along lines entirely foreign to the principles of osteopathy. Therefore it is an absolute necessity that the problems of far-reaching importance and deep significance which osteopathy has raised should be worked out by osteopathic research workers in osteopathic laboratories."

SPECIAL OSTEOPATHIC CAR TO KIRKSVILLE

In the special osteopathic car which was attached to the California Limited, leaving Los Angeles at 11:30 A. M., May 22, were the following whose destination was Kirksville:

Drs. Ernest G. Bashor, H. E. Beckwith, Curtis Brigham, Eva K. Coffey, Lora B. Emery, R. D. Emery, L. van H. Gerdine, James Gibson, W. R. Laughlin, T. L. Lorbeer and wife, Catherine Lynch, L. A. Ostrom, Harold Perry, Ralph W. Rice and wife, Marie Thorsen.

Dr. C. W. Young of Palo Alto joined the party at Barstow.

OPENING FOR OSTEOPATH IN IDAHO

At last reports Blackfoot, Idaho, was without an osteopath. It is a town of about 4000, located in southeastern Idaho, on the Union Pacific Railroad, about twenty miles north of Pocatello.

HOW THE FIRST WOMAN OSTEOPATH CAME TO TAKE UP THE STUDY

By JENETTE H. BOLLES, D. O.

1459 Ogden Street, Denver, Colorado

It was my great privilege, through a special combination of circumstances, to be the first woman to enroll as a member of the first class ever organized to study the science of osteopathy.

In the days just after the Civil War, when Dr. Still was living near Baldwin, Kansas, he was a neighbor of my parents, and was one of the doctors in attendance when my father fell a victim to the border ruffians who infested the country at that time. Although a bullet was put through the shoulder and upper part of the lung, my father survived the ordeal and lived to the good old age of 81. At various times he visited in Kirksville and enjoyed reminiscence with the Old Doctor.

After Dr. Still moved from Kansas to Missouri, his old friends did not hear from him again until the summer of 1892. At that time my mother was suffering from a form of progressive paralysis which had baffled the best physicians of our part of the country, and also of Battle Creek, Michigan. A friend incidentally told us of an old doctor in Kirksville, Missouri, who could cure paralysis. We wrote to Kirksville at once, making inquiries in regard to the new treatment.

When the reply came, my father was greatly surprised to find that this Doctor Still, the advocate of a new therapy, was one and the same old Kansas friend of the border warfare

days. After further correspondence, it was decided to take mother to Kirksville, and I was the one delegated to go with her.

As every one knows, things were very crude back in the early nineties. The Doctor's office was a little three-room structure, standing where the A. S. O. Infirmary now stands. While waiting around for the time to come for mother's treatment, I talked with some of the other patients and heard marvelous tales of the magic Dr. Still wrought with his hands in relieving pain and curing the incurables.

Later I met a number of young men who seemed to be loafing around. I learned from them that Dr. Still had promised to organize a class in the fall to teach them how to do the wonderful things he was doing.

As Dr. Still had decided that mother must spend the winter in Kirksville in order to be benefitted by the treatment, and it was necessary for me to be with her, I began to wonder how I could put in my time. Then it was that the inspiration came which was to change the whole course of my after life. I immediately started out to find Dr. Still and located him sitting on a log in the yard back of his office. I was quite dubious when I approached him to ask if he thought a woman could learn to do the things he was doing; and if it were possible that I

could learn, if he would let me come into the class he was going to have for those boys.

His reply was most encouraging, and he assured me a woman could learn and could practice the system he was using, which at that time was not known as *osteopathy*. The first week in October the class was organized, and I registered as the first woman student.

My work has ever been a joy and an inspiration, and never for one moment have I regretted my decision to study and practice the principles of the healing art as taught by Dr. Andrew Taylor Still.

REMINISCENCES OF THE EARLY DAYS

By A. G. HILDRETH, D.O.

Superintendent of the Still-Hildreth Osteopathic
Sanatorium, Macon, Missouri

In the spring of 1892 the writer boarded a southbound Wabash train at Kirksville to go to La Plata. The train had barely left Kirksville when Dr. Still came along and sat down beside me.

After visiting a little while he said to me, "Arthur, I want one hundred young men who do not drink, swear, nor chew tobacco to study osteopathy." Believing I knew the object of his remark and knowing somewhat of the habits of the young men of that time, my reply was, "You know, Doctor, that kind of young men are rather scarce." In a few minutes, however, I turned to him and said that there was only one reason why I was not ready to say to him I was ready to study osteopathy, and he asked me my reason. My reply was,

"Because I am afraid I never can learn to diagnose diseases as you do." He looked at me just as straight and said, "I can teach you all I know."

That conversation rang in my ears during the rest of the day, and that night my wife and I talked about what he had said. The result was that we set aside two years in which to study osteopathy, which we felt would give us time enough to know whether I could learn to diagnose diseases as he could and whether I would be able to get the results he was then securing with his own discovery. That little conversation on that early morning train was the beginning of a very radical change in my life work and it was, as I look at it now in the light of the years that have gone by, the stepping-stone to the broadest opportunities that could possibly come into the life of a young man, or young woman.

I have never ceased to thank God and Dr. Still for the beginning, just as I am deeply thankful for all that has come to me through this great profession of ours.

It is certainly fitting that the osteopathic profession should celebrate the fiftieth anniversary of Dr. Still's great discovery at Kirksville, the birthplace of our profession, in an atmosphere that is so pregnant with the influences that have made osteopathy what it is today. It certainly would be a glorious thing if the enthusiasm of that great Jubilee meeting could spread to every practicing osteopath. This convention not only celebrated the accomplishments of the past, but was an augury of the greater things of the future.

Physical Culture has printed an ar-

ticle written by Wainwright Evans, entitled "Osteopathy's Triumphant Half Century," which is a beautiful tribute to our great profession and should be appreciated by every man and woman in it. Mr. Evans expresses in a beautiful way the things that our profession deserves. Such articles, and the inspiration of the great convention just held at Kirksville, should create added impetus within the hearts of every living osteopath to make of the future what it should be for the profession and for humanity.

SCIENTIFIC PROGRESS IN OSTEOPATHY

By R. W. BOWLING, M.D., D.O.

406 South Main Street, Los Angeles

The basic concept of osteopathy is that maladjustment of structure bears a causal relation to the inception of disease. Its corollary is that adjustment of structure either by natural adaptation or by intelligent manual correction is a necessary therapeutic measure. Since Dr. A. T. Still formulated these concepts, much advancement in understanding of pathology and problems of cure has been wrought by scientific research; yet none has undermined or unsettled the foundation of osteopathy. The greatest progress in our professional understanding has come from sloughing off fallacious notions entertained by many earnest, early osteopaths whose zeal for the preservation of the new idea circumscribed their ability to generalize and recognize the application of the same law to maladjustments other than structural.

Medicine as distinguished from os-

teopathy has likewise been throwing off fantastic superstitions and approaching the same truth—the necessity for discovering and removing the causes of disease. To condense my thought: there is developing in our minds the realization that osteopathy is not only a complete system of therapy but one which is founded on eternal verities and which possesses less of limitation than the older systems. The cornerstone of its foundation is natural recovery through the "vis medicatrix naturae." The keystone of its superstructure is the locally reduced vigor of reaction against pathogenic entities, resulting from reflex irritation of plus stimuli to the cord due to structural lesions. The effects upon the equilibrium normally present between the sympathetic and parasympathetic components of the organic nervous system demand of a physician restoration to normal or as near as may be. This must be amplified to include the disturbance of balance accruing from other causes and the methods for removing embarrassment to manifold reactions which the cells have acquired and are acquiring through experience. It is my earnest hope that neither by the ridicule of those who assume superior knowledge nor by the human trend toward the path of least resistance shall we be led away from these scientific considerations.

"Diagnosis has been the beginning and end of medical practice. As a matter of fact, the patient does not really care what he has. He cares about what is going to happen to him and what can be done about it."—Ray Lyman Wilbur, M. D.

VIGOROUS GROWTH AUGURS WELL FOR FUTURE

BY LEWIS BRUCE, D. O.

Lindsay, California

Osteopathy has been called a new science. It is new, however, only in the sense that it was not known to the world until fifty years ago. The principles upon which it is based are as old as the human race.

Dr. Still's brain-child was a lusty infant which has enjoyed a vigorous growth ever since its birth a half century ago. It continues to grow, but the original basic principles remain. They are founded on truth; and truth does not change. The bony lesion, the soft tissue lesion, and the rule of the artery still remain as the solid foundation of a successful science of therapeutics. Notwithstanding the efforts put forth by the followers of the old school, not one fact has been proved that in any way affects the basic principles of osteopathy.

In spite of the opposition of the dominant school, followers of the Old Doctor are carrying on, and by their work each day are proving that what they believe and practice is a true science. Occasionally a new attempt is made to explain the manner in which osteopathy works; but none of these attempts have weakened the foundation on which the science is built.

The first exponents of osteopathy were general practitioners or, at the most, limited their practice to chronic diseases. The trend of the times, however, is toward specialization; and in keeping up with that trend we have developed our osteopathic specialists.

These specialists are obtaining remarkable results because their work is founded on osteopathic principles. As the application of these principles has been extended, cases have been successfully treated by methods which in the early days would not have been regarded as osteopathic.

Osteopathic science is founded on removal of the cause of disease, whether that cause be a bony lesion, a soft tissue lesion, a tapeworm, pathogenic bacteria, a tumor, an abscess, or what not.

Dr. Still enunciated a trinal dictum which to osteopaths should be as the law of the Medes and Persians: *find it; fix it; and let it alone*. Most instances in which osteopathy has apparently failed can be traced to failure to obey one or more parts of this dictum. Fixing may necessitate manipulation, adjustment, surgery, or even pumpkin seed.

Occasionally we hear a calamity howler say that unless so and so is done osteopathy will become extinct. When I contemplate the achievements of the past fifty years, however, I can but wonder what more marvellous things are yet to come.

DR. STILL ONE OF MANKIND'S GREATEST BENEFACTORS

By C. W. YOUNG, D. O.

201 Follmer-Rhodes Building,
Palo Alto, California

Twenty-two years ago, the writer began urging upon the osteopathic profession that if it overthrew prejudice, kept an open mind, and strove in every possible way to find out what was the best thing to do to make sick folks well, the time would come when the discovery and development of os-

teopathy would be recognized by all the world as the greatest achievement in history for the physical welfare of humanity.

The dawn of that day is approaching. "Osteopathy's Triumphant Half Century" is the title of an article by Wainwright Evans in *Physical Culture Magazine* for May. Referring to the A. O. A. convention at New York City last year, Mr. Evans writes: "I do not believe that any gathering of scientific men, dealing with any sort of therapy, has ever been able to show a higher batting average than that convention in the way of original thought, creative effort, and record of results accomplished." He also referred to the "determination to attack old problems of disease from new angles that have little to do with orthodoxy and tradition, but which are worked out with an eye to getting things done."

My confidence in the future of osteopathy as voiced twenty-two years ago is now stronger than ever. The fiftieth anniversary celebration is one of the important milestones, but another fifty years will see the complete overthrow of the drug superstition and the triumph of osteopathy. Dr. Andrew T. Still, who sounded the call for a medical revolution, will be recognized the world over as one of mankind's greatest benefactors.

ARE YOU GOING TO YOSEMITE VALLEY?

Members attending the Oakland convention who are planning to go to Yosemite Valley immediately afterward are asked to communicate at once with the Secretary-Treasurer.

CONTINUED GROWTH AHEAD

By WARREN B. DAVIS, D. O.
Long Beach, California.

Webster defines an *idea* as a "mental picture; a belief; a conception of what ought to be." Dr. Still was far ahead of his age and generation, but this idea of his was so true and so strong that it has made a steady growth for fifty years.

When Dr. Still gave osteopathy to the world it was looked upon as a fad that would die when he died. But although the Old Doctor has now been dead for more than six years, the science he founded is still very much alive.

When I gave up a good position in 1896 to study osteopathy, my friends thought I was crazy, and freely expressed such opinions.

Today osteopathy is stronger and our colleges are graduating better equipped osteopathic physicians than ever before. We have been tempted to take side roads, where the lights looked brighter, but the great majority are going along the well-tried road which follows the trail blazed by Dr. Still. Study and research are making the road better and better as the years go by.

We are fondly hoping that those who come after us will follow this same road, keeping the standard of education high, but never losing sight of the great truths and homely common sense in therapeutics taught by Andrew Taylor Still.

The end of another fifty years will see the osteopath recognized not only as a physician but as an educator. He will teach the people to live long and well and happily.

OSTEOPATHIC LESIONS

By P. T. COLLINGE, D. O.

400 Black Building, Los Angeles

In thinking of osteopathic lesions, we wonder why it should be necessary to characterize a lesion as "osteopathic." The *New Standard Dictionary* defines a lesion as "any derangement or morbid change in structure or function of an organ or tissue," and adds, "it must be understood that it is the result of disease; not the cause thereof." This definition certainly does not coincide with the osteopathic concept. An osteopathic lesion might be defined as "any pressure that interferes with the free flow of pure blood and nervous energy, causing derangement or morbid change in the structure or function of an organ or tissue."

There are various kinds of lesions. A vertebra may move and become fixed in such a position as to make pressure on an artery or nerve. A joint which becomes fixed in a normal position may allow an exudate to accumulate, thereby causing pressure and poison to interfere with a nerve or artery. A stomach that has been irritated by improper diet may cause contracture of muscles which may hold a vertebral joint immobile. This immobile joint, in turn, by interfering with the flow of blood or nervous energy to the same organ or to another, may produce the condition we call disease. An increased amount of connective tissue resulting from inflammation in or about one of the ductless glands may interfere with the blood supply to the gland: the result is deficient function and disease.

Again, irritation from a lesion in the upper dorsal region may send ex-

cess stimuli over the nerves to a ductless gland and cause overactivity with its attendant symptoms. Sajous adduces considerable evidence to show that a definite nervous connection exists between that great endocrin triad, the pituitary, thyroid and adrenals, passing down from the pituitary thru the cord and going to the sympathetic system thru the first four or five rami. It may be that one of the reasons we get results from upper dorsal manipulation in such diversified conditions is that we restore a normal blood or nerve supply to these organs.

An interference with the blood or nerve supply to the bowel prevents the efficient elimination of wastes. From these wastes, toxins are carried by the blood stream to every part of the body, poisoning the tissues. These toxins, reaching the mucous membrane of the nose, may produce chronic catarrh—another instance of the results of an osteopathic lesion. We might go on and cite almost innumerable examples of various kinds of pressure causing obstruction to the flow of blood or of nervous energy. Not only must there be a normal *flow* of blood, but the blood must be *pure*. A normal flow of impure blood interferes with the proper exchange of food and waste between the tissues and the blood vessels to as great a degree as does an insufficient flow of pure blood. If wastes are not carried away and an adequate supply of food provided, tissues cannot function properly..

Among the writings of Dr. A. T. Still we read: "The human body is

a machine run by the unseen force called *life*, and that it may run harmoniously it is necessary that there be liberty of blood, nerves and arteries from the generating point to destination." Most osteopaths are familiar with another observation made by Dr. Still: "A disturbed artery marks the period to an hour and minute when disease begins to sow its seeds of destruction in the human body; in no case could it be done without a broken or suspended current of arterial blood, which by nature is intended to supply and nourish all nerves, ligaments, muscles, skin, bones and the artery itself. The rule of the artery must be absolute, universal, and unobstructed, or disease will be the result."

Structural changes which do not produce alteration of function are not true lesions. The effect of a lesion may be either immediate or remote, both as to time and place. For instance, we may have a lesion of rotation occurring in the upper dorsal region and the patient may at once develop a pain along the course of a corresponding rib, which may persist until such time as the lesion is reduced. On the other hand, the lesion may not produce any noticeable effect at the time it is incurred, but may cause a lowered resistance of the tissues innervated by this segment. At a remote period an exciting cause—one which would not have caused trouble had the tissue had a normal blood supply—may operate to produce disease.

Again, the same dorsal lesion, instead of causing pain along the course of the intercostal nerve—an effect produced near the lesion—may, thru

interference with the blood or nerve supply, so lower the resistance of a remote organ that it becomes the seat of disease. Considering the myriads of opportunities for pressure, we sometimes wonder that disease is not more frequent than it is. Fortunately, nature has developed a wonderful power of adaptation, and many of the disturbances in structure occurring in the human body are of such character that we become adapted to them and normal function goes on.

Hilton, in his lectures on *Rest and Pain*, says: "It would be well, I think, if the surgeon would fix upon his memory as the first professional thought which should accompany him in the course of his daily occupation, this physiological truth—that nature has a constant tendency to repair the injuries to which her structures may have been subjected, whether those injuries be the result of fatigue or exhaustion, of inflammation or accident. Also, that this reparative power becomes at once most conspicuous when the disturbing cause has been removed, thus presenting to the consideration of the physician and surgeon a constantly recurring and sound principle for his guidance in his practice."

Lesions usually exist in three general areas of the body: Along the spine and in other joints; along the paths of vessels and nerves; or at the periphery, the organ supplied by the vessels and nerves. A primary lesion existing at one of these locations may cause a lesion at any one or both of the other locations. In most diseases there exists a combination of these three factors, and probably a spinal lesion often causes lesions to be pro-

duced both along the pathways of vessels and nerves and at the periphery by the irritation it causes over the sympathetic nerves having origin in a corresponding segment of the cord.

To the osteopathic physician who diagnoses and treats disease on this basis of cause and effect, a thorough training in anatomy, physiology, pathology, and other fundamental medical sciences is indispensable, for only through a thorough understanding of structure and function can he reason from cause

to effect and rationally apply treatment. In order to render efficient service, the osteopathic physician must have these essentials well in hand:

1. The training necessary to discover lesions wherever they exist.
2. Adequate knowledge of structure and function to enable him to judge as to the cause and effects of lesions.
3. Skill in osteopathic mechanics in order intelligently and successfully to correct lesions.

A. O. A. CONVENTION NEWS

C. D. Swope Elected President Next Convention at Toronto

At the time this issue went to press, only incomplete reports had been received from Kirksville. The following is from a letter written by Dr. Bashor May 28:

"The convention is going great. I am sure Kirksville doesn't know itself. I am very favorably impressed with the little osteopathic home town. The local osteopaths in conjunction with the towns-people have certainly done wonders in making the convention a great success. Imagine a little Missouri town of some 8000 people handling an influx of 2500 visitors. It was surprising to me to see the number of exhibitors and note how well organized the arrangement has been. We have an excellent booth, right at the entrance of the building where all the section programs are held.

"The parade was a wonderful success; practically all the states and many of the foreign countries, numerous osteopathic institutions, hospitals,

sanitariums, various societies, etc. made up a conglomerate mass of floats, bands, marchers, cowboys, Missouri mule teams, in fact, everything from 50 years ago until the latest of 1924. Our float came through in good shape, but unfortunately, the man who received it, did not realize that California orange trees required water, and neglected to keep these and the palms and other plants fresh. We made a very creditable showing, however, and received third prize for the most beautifully decorated float. This we considered most satisfactory under the circumstances."

The following is from a night letter sent by Dr. Bashor following the close of the convention May 31:

"CHESTER SWOPE ELECTED PRESIDENT; CURTIS BRIGHAM RE-ELECTED TRUSTEE; NEXT MEETING TORONTO, CANADA; TASKER'S ILLUSTRATED LECTURE ON BEAUTIFUL CALIFORNIA BIG HIT; BOOTH GREAT SUCCESS."

SHAKESPEARE SAID:

“Look here, upon this picture—



The osteopath who went
to the convention

—and on this,”



The one who stayed at home

Washington Osteopathic Association

DR. L. H. WALKER, Ellensburg.....President
 DR. HENRIETTA CROFTON, Seattle.....First Vice-President
 DR. E. A. ARCHER, Pullman.....Second Vice-President
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 DR. W. T. THOMAS, Tacoma.....Trustee
 DR. A. B. CUNNINGHAM, Seattle.....Trustee

Dr. Henrietta Crofton was a delegate late in April to the state convention of the Women's Legislative Council, at Tacoma.

Dr. Emma Wing-Thompson was a delegate from the Osteopathic Women's Club to the King County Women's Legislative Federation. She is chairman of an anti-narcotic temperance law enforcement committee. Dr. Thompson is also chairman of a committee of women whose purpose is to be present and help girls and women involved in trials in court.

The Washington branch of the Osteopathic Women's National Association will have a short business session at Kachess Lodge, Friday, June 20, at noon.

Due to the fact that the program will be fully occupied with outside material, those of own number who so willingly offered to take part will be relieved of their duty this year. We had planned on some mighty fine papers from those in the state but they have gladly given way to the talent coming to us.

Dr. A. B. Cunningham of Seattle gave a talk on diagnosis before the Pierce County Association May 13, at the Hotel Olympus, Tacoma.

Dr. R. O. DuBoise of Centralia and Dr. Andrew McCauley of Idaho Falls (Idaho), attended the May meeting of the Pierce County Osteopathic Association at Tacoma.

Tell your friends who are motor-ing over the Snoqualmie Pass to watch out for the big banner across the highway.

"If you begin by dodging responsibility it won't be long until you have no responsibility to dodge."

Dr. Carl Johnson, one of the men to give us technique at our annual meeting, has given his work at three successive A.O.A. conventions. That fact alone is a guarantee of his ability.

Mr. E. G. Morgan, manager of Kachess Lodge, has given us the assurance that everything will be done for our comfort and the pleasure of our members during the convention.

Have you paid your dues?

Have you received your auto emblem from the A.O.A.? If not, send your dues to the A.O.A. at once and get yours. If a thousand people driving over the pass when we are going to and returning from the meeting meet 30 or 40 of these emblems it will cause considerable comment.

At Yakima the following was adopted: "We recommend that the board of trustees and the chairman of committees be constituted a House of Delegates to meet before the state convention to consider questions and recommendations, changes in laws or policies and report the results of their deliberations to the convention."

This meeting is called for 7 p.m., Thursday, June 19, at Kachess Lodge. All those above mentioned please take notice.

The token from Washington at the memorial services of the Old Doctor on Sunday, May 25, was a wreath of magnolia leaves, with pine cones and rhododendrons, surrounding a picture of George Washington. This was prepared by Dr. A. B. Ford, our delegate to the national convention.

An optimist is the fellow who takes the cold water thrown upon his proposition, heats it with enthusiasm, makes steam and pushes ahead.

The secretary has just received a heated "bawling out" because the name of a certain osteopath was not on the list on the back of the printed convention program which was sent out. The name does not appear anywhere in the records of the present secretary nor in the records of any of the previous secretaries. This explanation, however, did not suffice. If any one knows of any other osteopath in the state or out, dead or alive, who has a license in the state but whose name was not on that list, please send in the name. It may prevent bloodshed.

Dr. R. M. Roberts of Seattle held an ear, eye, nose and throat clinic with Dr. C. A. Porter of Port Angeles, Saturday, May 17. Three tonsillectomies were done and several eye and throat cases were examined.

Dr. "Bill" Stryker, former Oregon State President, now at Longbranch (Washington) writes as follows: "Be sure to get as many as possible to hear Dr. Holcomb." Bill knows.

The convention program will be carried out substantially as printed in the last issue. Some minor changes have been made, but these do not warrant taking space here to print the entire program again.

FORE! FORE!! FORE!!!

Come on ye "brassie wielders," ye "sand-trap diggers," ye "gutta-percha putters," and join the 5 a. m. golf fans at Oakland and perhaps at other state conventions of the Western Circuit.

Prizes may be offered by the local committee. Ask the local entertainment committee for information. Bring your clubs and your handicap and fighting-fitness.

T. J. RUDDY,
President A. O. G. A.

Belief consists in accepting the affirmations of the soul; unbelief, in denying them.—EMERSON.

Grandma's rheumatism used to suffer when it rained; now it is her complexion that suffers.—*Cincinnati Enquirer*.

"IF WE FAIL . . . WE WILL BECOME PAWNS"

—Ray Lyman Wilbur, M. D., President of the A. M. A.

The outstanding address of the 1924 convention of the California Medical Association, held last month at the Los Angeles Biltmore Hotel, was given by Ray Lyman Wilbur, M. D., President of the American Medical Association. The following is quoted from a press report:

"The great ballroom of the Biltmore echoed to prolonged applause as Dr. Wilbur brought his address to the end with the following:

"It is our plain duty to devise methods by which all may benefit of the Truth flowing from the great fountain of knowledge, which is our greatest pride. If we fail in altruism, in foresight, in strategy, the forces we have loosened, the facts we have accumulated will be organized and arranged by others and we will become the pawns in a game where leadership is now ours.' "

YOU ARE INVITED

Members attending the Oakland convention who are seeking a popular-priced hotel having luxurious new beds will find them at the centrally located Federal Hotel. Formerly known as the Hotel Athens, this hostelry has just been reopened with new furniture, new carpets, new draperies, new decorations, and in fact, everything new but the location. Osteopaths will find a special welcome awaiting them at the Federal Hotel.

A GENEROUS OFFER

Dr. James Decker of Oakland extends to members of the California Osteopathic Association a cordial invitation to make his office headquarters for group meetings. He has eight rooms, including a large reception room, centrally located at 440 Seventeenth street, just across from the postoffice. Dr. Decker writes that his office will be open day and night and that every member will be welcome.

During the Convention take your meals at the

Colonial Cafeteria

Franklin at Fifteenth

Ask any Oakland Osteopath

DR. HOLCOMB OFFERS SPECIAL TECHNIC

The editor has received the following communication from Dr. Dayton Holcomb, one of the speakers and clinicians who will appear on state convention programs under the auspices of the Western Osteopathic Association:

"I should be glad to give at any state convention at any time it may be arranged some special technic which I consider very valuable in the prevention of ptosis following pregnancy.

"I would want a clinic, preferably a primipara; or failing that a multipara six to eight months along. My technic will absolutely prevent striae gravidarum; it completely restores the abdominal musculature, preserving the intra-abdominal pressure necessary to hold the viscera up as before pregnancy. It is a simple technic which will also prevent the chloasma, kidney complications, and edema of the legs and face. As the treatment keeps the patient looking better than at any other time, it naturally gives her the privilege of outdoor life without humiliation. I should like to give the technic to every osteopath who has anything to do with obstetrical cases."

DIED—In Los Angeles, May 24, Mrs. Helen M. Baber, aged 80 years, mother of Dr. Kenneth P. Baber of Los Angeles.

BORN—To Drs. Stewart J. and Marie Grunewald Fitch of Pasadena, May 21, 1924, a son, Stuart Grunewald Fitch.

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Robert W. Brown
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OSTEOPATHY IN ACCORD WITH RECOGNIZED SCIENCE

[In place of our usual editorial feature, we are giving the space this month to the following excerpt from the new edition of Dr. E. R. Booth's "History of Osteopathy," which has just been published.]

Osteopathy is a system of the healing art which holds a co-ordinate position with other systems. It has grown in the number of its practitioners in the face of great odds. It has increased its clientele in spite of attempts to discredit it. It has secured satisfactory laws in almost every state, which now generally insure justice to osteopathic physicians and the right of the people to employ them without molestation. It has improved its facilities for the education of the osteopathic physician and for advanced research. It has forced the attention of the medical profession to it, and has received the commendation of many of the most eminent scientists and M. D.'s. It has seen scientists push forward along the trail established by osteopathy as never before. It has extended its scope of practice in mental and nervous ailments beyond the vision held by any

except Dr. A. T. Still himself twenty-five years ago. All these results have been accomplished without any departure from the fundamentals upon which Dr. Still established osteopathy a half century ago. These are achievements of which the profession may well be proud.

Definitions

Definitions of osteopathy were discussed on pages 394-399. The statements made there are as true today as when made, and will be a thousand years hence. But the wording may be different and, as a result, some of them may be much clearer and more comprehensive than others. The following statement, in the language of Dr. C. P. McConnell, probably comes as near expressing Dr. Still's teachings in a few sentences as any ever presented:

"Osteopathy is a school of the heal-

ing art, discovered by Dr. A. T. Still, and proclaims:

"First, that the human organism is a self-reparative and self-recuperative vital mechanism.

"Second, that by virtue of these attributes the organism contains, actively or potentially, the essential means or measures for growth, development, repair and cure.

"Third, normal circulation, nervous equilibrium, and chemical co-ordination are the essentials of health.

"Fourth, that ill health is initiated, active or predisposing, by some maladjustment of structure, bone, muscle, or other soft tissue or organ, so that vascular tissue, nervous structure, or chemical force is impaired; this may be by trauma, environment, infection, or diet.

"Osteopathy recognizes the facts and importance of surgery and toxicology.

"Osteopathy gives prime attention and consideration to the diagnosis and mechanical adjustment by hand manipulation of vertebral abnormalities (maladjustments), owing to their central nervous system and the consequent significance of this system to vascular, chemical, and organic control of the vital mechanism. Adjusting and maintaining adjustment (mechanically) of all anatomical tissues, in their distinct normal relationship of part to part and the part to the whole, of the human structure is the characteristic field of osteopathic endeavor."

Minute Structure Back of Simple Functions

Many scientists, fifty years after Dr. A. T. Still stated in general

terms the essential facts as to the matchless mechanism of the human body, especially the nervous system, have learned much in detail of that wonderful machine not known when Dr. Still made his statement. Scientists, not simply doctors of medicine, have demonstrated the truth of Dr. Still's contention. G. W. Crile, M. D., made a clear statement of an incomprehensible possibility in 1923 when he spoke as follows before the American College of Surgeons:

"Man is no more than a mechanism run by electricity and chemical reactions—a machine made up of twenty-eight trillion electric cells. Each cell of the body, 28,000,000,000,000 of them, is a tiny wet battery, with negative and positive pole. The brain cells are the most positive; the cells of the liver the most negative. The electrical machine is a thousand times more minute and delicately arranged than the most delicate instrument made by man.

"The energy which makes Babe Ruth hit homers, which drives the feet of the business man to work, which works the fingers of the typist, which causes Jack Dempsey to shoot his right for a knockout, is stored in a layer surrounding each of those twenty-eight trillion cells, a layer 1-625,000 of an inch thick. Though this layer is only one atom thick, it would have, if spread out, an area of nine acres."

In view of the above, is it rational to believe that this wonderful vital mechanism is to be kept in running order by putting into it the most virulent mineral poisons, such as mercurial and arsenical compounds, or the toxic organic products of the most

loathsome diseases, such as smallpox and leprosy? Can any of these substances, not one of which is natural to the tissues of a healthy body, be brought in contact with the twenty-eight trillion cells without harm to them? Can a scientist believe for a moment that the chemist can make in his laboratory, from inorganic elements or from organic substances destructive to the animal mechanism, drugs that will not derange the machinery of life and make it less immune, more susceptible, to such diseases as cancer, tuberculosis, diabetes, nephritis, endocarditis, apoplexy, paralysis, and the legion of ailments caused by some interference with the billions of the most sensitive of all cells—those found in the nervous system?

FADDISM TO HAVE A DEGREE?

Washington, D. C.,
May 17, 1924.

Dear Editor:

The April edition of *The Western Osteopath* has been received, and I have been reading with interest its breezy and instructive pages. The editorial, "Does Mixing Pay?" sinks into an enervated system most refreshingly.

Doubtlessly faddism will win a degree sooner or later—D. F.—Diplomate or Doctor in Fads.

Washington (D. C.) is broken out in a complex of drives for philanthropic purposes—swimming pools for infirm poodles, retreats for disabled simians, and buildings and monuments to perpetuate memories of women emancipators, southern mam-

mies and sundry natives of voteless District of Columbia.

This fever of unrest has struck in our profession, locally inviting interest in sundry therapeutic measures supposed to overhaul diseased humanity, clean house, and restore to former radiant health.

A revival in the principles of the Old Doctor's theory and practise of osteopathy is acutely needed. The results will clearly demonstrate that mixing does not pay.

CLARA SHERWOOD WATERS, D. O.

THORO METHODS IN SWISS CLINICS

From Bern, Switzerland, has come a letter written by Dr. James M. Watson of Los Angeles to Dr. Edward S. Merrill. Dr. Watson writes that he has been received so cordially and is having such excellent work among the professors, that he is reluctant to leave to go on to Vienna. He says that the clinics at Bern are small, the method of handling the patients is scientific and thorough, and there is excellent opportunity for personal contact with the professors which does not exist in a larger clinic.

SOMETHING WRONG.—On Friday Freeholder Roe and County Engineer Snook inspected some brides in Fredon township and vicinity that were reported to be in bad condition.—*News item in the Jersey Herald.*

Physiognomy is not a guide that has been given us by which to judge of the character of men: it may only serve us for conjecture.—LABRUYÈRE.

DR. CARL J. JOHNSON ON TECHNIC

Regarding the physiologic technic which he will present at the State conventions on the Western Association circuit, Dr. Carl J. Johnson of Louisville (Kentucky) writes:

"Physiologic technic is based on the physiologic movements of the spine. When the movements are understood, the operator has no trouble in making a diagnosis, and the method of correction appears automatically. He knows exactly what the subluxation is, and exactly what he wants to do in correcting it.

"I still notice that many of the articles in the journals fail to give a complete designation of the subluxations they mention. To say that a third dorsal subluxation is causing the trouble is not sufficient. This subluxation may be primary or secondary; it may be a side-bending-rotation subluxation; or it may be a rotation-side-bending subluxation. All this will be made so plain that anyone can understand it. Osteopathic technic can be and should be on a scientific basis."

LOS ANGELES SOCIETY ELECTS OFFICERS

The May meeting of the Los Angeles Osteopathic Society was held at the Wilshire Inn. The president, Dr. P. T. Collinge, presided. After dinner the chairmen of the various committees read their reports covering the activities of their respective committees during the year. Drs. W. V. Goodfellow, Ernest Bashor and Robert D. Emery, recent past

presidents of the Society, gave short talks. Officers for the ensuing year were elected: President, Dr. William Bartosh; Vice-President, Dr. Elizabeth Rosa; Secretary-Treasurer, Dr. Evangeline Percival.

OSTEOPATHIC PIONEERS

BY GWLADYS M. MORGAN, D. O.
San Diego, California

To those who first studied osteopathy under Doctor Still and went out from Kirksville to practice the new therapy, our profession owes a debt second only to that which it owes to the Old Doctor. To carry on against the jibes, the scorn, and the sneers with which they were taunted required stalwart faith and a high degree of courage.

Dr. Still had a big heart and an unselfish nature. A fellow being in distress never failed to arouse his sympathy and desire to help. His fixity of purpose, his patience, and his strength were an inspiration to those who studied under him. He taught his students that success means honest work and that there is no short cut. His example was as good as his precept, and to this fact may be attributed the unswerving loyalty of the pioneers who blazed the early osteopathic trails.

THOSE PLUCKY PIONEERS

The sacred year of Jubilee should
prompt our gratitude
And make us feel the debt we owe to
patient fortitude,
To proven truth, to wisdom rare and
simple honesty.
Can we do less to honor them than
give our loyalty?

MORE ABOUT THE "NEW" THEORY OF OSTEOPATHY

By MARY L. LECLERE, D. O.

2140 Colorado Boulevard, Eagle Rock, California

It is somewhat difficult to understand Dr. Harvey's objection to the article, "The New Theory of Osteopathy," which appeared in the January WESTERN OSTEOPATH. He maintains that it is not new, yet he says, "I agree with them most heartily when they contend that it is new to a very large percentage of our profession." By thus acknowledging that there is a new theory, he tacitly admits that there is also an old theory. This old theory is the theory of intraforaminal pressure.

In an article written by Dr. A. T. Still and his nephew, Dr. G. A. Still, which appears in the *Independent*, November 16, 1905, we read, "The lesion consists of a slip or subluxation of a vertebra causing a change in the size of the foramen and consequent interference with the nerves and vessels."

Again, in an article in the January 1908 issue of the *Ladies' Home Journal*, Dr. Still says: "It seemed to me my back would break, the misery was so great. A log was lying in my father's yard. In the effort to get comfort, I threw myself across it on the small of my back and made a few twisting motions, which probably restored the misplaced bones to their normal position."

"One of the upper bones of her neck was slipped to one side, shutting off, by pressure, the vertebral artery on its way to supply the brain."

"The osteopath never rubs. He

takes off any pressure on blood vessels or nerves by the adjustment of any displacement, whether it be of a bone, cartilage, ligament, tendon, muscle, or even of the fascia. . . ."

In these articles the ill effects of the lesion are laid to pressure, and to nothing else. And the benefits of treatment, we are told, are due to the removal of such pressure.

It is interesting (although not surprising) to know that there were others in the old days who questioned the "old theory," and who grasped some of the new. Probably no one has ever announced a discovery or theory without learning that others have been working or thinking along the same line. It might even be said, and medical men have said, that Dr. Still did not originate osteopathy. There were sporadic bonesetters before his day, and medical writers had told of the relation between spinal injuries and disease. But Dr. Still, we believe, worked out the idea independently of these others, and it was he who succeeded in attracting the attention of the world and in building up a system of healing founded on his discovery.

It matters little who makes a discovery, so long as that discovery becomes public property. I still believe, however, that Dr. Amussen was the first to present experimental evidence against the old theory. I believe he was the first to formulate a definite and entirely new theory to substitute for it, and that he was the first to



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present experimental and scientific proofs of this new theory.

It does not seem logical to accuse a man of trying to "steal" an idea when he has spent years and thousands of dollars working out and proving that idea without once attempting to obtain publicity for himself. In 1907 he placed his work, orally, before the leaders in the profession, and in 1909 he presented it to the Council of the A. T. Still Post-graduate College. Later, when the Research Institute was established, he told them of his work. Some of Dr. Amussen's work was the subject of an address by Dr. F. M. Nicholson before the A. O. A. convention which met at Minneapolis a number of years ago. Dr. Amussen has never attempted to obtain any notoriety among the profession at large.

Dr. Harvey evidently missed the idea of the kinked steel wire. As others have also, I feel that I expressed the idea poorly. Dr. Amussen found vertebrae slightly displaced. He wondered why they remained displaced. Three explanations were generally given: (1) That the bones were caught on one another; (2) that they were held out of position by muscle contracture, and (3) that adhesions held them in mal-position.

He did not believe that the bones were luxated to the extent that they could catch on one another. Neither did he believe that contracture or adhesions were responsible in an acute traumatic lesion, because they are always secondary factors, which occur after the lesion has been produced. He decided that the force which produces the lesion carries the joint

HISTORY OF OSTEOPATHY

— AND —

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slightly beyond its normal range of movement, thus putting such a strain upon the ligaments that a change takes place within the ligaments; that a shifting of the molecules and fibers within the ligament to allow of the abnormal movement, changes its form so that it now holds the bones slightly out of their normal position during repose while, at the same time, allowing movement in the joint. He thought to make this a little clearer by calling attention to the molecular change which must occur within a steel wire when it is forced beyond its normal limits of motion and which, in the case of the wire, results in a kink.

In this connection, Dr. Harvey refers us to a passage in Hazzard's *Principles of Osteopathy*. Just why, I do not know, as I must confess I

have been unable to see any connection between any statements made in that passage and this theory.

Some of the references, however, which Dr. Harvey gave in his address before the association last February, are very interesting and show that in some respects Hazzard did come very close to the new concept. But his glimmerings of truth did not seem to affect his theory of the lesion materially. Throughout the book the burden of his discourse is pressure; pressure by bone, connective tissue, muscle contracture, or edemæ. This is very different from Dr. Amussen's conception of the lesion. So, after reading Hazzard, I still say that Dr. Amussen's concept of the osteopathic lesion is new.

I cannot see why advance in the science which he founded should, as

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Dr. Harvey claims, rob Dr. Still of any of his laurels. Whatever does not advance is dead, and no one wants to be the founder of a dead system. It was impossible for Dr. Still or anyone to explain fully the scientific factors concerned in the lesion until scientific knowledge became more advanced. Dr. Still's intuition ran far ahead of his scientific knowledge.

Before he knew anything about antibodies and anti-toxins, he anticipated the law of immunity. He also anticipated the "new" theory of osteopathy, though he did not explain all the scientific factors involved.

Because in his *Philosophy of Osteopathy* Dr. Still said very little about pressure, Dr. Amussen wondered whether he, or some of his associates,

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had originated the pressure theory. He journeyed to Kirksville to find out from Dr. Still himself. Dr. Still's reply to his question was, "Whoever says I didn't is not a good osteopath." Dr. Amussen asked him, "Just how does the lesion act to cause disease?" Dr. Still replied, "By friction." Then pinching the tissues of Dr. Amussen's arm, he said, "That's friction." Dr. Still could not express the effects of the lesion in pathological terms, because pathology was too little known at that day. He therefore used a mechanical term. Perhaps no word in the English language could better express the effects mechanically than the word *friction*. Hence, Dr. Amussen feels that though Dr. Still could not explain the whole process, yet he intuitively grasped the idea of a painful impulse acting on protoplasm and nerve endings and being referred over the nerves.

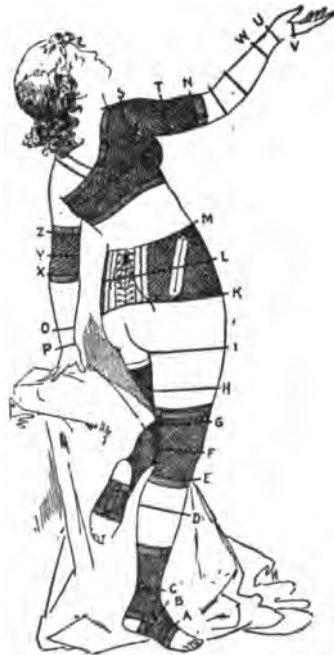
It is probable that we are as yet unable to grasp all of Dr. Still's philosophy. Probably it will be found that his philosophy anticipated scientific facts yet undiscovered.

Dr. Harvey says that the article on the new theory "belittles osteopathy in the early days when it was doing some of its greatest work." I cannot see that. There can be no disgrace in the fact that the members of the profession were limited in their understanding by a lack of scientific knowledge which no one possessed in that day. So little was known at that time about pathology, physiology, and other medical sciences, that it was (and still is) impossible to explain fully the science of osteopathy. But osteopathy is an art as well as a science. It is no disgrace that the art

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Adds Its Praise of Bunting

Certainly the world's foremost economist today is John A. Hobson, head of the Department of Economics at Oxford University. His books, "The Economics of Distribution," "The Social Problem," "The Science of Wealth," and a score of others are read in many languages.

Professor Hobson wrote to Henry S. Bunting as follows:

I read your book "The Elementary Laws of Advertising" with great interest and made reference to it in an article I wrote for The Nation (London). Very little has been done in this line over here, and your book would be an eye opener to most of our theorists and business managers. I am very glad to have your work.

From so eminent a scientist and thinker as Professor Hobson this acknowledgment is praise indeed.

It ought to be easy for the osteopathic physician to persuade himself to use the Bunting Advertising System to promote osteopathy in his community when he realizes how well thought of Bunting's advertising service is throughout the business and educational world.

It costs but \$25 a month to obtain Bunting's Standard Service, and it ordinarily adds hundreds to the osteopath's income. It's like a philanthropy as regards the good it does all who are served by it, and yet it's on a sound business basis which makes for the client of Bunting money plus prestige.

THE BUNTING PUBLICATIONS
Waukegan, Illinois

developed ahead of the scientific understanding. The important thing is that as science develops it confirms the practice of the art.

The doctor says that the "new theory article" lays us open to attack by our imitators. I am afraid I do not get the doctor's point of view. Are we never to publish new discoveries for fear our imitators will claim to have discovered them first? If they want to claim credit for originating this new theory let them produce experimental proofs of the theory which antedate Dr. Amussen's experiments. Can they produce reports of such experiments which were published before 1907? If so, that is their privilege. It seems to me that the sooner we get into print with any work the less chance there is for any-

one else to claim credit for it. I believe that our imitators will appear rather ridiculous when the public learns that just when we were abandoning the old theory they took it up and worked it overtime, while we were working out a theory which will stand every scientific test. Dr. Harvey, of course, does not acknowledge that we have abandoned the old theory. He offers to prove the pressure theory from the bones themselves. But it is a very different matter to demonstrate a theory on dry bones and on a fresh body with all ligaments and other tissues intact.

Dr. Harvey acknowledges that all this new theory is new to a "very large percentage of the profession." Then does he not think the profession should be enlightened concerning it?

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Proctitis



Fissure of anus

Torn
crypt

Cryptitis (focus of infection)

Internal
bleeding

External

Internal and external hemorrhoids

LUBRICATION THERAPEUSIS IN RECTAL AND ANAL PATHOLOGY

PROCTITIS: According to a noted proctologist, inflammation of the rectal mucosa is much more common than is generally thought. The indications for treatment are to produce a soft evacuation and to lubricate and soothe the bowel wall. Nujol accomplishes this and also reduces the time during which the fecal mass is held in contact with the inflamed mucosa, thus quickening the healing of the membrane.

FISSURE: The dry, hard feces when forced over the delicate mucous membrane of the anal canal cause it to erode, leaving an open wound. Nujol softens the feces and lubricates the intestine. Thus it prevents fissure formation or encourages healing by preventing irritation and infection.

HEMORRHOIDS: Rectal inflammation and fecal impactions prevent the proper flow of venous blood into the portal circulation. This is accentuated by the absence of valves in the rectal veins and man's upright position, but particu-

larly by straining at stool. Nujol, by its softening, lubricating action, enables the feces to be evacuated without straining. Thus, by removing one of the conditions which causes and aggravates hemorrhoids, Nujol brings comfort and relief to the patient, often leading to ultimate disappearance of the trouble.

CRYPTITIS: A frequently overlooked cause of painful defecation and a source of systemic infection. The hard fecal lumps are kept soft by the regular administration of Nujol. Nujol also forms a lubricating coat over the crypt, thus favoring healing and relieving the pain.

Nujol, the ideal lubricant, is the *therapeutic common denominator* of all types of constipation. Microscopic examinations show that too high a viscosity fails to permeate hardened scybala. Too low a viscosity tends to produce seepage. Exhaustive clinical tests show the viscosity of Nujol to be physiologically correct and in accord with the opinion of leading medical authorities.

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Much work in harmony with the new theory has been done in recent years by our experimenters and thinkers. This work has been published in the bulletins of the Research Institute and in our magazines. Yet it seems to have gone clear over the heads of a "very large percentage of the profession." Are we to leave them in ignorance or are we to try again by using a title that can scarcely help catching their attention if they read at all? I agree with the doctor that the medical profession is not standing by eagerly awaiting a

theory which they can accept. But we all expect some day to win scientific recognition and we shall win it the sooner if all the members of the profession are informed on the latest scientific developments within the profession. We should let not only the members of the profession, but the world, know that we are not standing still but are advancing and growing scientifically.

I hope that Dr. Harvey will now start a discussion on the theory itself. That is more important than a mere matter of authorship.

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IN OTHER CITIES, TOO.—Insane asylums are reported filled to overflowing. The overflow may be observed daily driving motor-trucks about New York streets.—*New York Sun.*

ALKALINIZING BY THE CALSO METHOD

The profession is cordially invited to visit the **CALSO WATER** booth at the state convention in Oakland.

It is hoped that the Southern California members will have an opportunity to exchange experiences with the Northern members on results obtained from the use of **CALSO WATER**.

During the past few years the more cumbersome method of **ALKALINIZING** per rectum has been superseded by the rational **CALSO** method of prescribing large quantities of **CARBONATED ALKALINE WATER**. The advantage of this method over the old may be compared to the results obtained from feeding a regular diet and those obtained by nutrient enemata. There are cases where the rectal method must be used, but they are unusual.

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CONVENTION PUBLICITY DEPENDS ON EVERY OSTEOPATH

Attention, "Osteopathic Associated Press" Members

In order to give our western conventions the greatest possible amount of publicity, every osteopath in Cali-

fornia, Oregon, Washington, Idaho and Utah is asked to read the following:

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It is the best table in the world, otherwise I would not make them for you.

Yours truly,
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The Fulcrum-Block System of Foot Technic

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Introduced to the profession less than three months ago, is already in use by the hundreds.

Dr. Hugh Beaton of Illinois writes that he would not take \$1000.00 (cost \$10) for it, if he could not get another.

It is the most comprehensively successful system of foot adjustment in the world, otherwise I would not make them for you.

YOURS TRULY AGAIN,

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and arrange with him to publish reports of your state convention.

If your state publicity chairman has not already sent you preliminary publicity matter for the convention, get in touch with him today. Don't hesitate to spend a dollar or two for night letters during the convention to your home paper about convention events and your participation in them. Your publicity chairman and paid press reporter will write them, but you must pay for them. This is a vital opportunity for osteopathy.

There are 7,009,412 people in the five states to be reached by 1180 osteopaths through 900 newspapers and other channels.

I am depending upon you as an individual to educate for osteopathy and yourself.

T. J. RUDDY,
Chairman Publicity W. O. A.

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ABOUT THAT LINCOLN-LIKE MAN, DR. STILL; what his researches, his struggles and triumph mean to the health of the world.

THE STORY OF EIGHT COLLEGES with their two thousand students taking four-year courses.

THAT THERE ARE MORE THAN SIXTY OSTEOPATHIC INSTITUTIONS.

THAT WE HAVE EQUAL STANDING WITH OTHER PHYSICIANS.
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THAT WE ARE ESTABLISHING CLINICS for the sick poor, and little children.

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THAT FOLKS LIKE 'GALLI CURCI, ROOSEVELT, and JOHN BURROUGHS stand for osteopathy, saying it gives to the ill something they cannot get elsewhere.

After you have told them this in the first pages of the April magazine, then follows: Art of Food Selection; Perfect Spine; Warnings about Exercise; Inflammation; Nature's Way of Fighting.

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This is the April issue of the Magazine. Put this over by the thousand in every center and send out to your lists for the full year. Only \$50.00 in thousand lots. \$6.25 per hundred per month in year order. 50c extra per hundred for less period. Prices about half the usual charge for like amount and quality.

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LOS ANGELES

**ACTIVITIES OF WOMEN'S
OSTEOPATHIC CLUB**

The Women's Osteopathic Club of Los Angeles is a member of the local and state federations of clubs. Recently the writer has heard addresses by two officers of the local Federation. Both speakers in telling of the aims and accomplishments of the Federation made special mention of the "Club of Osteopathic Women Physicians." At least one of these speakers did not know that there was an osteopath in her audience. The president of the local Federation recently remarked to the writer that there were some very good workers among the osteopathic women.

During the past year the club made

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- OPTICAL DEPARTMENT.....Fitting and Supplying
- OTOLOGY DEPARTMENT.....(Including Equilibrium)
- RHINOLOGY DEPARTMENT....("Finger Technique," "Auto-aspiration," etc.)
- LARYNGOLOGY DEPARTMENT (Including Suspension Bronchoscopy)
- DENTAL PATHOLOGY DEPT... (Diagnostic Only)
- DENTAL SURGERY DEPT..... (Conservative)
- RADIOLOGY DEPARTMENT... (Snook—Coolidge and Radium)
- LABORATORY DEPARTMENT... (Tissue—Blood Chemistry—General Chemistry)
- METABOLISM (BASAL) DEPT.. (Soothby—Tissot & Krogh—Haldane—Sanborn)

Note announcement of new methods for Eye diseases and certain errors of refraction. Every Technician an Expert

ALL CASES REFERRED BACK, WITH REPORT TO OSTEOPATH REFERRING CASE

the following donations:

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|---|----------|
| Business and Professional Women's Club | \$ 50.00 |
| Women's Vocational Alliance..... | 10.00 |
| Biennial convention of Federated Clubs (each member)..... | .50 |
| Travelers' Aid Society..... | 20.00 |
| Birth Control League..... | 10.00 |
| Float at Kirksville..... | 10.00 |
| To member injured in an accident. | 100.00 |
| Club House for Below Minimum Wage Girl..... | 25.00 |

The following officers for 1924-25 have been elected:

President—Dr. Eva Kate Coffey.

Vice-President—Dr. C. F. Yerkes.
Recording Secretary—Dr. Lura B. Nelson.

Corresponding Secretary — Dr. Edith Weston.

Treasurer—Dr. Evangeline Percival.

Federation Secretary—Dr. Mary L. LeClerc. —M. L. L.

NEW MEMBERS

The following osteopaths have been received into membership in the California Osteopathic Association since

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THE ORIGINAL



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the directory in the March issue appeared:

Banta, Alice F., Stockton.
 Barmby, Martha, Berkeley.
 Blake, Elizabeth A., Modesto.
 Corwin, F. E., Hot Springs.
 Decker, James, Oakland.
 Gerdine, L. van H., Los Angeles.
 Hain, Grace E., Berkeley
 Harvey, Harold E., Berkeley .
 Hemphill, Etha Belle, Berkeley.
 Hoard, Ralph D., Merced.
 Keeler, Edward E., Oakland.
 Kohlmeyer, Paul R., Fullerton.
 Kushner, Edward I., Oakland.
 Morehouse, Roy F., Visalia.
 Penland, Hugh E., Berkeley.
 Richardson, Harry S., San Francisco.
 Robinson, C. E., Oakland.
 Rough, Robert L., Los Angeles.
 Scott, Geo. D., San Francisco.
 Smith, Gertrude, Alameda.
 Tuttle, A. M., Bakersfield.

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A GOOD OLD-TIME REVIVAL NEEDED

By DONALD M. LEWIS, D. O.

Formerly Dean of Anatomy,
Des Moines Still College of Osteopathy,
32 Urquhart Building,
Little Rock, Arkansas

I want to express my appreciation of the article by Dr. Harvey on the "New" Theory of Osteopathy. I am comparatively a new broom in osteopathy, but I was taught that there were two things of equal importance to be done: first, obtain motion at the lesion and maintain it; second, adjust the structures as near as possible to normal relationship. Because the recovery of motion in a lesioned joint was given first importance, we osteopaths failed to talk much about adjustment and thereby gave the imitators a chance to claim that we never adjusted. I have always explained to my patients that what my treatment is going to do is to obtain movement where I find a restriction. It is an effort for me to bring in the word *adjust* when I make explanations, but I am drilling myself to use the word at least once every time I see a patient.

We need a good old-time evangelical revival in osteopathy. We need to live over again the spirit of the early osteopaths that Dr. Harvey describes as using their brains and discussing things back in 1901. We need to give the credit due to the founder of our science and glory in the fact that we have his heritage. I hope that the convention at Kirksville will be the beginning of such a revival.

BOOKS RECEIVED

The following books have been received, and will be reviewed in an early issue:

HISTORY OF OSTROPATHY AND TWENTIETH CENTURY MEDICAL PRACTISE. By E. R. Booth, Ph. D., D. O. Cloth, 835 pages. Illustrated. The Caxton Press, Cincinnati. 1924.

TREATMENT OF THE COMMON DISORDERS OF DIGESTION. By John L. Cantor, Ph. D., M. D. Cloth, 245 pages. Illustrated. Price, \$4.75. C. V. Mosby Company, St. Louis. 1924.

CALIFORNIA CONVENTION PROGRAM

It was intended to print the complete revised program of the Oakland convention in this issue, but in making up the pages it was found that there was not sufficient space.

As only a few changes have been made since the program was printed last month, those seeking information are asked to refer to the May issue or to inquire of Dr. E. T. Abbott, Black Building, Los Angeles.

