

The Journal of Osteopathy

November 1912

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The Journal of Osteopathy

Edited by A. S. Hollis, A. B., D. O.

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Vol. XIX

November, 1912

No. 11

CONTENTS OF THIS NUMBER.

| | |
|---|-----|
| PROFESSIONAL CARDS | 654 |
| EDITORIAL | 659 |
| A. S. O. HOSPITAL, PHOTO | 662 |
| SOME FIELD EXPERIENCES, George A. Still, M. S., M. D., D. O. | 665 |
| DR. G. A. STILL, PHOTO | 666 |
| GENERAL ANESTHETICS AND THE OSTEOPATH, O. O. Bashline, D. O. | 676 |
| OSTEOPATHIC TREATMENT IN SURGICAL CASES, M. S. Slaughter, D. O. | 681 |
| CASE REPORTS, Norman D. Wilson, D. O. | 686 |
| OSTEOPATHY AND SURGERY, R. E. Hamilton, D. O. | 689 |
| SKETCH OF A. S. O. HOSPITAL | 691 |
| BEFORE AND AFTER ANESTHESIA, Cora Gottreu, R. N. | 702 |
| NURSES' COTTAGE PHOTO | 704 |
| THE NEW APPLICATION BLANKS FOR NURSES | 708 |
| BUSINESS OPPORTUNITIES | 714 |

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The Journal of Osteopathy

EDITED BY A. S. HOLLIS, A. B., D. O.

VOL. XIX

NOVEMBER, 1912

No. 11

Editorial

**The Convention
in 1913**

It may seem to some early days to be preparing for the National Convention to be held in Kirksville next August. But those who merely attend a convention, without entering into the work of arrangement, have no idea of the immense amount of time and energy that is expended in preparing for it. This coming convention is to be the greatest that has yet been held; it is to take place during the week of the "Old Doctor's" Eighty-sixth birthday, and it is to be a convention worthy of the epoch it is to celebrate. Already plans are being laid for it and preparations made to ensure its success. Dr. A. G. Hildreth of St. Louis came to Kirksville on October 24 in the interests of the Convention, and two meetings were held to discuss preliminaries while he was in the town. One of these was a called Faculty Meeting, at which a number of questions were discussed, such as the best location for the Convention, the housing proposition, the matter of clinics etc. Though little was definitely decided, it was a good "starter," and promises well for what is to come. At the second meeting, which was held later in the afternoon in the Elk's Building, some forty or more of the business men of the town were present. Dr. Hildreth succinctly presented the proposition of the Convention and the reason of his visit to Kirksville, and suggested the election of someone from among them as chairman of the Citizen's Arrangement Committee. After a little discussion Mr. C. J. Baxter, a prominent business man of Kirksville, who is very enthusiastic about the Convention, was unanimously elected in this capacity. Dr. Hildreth has already written to the two railroad companies whose lines pass through Kirksville and we print their replies below. It will be seen that the start has been made right, and the old adage will be remembered "What is well begun, is half done." The replies referred to are as follows:—

October 4, 1912.

Dr. A. G. Hildreth,
706 Century Building,
St. Louis, Mo.

Dear Sir:—

Your request to Mr. Lalor of the C. B. & Q. St. Louis, in regard to train service into Kirksville account of the meeting of the osteopaths in August, 1913.

I beg to state that it will be our pleasure to run special trains, if necessary, and through cars both from St. Louis and Chicago, to Kirksville via the C. B. & Q and Q. O. & K. C. R. R., to accommodate the osteopaths attending this meeting.

We will be glad to run a sleeping car from Kirksville proper to Chicago or St. Louis upon this occasion if the business will justify. All we will require is a few days notice.

We appreciate your efforts in getting this convention in Kirksville, and we will try to show this appreciation by our service.

Yours truly,

(Signed) A. J. BANDY, G. F. & P. A.

AJB

cc to W. A. Lalor.

Notice.

For the meeting of the osteopaths at Kirksville during the first week of August next, the Wabash Railroad will be duly prepared to take the best of care of the delegates and will furnish excellent train service to consist of first-class equipment, extra coaches and special trains if the business should warrant it, and will use its best endeavors to fully accommodate such passengers as may avail themselves of this service in the most satisfactory manner.

(Signed) H. V. P. TAYLOR,

Assistant Passenger Agent Wabash Railroad.

**MAKE YOUR ARRANGEMENTS TO ATTEND THE 1913
NATIONAL CONVENTION. YOU OWE IT TO YOURSELF;
YOU OWE IT TO THE PROFESSION.**

We would add that the Christmas Vacation Review Class that has been given by the two Dr. George's during the past few years, will not meet this season. This is to insure that interest be not in anyway detracted from the Summer Convention.—HOLLIS.

Editorial Announcement All the endowed Hospitals, and all of the Hospitals with which we are familiar issue bulletins quarterly or at other regular intervals: but during the six years it has been in operation, the A. S. O. has never issued a special bulletin.

Many many times requests for such a bulletin have come in from the field; but no one up to date, has found the time to get together such a publication.

A great part of the function of the average Hospital bulletin is the solicitation of funds; but as all the A. S. O. Hospital has ever asked its friends is professional support, this necessity is not present.

There are, however, many communities where the osteopath is at a disadvantage through the general belief that he has no possible knowledge of surgery; that the subject is not taught in his school, and that surgical assistance is not available for him, or at least not without help from the so-called "Regulars."

Many times we have received letters from practitioners bewailing the fact that patients were unable to see how they could possibly get surgical advice. Nearly every practitioner has met with numerous individuals who have been patients or prospective patients and been placed at a disadvantage, through the generally accepted belief that osteopaths are taught nothing of and know nothing about surgery.

It is to a great extent in order to help dissipate this idea that the present surgical issue of the Journal, as it might be called, is substituted for the Bulletin issued by other institutions.

There are many osteopaths who do at least minor surgery; there are several Anesthetists in the profession; there are a number who have gained considerable reputation in emergency operations, in such cases as fractures, etc.; and there are many more than even the average friends of Osteopathy would believe without further information, who can handle and have competently handled surgical cases of a major nature, THROUGH THEIR ENTIRE POST-OPERATIVE TREATMENT, WITHOUT ANY MEDICAL ASSISTANCE WHATSOEVER.

That the post-operative handling of cases osteopathically is of an advantage is clearly shown by the minimum of complications occurring and the comparative ease with which they are controlled.

Severe nausea, back-ache, neuritis, pleuritis, nephritis, pneumonia, etc., are reduced to a minimum. For example: out of the many thousand cases handled by Dr. George Still, since he has had charge of the A. S. O. Hospital, there has been but one case of post-operative pneu-



monia. This case lasted but a few days and recovered fully, being reported about 18 months ago in the A. O. A. Journal.

Under Osteopathy, many patients do not vomit at all from the anesthetic, even after major operations of the most serious nature, and it is the extreme exception for them to be troubled with nausea more than an hour or so, and indeed a very large per cent are not troubled at all, as is well known under the usual manner of handling these cases.

One of the most annoying features to the average patient, following a severe operation, is the anesthetic sickness.

We can truthfully say that in the past three years in the A. S. O. Hospital there has not been given a single dose of cerium oxybate, bismuth subnitrate, sour wine and ice, champagne, or any other drug for the relief of nausea; nor has there been a single case where it was not controlled satisfactorily without it; nor do we recall a single case which was obstinate enough to last over the first night.

The extremely annoying pain in the back from which many patients suffer responds very readily to treatment.

A FEW SPECIFIC ARTICLES BY EXPERIENCED PRACTITIONERS HAVE BEEN SECURED FOR THIS ISSUE TO BRING OUT THESE POINTS.

"IF."

IF you can keep your head when all about you
 Are losing theirs and blaming it on you;
 If you can trust yourself when all men doubt you,
 But make allowance for their doubting too;
 If you can wait and not be tired by waiting,
 Or being lied about, don't deal in lies;
 Or, being hated, don't give way to hating,
 And yet don't look too good, nor talk too wise;

If you can talk with crowds and keep your virtue
 Or walk with Kings—nor lose the common
 touch,

If neither foes nor loving friends can hurt you;
 If all men count with you, but none too much.

If you can fill the unforgiving minute
 With sixty seconds' worth of distance run;

Yours is the Earth and everything that's in it,
 And—which is more—you'll be a Man, my son.

Selected from the poem by Rudyard Kipling.

Some Field Experiences

Relating Particularly to Osteopathy in Surgical Cases.

By GEORGE A. STILL, M. S., M. D., D. O., CHIEF SURGEON, A. S. O. HOSPITAL.

This article will be written in the personal, since the experiences are entirely personal, all of them being more or less unique and at least several of them entirely new, in that osteopathic management of surgical cases is even a newer thing than Osteopathy.

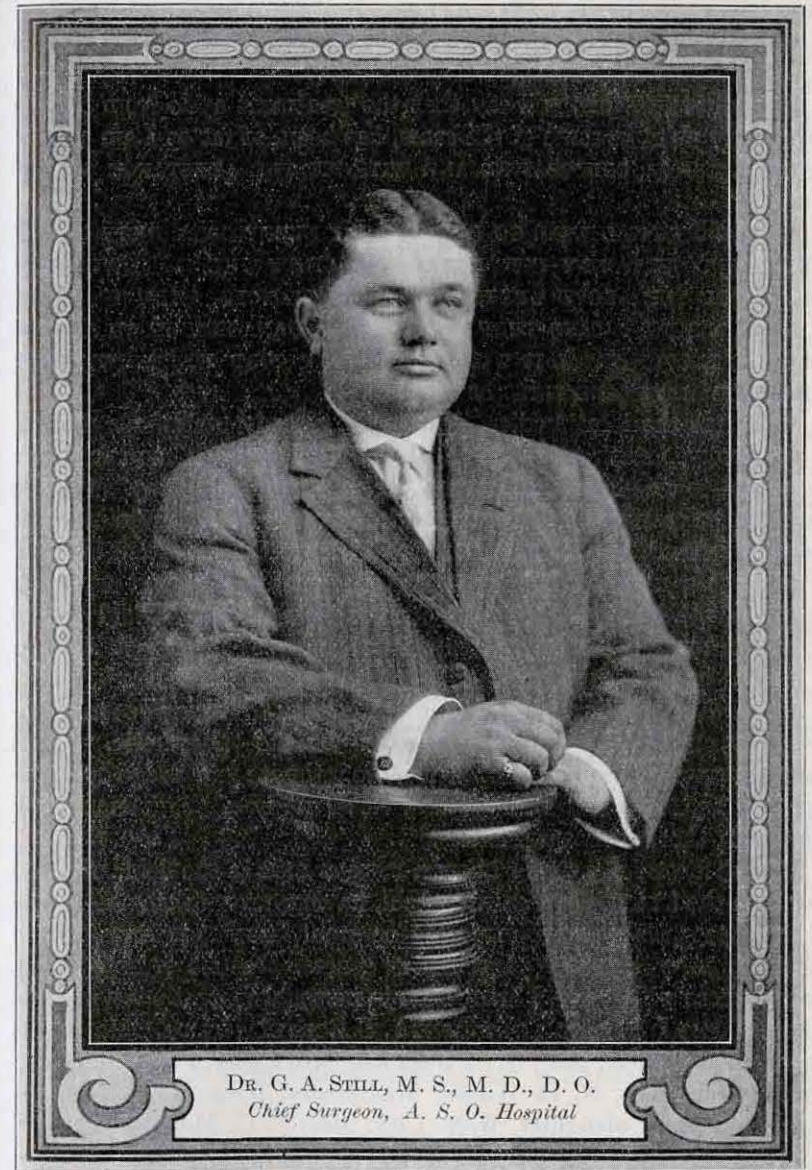
The reason I am taking up field experiences entirely separate from Hospital experiences is that in these cases the after-cure of the case has devolved entirely upon osteopathic practitioners in the field, with no medical assistance or medical friends at hand, and in most of the cases even the anesthetic was given by an osteopath.

In spite of what our medical friends might term this calamity, I think the results will compare favorably with any series of post-operative cases handled by anybody, anywhere. I do not refer to the immediate surgical results, but to the results of the post-operative treatment. Although nearly all of my operating is done in the A. S. O. Hospital; at the present writing, I have operated during the past eight years for just a few less than one hundred and fifty osteopathic practitioners in the field. Most of the cases were of extreme severity, and many of them were performed in the private home. All of the cases in this list were handled, following the operation solely by osteopaths, with the assistance of a trained nurse, as I never do a major operation anywhere under any circumstances, unless there is a responsible trained nurse to help care for it afterwards. A trained nurse is as much a part of modern surgery as is asepsis.

For many of this approximate one hundred and fifty I have done only one operation, THAT IS ONLY ONE AT THE HOME OF THE PHYSICIAN; but on the other hand I have done as high as fifteen for one.

We, of course, prefer to have the patients come to the Hospital, where it is more convenient for us; but oftentimes this is impossible for one reason or another; hence the outside trips.

WITHOUT GOING INTO DETAILS, I WISH SIMPLY TO STATE THAT ALTHOUGH THESE TRIPS HAVE CARRIED ME AS FAR EAST AS PENNSYLVANIA AND NEW JERSEY, AS FAR WEST AS MONTANA, AND AS FAR SOUTH AS TEXAS, and still remembering that the local osteopath had the sole



charge of the case afterwards, except as he might telegraph or telephone to me, I CAN TRUTHFULLY SAY THAT NOT ONE SINGLE CASE IN THE LIST HAS PROVEN FATAL EITHER AT THE TIME OF THE OPERATION OR DURING THE SUBSEQUENT POST-OPERATIVE TREATMENT.

In addition to this, will say that the treatment aside from opiates for the early pain, in some of the cases, has been, so far as I am able to determine, purely OSTEOPATHIC AND WITHOUT THE ASSISTANCE OF ANY DRUGS.

AS THE JOURNAL WILL GO INTO NEARLY EVERY COMMUNITY IN THE COUNTRY AND CERTAINLY INTO EVERY COMMUNITY WHERE I HAVE OPERATED, UNDER THE ABOVE MENTIONED CIRCUMSTANCES, THEN IF THERE HAS BEEN A SINGLE CASE THAT UNDER THE MANAGEMENT OF ANY OF THESE HAS PROVEN FATAL IT WILL NOT BE DIFFICULT TO REFUTE THESE STATEMENTS AND BRAND THEM AS UNTRUE.

As a rule the local medical doctors are already unfriendly enough, and for the osteopath to have the "nerve" to call in a man from his own school to do an operation rarely makes them feeling any better; so that when he calls on the local medical anesthetist to give the ether he is usually refused, either then or about the time the operation is ready to start. It used to annoy me particularly when a man had agreed to give the anesthetic and then, when everything was ready, would call up and refuse because the other medical doctors were making a kick. I say it used to annoy me but that is a thing of the distant past, and it was one of the best things that I ever had happen to me, as I soon learned to rely on the osteopaths themselves for the anesthetic. I was pleasantly surprised to find that their more intimate knowledge of physiology and anatomy and their natural closer study of the human body made them the better anesthetists.

I can honestly say that I know a score of men in the field, who had never seen the inside of a medical school, having never taken any course but the osteopathic, and who to my personal knowledge can give an anesthetic, as well as any physician in general practice of any school. Amongst those with whom I have come in personal contact on more than one actual case I can recall at present A. E. Best, of Newark, Ohio; K. T. Vyverberg, Lafayette, Ind.; O. O. Bashline, Grove City, Pa.; C. J. Blackman, Bluffton, Ind.; N. D. Wilson, Manchester, Iowa; R. H. Nuckles, Slater, Mo.; M. S. Slaughter, Webb City, Mo.; T. C. Moffett, Windsor, Mo.; R. J. Northern, Big Timber, Mont.; S. L. Drake, Garnett, Kansas, and many others. Any of these and many others to my personal knowledge and observation are good anesthetists without having had any other training than they got in the osteopathic school. If it was necessary

for me to take an anesthetic I would willingly risk any of them. This list is just selected off hand from different parts of the country.

Many of these boys started to give anesthetics because they had it to do, on account of the enmity of their medical friends; while others took it up because they liked it anyhow. Those who were forced into it, can undoubtedly appreciate the phrase "Our friends the enemy."

In only four towns where I have worked have the medical men been friendly enough to give the anesthetic and in other ways to meet on terms of friendship. While in two other cases although they gave the anesthetic their sole object was to "Rubber," and if possible do us what damage they could with the family—as after events proved. In spite of this we and—which is more to the point—the patients, have all survived.

Many times certain bothersome relatives or friends of the patient would raise a great hullaboo over what would happen after I had left, if the patient should have any complications and only the osteopath be there to take care of it. These pernicious individuals of course, have never been people who knew anything about Osteopathy, and usually have been boosting for some other surgeon and against the osteopath himself.

Up to date, however, they have had to content themselves with a few days happy anticipation of what was going to happen to the patient, and then several weeks of wondering how the patient could have survived. I never allow one of these pests near an operation, which usually makes them especially sore at me.

Aside from physical complications there is one other disagreeable condition I have met with a few times, and that is a nurse who though friendly with the family was an enemy to the osteopath and Osteopathy and therefore, did not handle the case to the best advantage. I have learned to look out for this girl, however, and avoid her carefully.

These nurses have always been graduates from second grade training schools, in connection with third rate medical schools. Indeed one will not hear many knocks from first grade schools. As a rule they at the least do not go out of their way to knock. It is the commoner mediocre institution or individual that builds up a reputation by knocking on better things.

While I prefer one, I do not insist on a nurse being from an osteopathic Training School. I only ask three things: first, that she has been trained; second, that she attend to her own business and third, that she obey orders, and I make it a point to find these things out in advance.

It is never any annoyance at all that the village Hospital, or City Hospital either, won't allow the osteopath to have his cases there. I would much rather operate in a home, with a friendly trained nurse, than in any Hospital where they were not friendly, and you can put this down as a certainty, ANY NURSE WHO CAN'T GET A ROOM READY IN A HOME AND ARRANGE FOR JUST AS CLEAN AN OPERATION THERE AS IT IS POSSIBLE TO DO COULDN'T GET THE SAME READY FOR AN OPERATION IN A HOSPITAL, AND COULDN'T GET THE OPERATING ROOM READY IN A HOSPITAL. It is harder work in the home but that is what the nurse is paid for, and in engaging a nurse for work in the home she is selected because she is able to do things right and has already graduated in her work.

I think my results in these cases fully justify my belief that when correctly managed, in spite of the extra work necessary, clean operations can be successfully done in the home.

Even though the Hospital is friendly to me I will not work in an institution where they are not also entirely friendly with the osteopath for whom I am operating.

I have run across many instances where the prejudice of the local medical doctors counteracted the personal friendship of the management. In the long run I believe it has usually done them more harm than good.

Occasionally examples of thorough courtesy and fair treatment are found, though I must say that with few exceptions these have been Catholic Hospitals, and that too, with neither myself or the osteopath having the slightest leaning towards this particular religion. On the other hand I know of a case where the rancor and prejudice of the medical men caused a Protestant Hospital to refuse a gift of a \$1,000.00 from an osteopath—if as a condition he was to be allowed to send patients to the institution and treat them there himself. This case is known to many of the profession; but I am glad to say there are both Protestant and non-sectarian institutions where the osteopath is treated as an equal. I am forced to say, however, that these are exceptions.

Amongst the institutions where I have found the spirit of fairness most manifest, combined with surgical arrangements that could hardly be improved upon, I must mention the St. John's Hospital at Joplin, Missouri, under the management of the Sisters and with Miss Lyda O'Shea, as head of the training school.

In or out of the Hospitals, every case brings out instances where nurses, relatives, friends, and even patients not fully familiar with Osteopathy are exceedingly surprised by the excellent results obtained by

the Osteopath, under circumstances where they had heretofore considered that drugs would be absolutely necessary.

Many an osteopath has written me following a successful operation that under the circumstances it was one of the best things that ever happened to him, in the way of boosting his practice and in boosting Osteopathy in general, by dissipating a good deal of existent prejudice and narrowmindedness.

One letter which is a fair example, though undoubtedly stronger than many, reads as follows:—"The fibroid case on which you operated for me a year ago last month has done me more good than all the other things that have happened since I came here. She has directly sent me over a dozen cases, and indirectly has been the cause of my getting several emergency and fracture cases," etc. Nearly everywhere I go, one or more individuals have assured the patient that if we are allowed to handle the case they will CERTAINLY DIE. Undoubtedly some of them will some day; because I play no favorites as regards the nature or seriousness of cases needing operation; but so far the usual letter a few weeks afterwards from my osteopathic friend contains some such statement as this: "Well, the medics are busy explaining now why that patient didn't die, and their previous knocks have only made the good effects all the more pronounced."

Some osteopaths allow the existent feeling of prejudice and lack of confidence to effect themselves and instead of handling their own cases post-operatively get some medical doctor to do it for them or they send the case to an institution where osteopathic post-operative treatment is not or cannot be given. This is an admission of weakness and can't help bolstering up the impression that Osteopathy is a one sided practice and only fit for certain selected cases.

One will find that those states where Osteopathy is looked on as an incomplete science are as a rule states where the osteopaths themselves are doing the least to dissipate this idea. Those things that are true of states are also true of smaller communities.

While I do not believe in starting war on the regular practitioners in any community it does seem foolish to allow them to bluff the osteopaths into actually demonstrating that they are only fit for certain kinds of cases by turning down very many other kinds, or by sending them to the very individuals who are doing their best to get rid of the science.

Time and again we see examples where some individual medical man is personally quite friendly with some individual osteopath; but at the same time as a part of a professional organization he is fighting

Osteopathy and the osteopath as well. His friendship lasts just as long as the osteopath continues to treat neurotics, old chronics and incurables; and disappears when he works in the field of acute practice, obstetrics, minor surgery, etc.

In the one state in the union where Osteopathy is looked on in the poorest light, considering the number of osteopaths, I find the smallest proportion of osteopaths who handle acute and emergency cases, and the smallest proportion too, who apply to men of their own school, when the services of a Specialist of any sort is needed. Such policy either individually or collectively is always a blow to the profession.

It makes a big difference whether the osteopath stands on his own feet, works with his own profession, ignores the incivilities and the knocking of the regulars, and at the same time goes ahead and shows that he is an all round practitioner; or whether he lowers himself to get into the friendship of one of the less ethical of the regular profession, passes up the obstetric and acute practice, and, when consultation is wanted, having got a medical doctor instead of an osteopath works in conjunction with him, taking the second-hand position as Masseur or "rubber," while the M. D. gets the credit. I will cite as a very good example the practitioners who have been in a certain town right here in the state of Missouri. This town is neither really large or really small, and the community is no different from the average community of the middle sized towns surrounded by a farming community in the same state; the people are neither eager to take up a new thing just because it is new nor fanatically attached to the old order of things just because they are old. They are perfectly willing to progress if they can be shown that the new thing really is progressive. Since osteopaths first started to go out into practice there have been to my knowledge 15 osteopaths locate in this town. It happens that of all these there has just been one who refused to accept the wishes of the local medics and refused to follow the example of his predecessors and refused to allow the community to consider him as a "rub-doctor," who might be all right for some kinds of cases, but who would never do in acute cases or do any emergency work.

It was not the fault of the community that they believed osteopaths were a very self-limited set of practitioners. It was not the fault of the community that they wouldn't send for an osteopath in Typhoid or Pneumonia. It was not the fault of the community that they wouldn't get an osteopath in fracture cases. It was solely the fault of the osteopaths who had been there and had failed to do anything to remove this impression. A few of them might have had the right spirit and might

have helped establish Osteopathy in a better light if they had stayed long enough ; but other failures scared them out. One man who might have made good, had he not been afraid of offending the local medical doctors, in spite of the fact that they never really accepted him on an equal footing, finally sold out for a small price and went away to an out-law medical school to "learn medicine."

While in practice, if the family wanted consultation on an important case he would allow one of the local medics to be called in and if, for example, it was a case of nervous trouble, the medic who was called in would get a Neurologist from the City, of course, one of his own school. This fellow never would think of sending to his own school for a Neurologist in spite of the fact that Kirksville was not far distant and that both Dr. Gerdine and Dr. Waggoner have had as extensive college and medical education as any of the men the other fellow could call.

This same fellow would write reams of letters for free advice to men that he did not call in for actual consultation and during his entire stay in that community he sent one specimen to the Laboratories of his own school for chemical analysis, explaining that the patient was very poor and would like to have it analyzed free. IS IT ANY WONDER THAT HIS PROFESSION IS LOOKED UPON AS AN INCOMPLETE ONE AND THAT IT WAS HARD TO CONVINCE THAT COMMUNITY THAT THE OSTEOPATHIC SCHOOLS TAUGHT ANYTHING MORE THAN RUBBING. When an anesthetic is to be given this man always had a medical man in spite of the fact that seven miles away there was a good osteopathic anesthetist.

When there was any sort of consultation he was never known to call an osteopath as a consultant, and yet this fellow wonders why people don't look on him with the same respect they do the regular and he even feels that his school is to blame for it.

Now this case is not overdrawn in the least and a great many details are not even mentioned here. I can supply with names, dates and places, if needed.

Now I want to describe the man who did succeed in this same community where fourteen other had practically failed.

Had he been the first man to go there most of these fourteen would have succeeded because he would have placed Osteopathy on a firm foundation and these people would have accepted the situation and the community would have accepted them. Their fault lay in the fact that they did not force the community and the practitioners of their schools to recognize their profession as a complete one. They did nothing to change the belief engendered by the first few failures. They did nothing to demonstrate that their profession and their school was

just as complete as any others. Had it already been demonstrated they would have accepted it but as it was not they made no effort to modify the opinion that did prevail.

Finally a young man went to this community who, when he was in school could be persuaded to treat a patient even if he had treated another one like it sometime previously and who looked on the laboratory subjects and such courses as of some importance and did not confine his study to "manips." He often attended the surgery classes in spite of the fact that he never expected to do a gastro-enterostomy.

Many a student is building up for himself the reputation of being a "rub doctor," while he is yet a student, and does it by neglecting all those classes which will make him something more than a simple manipulator. We have no criticism of the manipulator but it is certainly not fair for him to blame the institution from which he graduated for the fact that he does not know how to read a thermometer, look through an ophthalmoscope, translate a clinical chart and do many other things that he would have known had he not confined his efforts to manipulations alone. These fellows usually explain that such things were not taught in the osteopathic schools, thereby seriously injuring the profession in order to excuse themselves. They are also the kind who imagine that a course in an outlaw medical school will make their education complete.

But to return to our Missouri town the new practitioner looked over the place, rented a house for a year and settled down as though he had some notion of staying there. This gave an impression of stability that is always advantageous. He made it a point to get acquainted with people and then made it a point to tell his acquaintances what Osteopathy really was, and without being noisy about it to try to modify the existent impression of osteopaths.

In spite of previous failures he had readable articles about Osteopathy printed in the local papers. He made no effort to gain either the friendship or the enmity of the local medics. If they called him Doctor he called them Doctor. If they called him Mr. he called them Mr. If they didn't call at all he didn't. Later if the family wanted him to consult with the family medical doctor, in a case he was treating, he would consult if the other fellow would; but the consultation was a consultation of diagnosis and not of treatment. He would not treat cases in conjunction with medical treatment. He figured the two lines of treatment as radically different, and would not mix and he thus avoided a mistake which trips many a good man. Occasionally he would lose a case this way, but every one he lost, through refusing to treat it in con-

junction with medicine, helped to give him a reputation for professional independence—the lack of which had caused the others to fail.

At the end of the first year he had just about paid rent; but he had shown the community that there was an osteopath in their midst at last who was different—one who would treat acute disease, one who would set fractures, one who would handle obstetrics and one at that who would do it without medical assistance. During the second year he made a few of those cures, in cases given up by the medics, which every osteopath makes in time, if he sticks to Osteopathy and which to the lay person appear as little short of miraculous.

He gained the professional enmity of all the medical men entirely; but he gained the professional respect of all the citizens in the town and today has probably the largest practice in that part of the state—medical or osteopathic either.

While he did minor surgery and while he told the people that major surgery was taught in his school, he still had a hard time at first time to convince the people that Osteopathy and Surgery could be connected, and patients who had conditions that might prove surgical at the start usually went to other practitioners. Finally he got a patient who had enough confidence in him and in Osteopathy to allow him to call in a surgeon from his own school and to handle the case after the operation himself.

During the few weeks when the operation was being prepared for, every underhand method known to medical practitioners was resorted to, to change the patient's mind. She was told that no surgery was taught in the osteopathic schools, that she would certainly die from the operation, that after she was operated upon she would then have to call in the medical men to take care of her. Relatives who were not friends to Osteopathy were sent around to discourage her with all manner of rumors, etc.

Then the old family medical doctor made a personal call, "out of pure friendship," of course, and finally for the same motives of friendship, offered to take the patient to a surgeon in a nearby city and pay his own expenses. Last of all even the "Mayo" argument was used.

The average doctor in a small town, who sees a patient going to the Mayos instead of his regular commission house, can curse the Mayos as loud as anybody; but if there is a patient who has lost confidence in his surgical connections and is about to go to an osteopathic Surgeon then he always falls back on his "old friends," the Mayos. The chances are that all he knows about them is what he has read, and all that he cares about them is to use their reputation to keep the patient away

from the osteopaths, so that this argument is rarely used except as a last resort.

There was no Hospital in the City so the operation was to be done at home. A medically trained nurse turned the case down for fear the medics wouldn't send her any work; but finally in spite of everything the day arrived. The osteopath had to give the anesthetic because he couldn't get any one else and I performed the operation, as usual—without any assistance except the nurse.

The medics and the doubting relatives had already made preparations for the funeral and when it was learned that the operation had been performed by one man instead of having seven or eight doctors crowding around, as is usual in this community, and in all communities where general practitioners try to do surgery, the whole town got ready to read the obituary. Right here let me say although I have seen most of the great surgeons of the world, I have never seen one that used more than one real assistant, and even then it is purely an assistant. It is a good sign of mediocrity when several doctors perform an operation. The work is sure to be mediocre and the men most likely to. The big men may consult with several others but they operate alone. Take the Mayos before mentioned, many people think they operate as a team; but the fact is that they do not operate on the same patient. One has made a speciality of one kind of cases and the other of another kind.

To return to the obituary; will simply say that it has not yet been printed and not only that, but the osteopath handled the case so well after the operation that others decided to take a chance until now about the only section of that town where I haven't a patient wearing my surgical brand is the cemetery. The community has ceased to expect funerals as a necessary sequence to the operation and even the medics have become friendly enough that the last time I was over there three of them came over and watched the operation.

Now don't get the idea that I am trying to prove that the way to convert a town is to have me do an operation; but the same disposition that will cause a man to try to get a surgeon or neurologist or a pathologist or any other consultant from amongst his own profession will cause people to look on him as a man of stability and balance, a man who is not one-sided, a man whose profession is complete.

There are hundreds of towns in this country, that are in a way spoiled osteopathically, that would have been good osteopathic town if the first ones who went there had stuck to Osteopathy and things osteopathic and had made no special effort to gain either the enmity or the good will of the medical men, accepting the situation as they choose to

make it. It is a certainty that in the beginning they look upon the osteopath as a faker and whether superficially they appear friendly or not they always consider him as a sort of faker, and as a man of limited professional education until he has actually demonstrated otherwise.

Through church connections, lodge connections, or even professionally the osteopath may gain the personal friendship of the medical men; but he never gains his professional respect until he proves that he is entitled to it. The only way to be entitled to it is to prove that Osteopathy can do anything that medicine can and many things that it can't in the way of treating disease.

Cured.

She had a bit of a dizzy spell,

So she took some medicine for it;

She didn't enjoy her breakfast well,

So she took some medicine for it;

She sat humped up in a stuffy nook

With her glances glued to a trashy book

And her face acquired a pallid look,

So she took some medicine for it.

When she sat in a draught she had to sneeze,

So she took some medicine for it;

She was bothered by weakness around the knees,

So she took some medicine for it;

She kept inside when the days were cold,

She remained shut in when the winds were bold,

And she got to feeling infirm and old,

So she took some medicine for it.

She lay awake in her bed at night,

So she took some medicine for it;

She lost her smile and her appetite,

So she took some medicine for it;

Six men all dressed in the dullest black

Took her out one day and she never came back.

And the druggist was grieved because, alack!

She took no medicine for it.

—Record-Herald, Chicago.

General Anesthetics and the Osteopath

BY O. O. BASHLINE, D. O., GROVE CITY, PA.

AN ANESTHETIC is an agent that produces a condition of insensibility, or loss of feeling.

ANESTHESIA is a state of insensibility, or loss of feeling artificially produced.

ANESTHETICS are divided into two classes, namely, those that produce general insensibility, and those that cause loss of feeling in a definite part or area. I will discuss the former only.



O. O. BASHLINE, D. O.

PURPOSE. The purpose of a general anesthetic is to abolish pain in surgical procedures, to obtain muscular relaxation in tetanus, fractures, dislocations, hernias, etc., and to aid in diagnosing abdominal abnormalities, and a great number of other conditions.

Anesthetic.

ETHER. This is my choice when conditions are favorable. It is less dangerous, though a little more irritating in the beginning. I always have chloroform present, and at the time of greatest irritation and excitability I give a few inhalations of it. Ether cannot be given in a room with an open fire on account of its great volatility. Also it may take fire. Ether is less dangerous than

chloroform as it does not affect the vaso-motor centers so much, and hence gives more time to use active treatment to overcome the effect to such centers. Ether is always safer in heart affections. It is given in the proportion of about 95% ether, and 5% air.

CHLOROFORM. This is preferred in children under ten years of age on account of its quick action and the fact that it is more pleasant;

also it causes less bronchial mucus. I usually change to ether, however after insensibility, and then watch for the above conditions to develop and if they do so, I change again to chloroform. It is advisable to give it to those affected with respiratory troubles and to the aged, providing they are free from myocardial disease. It is also used in nose and throat work, if cautery is employed. Chloroform gas is given just the reverse of ether, about 5% chloroform, and 95% air. Be careful in changing from ether to chloroform. The latter must be well mixed with air as patients usually are breathing deeply and inhale more than is expected.

Anesthetist.

To be a good anesthetist one must have a certain definite knowledge of anatomy, physiology, diagnosis, and symptomatology. Merely dripping the anesthetic on to an inhaler does not go to prove that you are qualified. Every doctor is not an anesthetist, any more than every doctor is a surgeon. The one administering the anesthetic must not be engaged with other work. He must be a constant, close observer of the general condition of his patient at all times. He cannot be watching the surgeon, any more than the surgeon can be watching him. He must be master of all conditions that may arise and know instantly how to handle any emergency.

Preparation of the Patient.

Prepare your patient if possible; however, emergency may not admit of it. I always like to make a urinalysis, take the blood pressure, and examine the heart, arteries, and lungs. The day before the operation, I put my patient on a moderate diet and administer a light cathartic to clean out the upper intestinal canal. In the morning, an hour or two previous to the operation, I have an enema administered to unload the lower bowel, and have it repeated until the water returns clear. In the enema we employ water, salt, and glycerine in the proportion of one teaspoonful of salt to a pint of water, plus one-half ounce of glycerine. We do this so that, if we wish later to feed per rectum, or administer a normal saline for absorption, as is often the case, the bowel may be in a measure prepared for such. Then again the fecal reservoir, the large intestine, is unloaded of refuse matter and waste product.

Too much care cannot be taken in preparation, especially as to diet, intestinal tract and, last but not least, in knowing the general condition of the patient. Occasionally about thirty minutes before giving the anesthetic I give a hypodermic injection of morphine. This shortens the stage of excitement, and I think in some cases is justifiable. How-

ever I always choose the case carefully for this. I would also state that it can be dispensed with.

Examine the mouth just before administration to determine the presence of chewing gum, artificial teeth, or any foreign substance. Place the patient in a recumbent posture with head moderately low, and clothes loose; particularly see that there are no constrictions about abdomen, chest and neck.

Necessary Instruments.

An inhaler of your choice; a mouth gag; a tongue depressor; tongue forceps; artery forceps; some small gauze sponges for swabbing the mouth and throat, and placing over the patient's eyes to protect them from the anesthetic; a couple of towels; pus basin to collect the secretion from the stomach in case of vomiting; vaseline to anoint the exposed part of the face, to prevent a dermatitis, and a stool and stand when possible to obtain them.

Method of Administration.

Feel yourself master of your surroundings, and be positive you are familiar with all emergencies that may arise, and know how to handle them successfully.

Encourage the patient, assuring him that you will look well to his interests. Begin moderately, but decisively, and push the anesthetic with precision, observing the pulse, and especially the breathing. Instruct your patient as need be. I often tell them to blow the gas away. This will give them something to do and think about, thus diverting their attention. Watch the pupil, and take care of the lower jaw; if the latter drops, support it, as otherwise it will interfere with breathing. If the patient tends to struggle, increase the amount of the anesthetic, or if necessary add a few drops of chloroform if you are administering ether. Patients very seldom struggle when given chloroform. Never pour the anesthetic on. It will require but little ether or chloroform to keep a patient unconscious, when once anesthetized. Keep the case just at the point of insensibility, no more, no less. This will necessitate a close observance of all presenting conditions.

Watch the pupil, as a sudden dilatation is grave when there is no reaction to light and the condition is associated with the loss of the conjunctival reflex; otherwise it means incomplete anesthesia. If anesthesia is complete the pupils react to light and are contracted. If they are contracted and give no reaction to light it means deep anesthesia. Note the conjunctival reflex. Don't forget to pay close attention to respiration.

In children do not rely wholly on the eye conditions, as the signs are not so reliable. Their general condition must be considered also.

Treatment of Accidents that May Arise.

RESPIRATION. In the event of respiration ceasing, use the mouth gag, pull out the tongue, extend the head so as to open the epiglottis. Perform artificial respiration and rhythmical traction of the tongue with the same frequency, compressing the chest at the same time. This is best done by simply pressing the arms of the patient against the chest wall. Stimulate the vaso-motors. Often a stimulating treatment in the arm pits is sufficient.

CYANOSIS. Remove the inhaler and let patient get a clear breath of air. If the head is too high, lower it, and correct any faulty position.

FAILURE OF CIRCULATION. Stimulate the vaso-motors and suspend the patient by feet.

VOMITING. If due to too much anesthetic give air as in cyanosis. If too little, push the anesthetic. Diagnosis of either case depends on the ability of the anesthetist to determine the anesthetic state as before explained. When vomiting starts turn the head to the side and lower it, keeping the mouth open. Then clean with a gauze sponge and again resume the anesthetic, depending upon the cause of vomiting.

SHOCK. Dimish the anesthetic; give normal hot saline injection; apply heat; cover with blankets, and lower the head. In a tendency to shock, protect the patient with heat, and guard carefully the amount of drug given. If it occurs from chloroform, act more quickly and proceed with measures as above stated, including such as are suggested under respiration, and circulation. Stimulate the cervical and upper dorsal vaso-motors. Also massage over the heart.

SWALLOWING THE TONGUE. Use the mouth gag, and tongue forceps.

CLOSURE OF THE EPIGLOTTIS. Extend and lower the head.

CONTRACTED ABDOMINAL MUSCLES. Remove the cause. It may be by pushing the anesthetic, if the patient is not sufficiently anesthetized. I frequently correct the condition by changing from ether to chloroform, in case I am giving the former. If caused by pushing the anesthetic too rapidly give it more gradually.

After Treatment.

Remove the patient to bed without pillows and place in a comfortable position, not necessarily always on the back as the nature of the operation will determine this to some extent. KEEP THE PATIENT

QUIET AND ALL VISITORS OUT. THE NURSE AND THE PHYSICIAN ARE SUFFICIENT. Surround the patient with heat, cover well with blankets. In some instances I have normal saline injected per rectum. I place the syringe rather low so that it is absorbed as it enters. You will be surprised how much they will take. This is done because it helps to eliminate the drug and stimulates the kidneys thus aiding in the prevention of renal complications. It also, to a great extent, prevents and overcomes thirst and adds to the general comfort of the patient.

VOMITING. To prevent vomiting, inhibit the pneumogastric and phrenic nerves; also give normal saline injection per rectum, to aid in the elimination of the drug as above stated.

POST-OPERATIVE SURGICAL SHOCK. Apply heat keeping the patient in the prone position and administer general vasomotor stimulation to tone up the entire vasomotor system. This will establish uniform circulation and increase the blood pressure. In shock the blood pressure is lowered. A successful application of the above will mean success for the patient and hence for you. It may take some time, but stay by your case. You cannot afford to be negligent here. Be persistent in your efforts.

The Osteopath as an Expert Anesthetist.

You will notice that all procedures in treatment are mechanical, as above explained. No physician knows better how to reach the vasomotor centers than the osteopath. He gets an effect instantly by his manipulations, and, what is better, gets it locally. The whole system is not burdened, nor is it necessary to wait for a drug to act, and there has been no more poison added for elimination. By his careful training in college, his knowledge of Anatomy and Physiology, and his ability to control the Physiological centers, it would seem almost criminal for any but an osteopath to be an anesthetist, but it is necessary to apply that knowledge definitely and quickly. Not being thus qualified is the fault of the osteopath, and not the fault of the science he represents.

“**S**PEAK not at all in any wise till you have somewhat to speak; care not for the reward of your speaking, but simply and with undivided mind for the truth of your speaking.”—Carlyle.

Osteopathic Treatment in Surgical Cases

BY M. S. SLAUGHTER, D. O., WEBB CITY, MO.

In taking up the subject of osteopathic after-treatment of surgical cases, we can in a way follow the line of treatment of both acute and chronic cases, for the surgical condition for which the operation was performed will generally be chronic in nature and acute symptoms may be present therewith, or may follow the operation.



M. S. SLAUGHTER, D. O.

We have in this line of work to include a large number of the diseases that the human body is subject to, for when we say that a case is surgical we mean that some disease or condition is present that has advanced to the point where treatment will not relieve the patient, and that we must resort to other measures to save their life or prevent them from constant suffering or disability. Moreover as a patient about to undergo an operation usually is in a generally run down diseased condition and is very susceptible to complications it can readily be seen that we are dealing with a large assortment of human ills. In taking charge of a case after an operation it is our business to carry out a line

of treatment that will give the greatest amount of relief, and cause the patient to recover in the shortest possible time from the actual operation; also we must work to get their system in such a condition that they may soon regain their normal good health. First, we have the effects of the anesthetic to consider; these are weak heart action, trouble in the lung, as pleurisy and pneumonia, and in the liver, as jaundice; then we have a general nervousness to combat which may have added to it backache, headache, acute indigestion, insomnia and nervous temperature. Also

as the patient is more or less run down almost any acute condition may arise that the system was subject to before the operation.

Therefore in outlining the treatment we would advise the use of practically the same line of osteopathic treatment as would be employed in handling the same complication under conditions other than in a surgical case. The only point of difference is that in these latter cases it is well to resort to the relaxing treatment more than to the correction of existing lesions, for the patient should be handled very carefully in order not to disturb the field of operation. ALSO WE FIND THAT THE REGIONS CONTROLLING THE NERVE AND BLOOD SUPPLY AT THE FIELD OF THE OPERATION BECOME VERY MUCH CONTRACTED AND THESE PARTS MUST BE TREATED OFTEN ENOUGH TO KEEP THEM RELAXED AND SO GIVE NATURE A CHANCE TO CARRY THE PROPER AMOUNT OF NUTRITION TO THE WEAKENED PARTS OF THE BODY.

From the start I give a very thorough spinal treatment which consists in relaxing the muscles and springing the spine in order to keep both the superficial and deep structures in normal condition. Thereby we give nature a chance to build up rapidly. This treatment we give every day for the first week or longer and then every other day until the patient leaves the hospital. We use cold and hot applications when needed, change the position of the patient when indicated and employ such other measures as are used in a general acute practice; we find in this way that the patient is usually not bothered with nausea and vomiting, headache and backache, or insomnia and nervousness; we find too that the digestion is good and that the patient seems to gain from the start so that the chances of acute conditions setting in as complications are lessened. The patient looks forward to the treatments and feels that something is being done for them; the time passes rapidly and they stay in a cheerful mood which certainly helps in the period just following a serious operation. Right here we can make the comparison between the drug treatment and the osteopathic treatment; in the first, drugs are used to quiet the patient and relieve the pain; under this treatment it follows that both the secretory and the excretory organs are hindered from doing their full duty and the system becomes sluggish so that the rapid healing qualities of the body are destroyed. A second line of drug treatment aims to build up the body and consists of tonics etc., to stimulate the body to more active efforts to carry on the upbuilding of the system. Here, however, as in other cases it never shows the benefits that a mechanical toning up of the tissues does. Under osteopathic care, the nausea and vomiting can be relieved and we can go right on through all the symptoms that may arise. At the same time

we are correcting lesions or where not actually correcting them we keep the parts relaxed and thus prevent their permanent formation. Also by keeping the nerves to the area involved in the operation in good tone we can hasten the healing of the wound and the restoration of the weakened parts around, that were affected by the disease for which the operation was performed; the excretory and secretory organs are at the same time kept in active condition and the elimination of the waste products is carried on so that the system does not become clogged up. The chances of complications and acute symptoms are thus reduced to the very minimum and the patient knows that nothing is being done that will hide the actual conditions present. They are therefore less liable to worry and everything is in their favor for a rapid and permanent recovery.

Being so located that I am able to have Dr. George A. Still come here in less than a day's time, I have summoned him for all my major operations during the last five years and as he usually leaves immediately after the operation I am left to take entire charge of the after-treatment. I use strictly osteopathic measures to handle these cases and as we often operate on from three to six at a time it has given me a good chance to study the results as I have handled a number of cases that had previously undergone operation and had other methods of after-treatment. Almost without exception these latter cases had not gained as they thought they should and I have become convinced that in no line of our work is it more important to care for the patient osteopathically than in the after-treatment of surgical cases.

The following are a few reports of cases operated on by Dr. George Still and cared for after the operation by myself.

Case No. 1 Female, age 36. Patient had undergone an operation ten months prior for the removal of appendix and repair of the perineum and after it she had vomited for sixty hours and was not able to take even the lightest kind of nourishment, without nausea, for many weeks. Also she had suffered almost constantly with headache being able to sleep only a few hours at a time and never feeling rested from it. Moreover she had some temperature while in the hospital. She came under our care and was operated on without preliminary treatment as her condition was such that it was deemed advisable to operate at once. She went on the operating table with a weak heart action and was physically so weak that she could scarcely walk. Dr. Still, on opening the abdomen, found the uterus and both ovaries in such a condition that he removed them all, doing the work in a little less time than 30 minutes from the start of the anesthetic. The patient suffered slight shock but under

close attention and treatment she had some natural sleep the first night; she did not vomit at all nor was she even nauseated; she had very little headache or backache, and she was not particularly nervous. After the third day she started on a good nourishing diet and left the hospital at the end of the fourth week feeling better and stronger than she had during the entire year previous. She has made a fine recovery under treatment.

Case No. 2. Female, age 34, 4 children. Patient went on the operating table with pulse of 50 and in a generally weak condition following puerperal sepsis. Dr. Still operated and removed about a pint of decidual material etc., with a curette from the uterus and packed it with gauze. He then opened the abdomen, broke up some adhesions and suspended the uterus; he also reduced and repaired a large right femoral hernia. The patient left the table thirty minutes from the time the anesthetic was started and although she was very weak for a few hours, and suffered some from the first uterine packing and from clots in the uterus during the first 48 hours, she slept part of the first two nights and afterwards she had good rest every night. She did not vomit, had no headache or backache, her heart action soon became normal again, her digestion was good, temperature did not run over 3-5 of a degree and she left the hospital at the middle of the third week in good shape. Now at the end of the third month she is back to her normal weight and is feeling fine. At one time she was a nurse in an eastern hospital and she says that she is in better condition than patients, whom she has nursed under similar operations, were at the end of one year or longer.

Case No. 3. Female, age 38, 1 child. General condition poor, being extremely nervous and suffering from headaches, etc. Dr. Still operated and on opening the abdomen found a small dermoid cyst on one side and on the other side quite a large one, including the right ovary; he also removed the appendix and fixed the uterus to the abdominal wall. Patient made an uneventful recovery and had none of the annoying symptoms generally expected without osteopathic care. Now after one year's time she is in excellent health.

Case No. 4. Female, age 38, 3 children. Dr. Still operated and on opening the abdomen the right ovarian region was found to be a mass of inflammation and adhesions. The history was that twice at earlier dates this region had abscessed and discharged through the tubes and uterus. As the left ovary was in a diseased condition also they were both removed and the patient had none of the after symptoms usually present, except a slight attack of tonsilitis, which was relieved

with one treatment. Otherwise her chart would compare favorably with that of a patient simply taking a good rest cure.

Case No. 5. Male, age 23. Dr. Still operated and removed the appendix and found intestines in the area around the appendix much adhered. After-record of case was as follows:—no nausea or vomiting; patient slept well and seemed contented; temperature normal; very little gas-pains in the bowels; healing of wound rapid. Patient was back at work in one month, feeling fine, and this is the more remarkable because when operated on he was much run down, was nervous, had lost flesh and had poor digestion. This simply goes to show that he had made a very rapid gain.

So in summing up our experience in the after-treatment of surgical cases we would say that by using Osteopathic treatment the most of the annoying symptoms that follow operations and most all complications as well can be prevented; the chances of infection are lessened; and the wound will heal more rapidly. Also by preventing the headache, backache and insomnia we can keep the digestion good so that the patient starts to gain almost from the time they are thoroughly out from under the anesthetic. Finally by correcting lesions as far as possible, and by relaxing contracted parts to prevent other lesions from forming, we can bring it about that the patient will leave the hospital in such an improved condition that they feel that the operation has been a real success and that they are on the road to recovery. Moreover the quicker we get the gain from a surgical operation the better will be the results. So after handling a number of serious cases and keeping a record of their improvement with the ultimate result to the health of the patients at a later date, and comparing it with the history of cases, that have come under my care, who were operated on by other surgeons without osteopathic after-treatment, I have become convinced that we owe it to our patients either to have the work done by an osteopathic surgeon where we can handle the case afterwards or to send them to a surgeon who has the patients cared for by osteopaths.



Case Reports

BY NORMAN D. WILSON, D. O., MANCHESTER, IOWA.

On Feb 5, 1910, Mrs. S., 36 years old, was operated upon by Dr. Geo. Still, of the A. S. O. for the repair of a perineal laceration, of ten years standing. Patient had a great deal of backache as well as irregular menstruation.

The operation was performed at 10:30 a. m. and by two p. m. the patient had fully recovered from the anesthetic. She was nauseated and vomited some, and also complained of severe pain in the small of the back.

The nausea was controlled by treatment in the dorsal area; this consisted of a slow relaxation of the spinal muscles, a slow forcible springing of the spine forward with a momentary holding of it in this forward position, and a raising of the ribs. After this had been done in a general way, inhibition was applied over both sides of the spine from the 3rd to the 7th dorsal. This inhibition consisted of continuous pressure and at the same time slow forcible forward traction of the area; the time employed was until fingers and hands tired out,—about fifteen minutes. Two treatments of this kind, given about three hours apart, in the afternoon following the operation, gave entire relief from the nausea and at no time during convalescence did it reappear.

The backache following the operation was controlled by two treatments per day for three or four days and then one each day until the twelfth day when the sutures were removed.

These treatments consisted of getting a thorough relaxation of all the tissues in the lumbar and lower dorsal, which was done by slow, steady, firm pressure upon the muscles and then by gradually but firmly drawing them away from the spine. After this relaxation was accomplished motion was established between the vertebrae, the sacro-iliac articulations being looked after in a similar manner.

Following the treatment cushions or other pads were used to support the small of the back so as to maintain the relaxation.

The cervical region was looked after a little as well, and we employed some springing of the upper ribs on the left side, which seemed to be all that was necessary to control the heart action.

Daily irrigation was maintained for twelve days, at the expiration

of which time all sutures were removed and the patient was allowed to get up.

The patient was cared for by a graduate nurse from the A. S. O. Hospital.

AT NO TIME WAS THE PATIENT GIVEN ANY DRUG OF ANY KIND.

On October 1, 1910, Mrs. D., 40 years of age, was taken with a pain in the right iliac fossa; there was some temperature accompanying it with nausea and vomiting. She was not, however, confined to bed. On Oct. 7 she came to the office; she was unable to walk without stooping some and pain was present; she was nauseated but not vomiting, had a slight rise of temperature and rigidity of the right rectus muscle.

I insisted that she go home and to bed, which she did; I followed with treatments, diet, enemas, and care and in about ten days she was up. The uncomfortable feeling, however, would return every few days.

Later on symptoms of peritonitis developed; these were allayed, but at no time did all symptoms of appendicitis and peritonitis disappear. This patient had an exophthalmic goiter of twelve years standing, and was very nervous and easily worried.

As the aggravating symptoms mentioned had not cleared up by the first of March, 1911, an operation was arranged for, to take place on March 11. On March 9 the patient developed a cold with some bronchitis and a cough. On account of heart conditions, due to the goiter, ether was used on the day of operation.

The operation consisted of removing the appendix, taking a small fibroid from the uterus and then suspending the uterus, and as there was a lacerated perineum this also was repaired. The time consumed was about thirty minutes.

Following the operation the patient was given one-eighth of a grain of morphine three successive times at intervals of two hours, this being done to cause a longer period of quiet as but a very small quantity of ether was given.

Following the operation the nausea was controlled by a thorough relaxation of all the tissues in the upper dorsal and by springing the spine forward; then inhibition was applied to both sides of the spine over the region of the third to the seventh dorsal, and at the same time we would spring this area forward. We continued the inhibition for about fifteen minutes. This style of treatment was given about every two hours during the afternoon and evening of the day of the operation and three times the day following the operation. After this there was not enough nausea to require any special attention.

Case Reports

By NORMAN D. WILSON, D. O., MANCHESTER, IOWA.

On Feb 5, 1910, Mrs. S., 36 years old, was operated upon by Dr. Geo. Still, of the A. S. O. for the repair of a perineal laceration, of ten years standing. Patient had a great deal of backache as well as irregular menstruation.

The operation was performed at 10:30 a. m. and by two p. m. the patient had fully recovered from the anesthetic. She was nauseated and vomited some, and also complained of severe pain in the small of the back.

The nausea was controlled by treatment in the dorsal area; this consisted of a slow relaxation of the spinal muscles, a slow forcible springing of the spine forward with a momentary holding of it in this forward position, and a raising of the ribs. After this had been done in a general way, inhibition was applied over both sides of the spine from the 3rd to the 7th dorsal. This inhibition consisted of continuous pressure and at the same time slow forcible forward traction of the area; the time employed was until fingers and hands tired out,—about fifteen minutes. Two treatments of this kind, given about three hours apart, in the afternoon following the operation, gave entire relief from the nausea and at no time during convalescence did it reappear.

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These treatments consisted of getting a thorough relaxation of all the tissues in the lumbar and lower dorsal, which was done by slow, steady, firm pressure upon the muscles and then by gradually but firmly drawing them away from the spine. After this relaxation was accomplished motion was established between the vertebrae, the sacro-iliac articulations being looked after in a similar manner.

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I insisted that she go home and to bed, which she did; I followed with treatments, diet, enemas, and care and in about ten days she was up. The uncomfortable feeling, however, would return every few days.

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The operation consisted of removing the appendix, taking a small fibroid from the uterus and then suspending the uterus, and as there was a lacerated perineum this also was repaired. The time consumed was about thirty minutes.

Following the operation the patient was given one-eighth of a grain of morphine three successive times at intervals of two hours, this being done to cause a longer period of quiet as but a very small quantity of ether was given.

Following the operation the nausea was controlled by a thorough relaxation of all the tissues in the upper dorsal and by springing the spine forward; then inhibition was applied to both sides of the spine over the region of the third to the seventh dorsal, and at the same time we would spring this area forward. We continued the inhibition for about fifteen minutes. This style of treatment was given about every two hours during the afternoon and evening of the day of the operation and three times the day following the operation. After this there was not enough nausea to require any special attention.

The backache following the perineal repair was controlled by a thorough relaxation of all the muscles of the lumbar and lower dorsal. This was obtainable by gentle but forcible pressure upon the tissues and then by drawing them away from the median line; we followed this with a side as well as forward springing of the spine, and gave special attention to seeing that motion was obtained between all the vertebrae, the sacro-iliac articulations included.

The heart was controlled by cervical treatment and by raising the ribs of the left upper dorsal.

The cold was taken care of through the cervical and upper dorsal treatments combined with a thorough relaxation of the tissues of the throat and around the angles of the jaw.

At no time were any drugs given for the heart, stomach, or bowels.

The abdominal stitches were removed March 21, and those from the perineum on the 22nd. The patient was out of bed and dressed the 15th day. The customary hospital diet and care was given.



CLINIC OPERATION BEFORE CLASS

Osteopathy and Surgery

The One Completes the Other.

By R. E. HAMILTON, D. O.

Osteopathy has prevented so many thousands of useless operations and is so generally opposed to the methods of the old schools that at first thought it might be inferred that it was unalterably opposed to Surgery and that a surgery course would find no part in the curriculum of an osteopathic school.

Such, however, is not the case, as there are many conditions which from their very nature require surgical treatment, and it is not the purpose of Osteopathy dictatorially to oppose anything in the old school that is of real value.

CLOSELY RELATED—Indeed, when one comes to look at it, Surgery and Osteopathy are from their very nature more closely related than Surgery and Medicine. Who is not familiar with the undisguised contempt for drugs that is almost universal with the higher class of modern surgeons?

Osteopathy is the physical or manual manipulation of the body structures, without instruments, one might say; while Surgery in a somewhat different way, it is true, handles the body structures physically and manually with instruments.

Efficiency in either must essentially rest on an accurate knowledge of anatomy confirmed with physiology and pathology. Every study that must be emphasized in the groundwork or foundation knowledge of one must also be just as much emphasized in the preliminary training in the other.

MEDICINE BASED ON ALCHEMY—Medicine, on the other hand, is essentially based on alchemy and mysticism. It is noteworthy that all medical schools refer to themselves as colleges of "Physicians and Surgeons." It is also well to note that "Chirurgery," from which we derive the name of Surgery, really means "manipulation." It is true that the absolute insufficiency of Medicine has made Surgery cover a great deal of ground and devise many dangerous operations that with the advent of Osteopathy will be and indeed are being made obsolete.

In every case Surgery is the complement of Osteopathy. Osteopathy adjusts structures so that a healthy nerve and blood supply to

the part involved allows it to combat or cure the diseased condition. When, through trauma, violence or other causes, this cannot be accomplished solely by a good blood supply but the local tissues themselves must be grossly re-adjusted, then Surgery steps in. Surgery cuts, removes tissues so badly diseased or degenerated that regeneration is impossible, and as suggested, complements the other part of rational therapeutics.

RATIONAL SURGERY—Thousands of cases that under the unsuccessful treatment by drugs were consigned to Surgery are proven by Osteopathy to be readily curable without operation, but for those conditions where Surgery is needed, Surgery finds not an enemy but an ally in Drugless Science.

Improbable as it seemed some years back, it is inevitable that in time Osteopathy and Surgery (very much rationalized and changed from its average status to of today) will align themselves against the fallacies of medicine.

ALL OSTEOPATHS STUDY SURGERY—Our science, like all others, must grow and develop, and from the nature of things it could not begin already developed. When the school first started, Surgery was given a very minor place, for one reason: because the demand was so great and so insistent for osteopaths and the supply so small, that there was little time to learn other things than Osteopathy, but the success of the early men was so pronounced that the world began to demand that the osteopathic physician be able to do all the things necessary for the health and comfort of his patient that the ordinary physician could do. It is especially noteworthy that aside from anesthetics this never has included, and never will include the giving of drugs.

Neither osteopathically nor medically should the practice of major surgery and general practice be combined; and yet the general practitioner must handle emergency and minor surgery cases, must diagnose, prognose and advise major surgery, and have a fair, general understanding of its technique and results, and must often give after-treatment.

Hence the comparatively thorough course in the subject of Surgery given by all osteopathic schools.

Sketch of A. S. O. Hospital

AN ARTICLE FROM ONE OF THE MISSOURI DAILY PAPERS.

The A. S. O. Hospital was built in the spring of 1906 and formally opened to the profession during the Missouri Osteopathic Convention, May 25, 1906. One operation was performed before this convention, being a comparatively simple one for hernia, and during the convention several minor operations were also performed.

During the ensuing year a Nurses' Training School was established and a small amount of surgical work done but the greater number of cases were obstetrical or osteopathic and the hospital found itself hard pressed to meet its running expenses. Indeed, had it not been for the educational feature of the hospital which made it of advantage to the students it probably would have been closed before this time.

At the meeting of the Osteopathic Association in the spring of 1907 the hospital had become sufficiently well known with the profession for one abdominal operation to be performed by Dr. George A. Still, who had at that time been appointed to do the abdominal and gynecological surgery. Several less serious operations in addition were performed at this meeting.

In the fall of 1907 the entire Surgical Department was turned over to Dr. Geo. A. Still and since that time all manner of difficult operations have been accepted and successfully performed so that at the third meeting of the Missouri Osteopathic Association which met with the National Association in August 1908, some thirty operations were performed, providing clinics for four days. Many of these cases were of a very serious nature and the results obtained in them were the talk of the profession.

The first case of surgical work under Dr. Geo. A. Still's appointment to this department was that of Mrs. M., of Nebraska, from whom thirteen malignant tumors were removed from the abdomen; this case might be said, in a way, to have been the turning point of the surgical life of the hospital. The entire department had just been given to one man and as far as the profession at large was concerned that one man was unproven.

Had the case been lost it would have been a severe blow, not only to the operator but to the hospital as well. This case which had been refused by surgeons from two different city hospitals was successfully

handled and the patient today is one of the warmest friends the hospital has, since she knows that in no other way and at no other place that she had tried, would her life have been saved.

Again on January 2, 1909, the Northeast District Osteopathic Association of Missouri witnessed twelve operations. Most of these were major operations and notwithstanding this the mortality for the entire series was zero. Moreover the longest that any patient,—entered at the National or District Meeting—was kept in the hospital following the operation was twenty-seven days.

The number and character of the clinics before the convention illustrates to a great extent the progress the hospital has had along surgical lines.

The Hospital as a Financial Institution.

At first thought it might not be suspected that the hospital was of particular advantage to the city in a purely financial way but when we consider that all the dry goods, bedding and furniture, with, in fact, all the equipment,—except surgical supplies, which cannot be obtained here,—have been purchased of Kirksville merchants; and also when we consider that the monthly expenditure for groceries, provisions, and running expenses is over \$2,000.00—all of which is spent in Kirksville—it will be seen that the hospital is of considerable financial value to the city. A factory employing 100 hands at \$5.00 per week would put into circulation the same amount of money. It must also be remembered that, in addition to the 40 to 100 patients who are at the hospital the year round, most of these have relatives or friends who spend money in the city outside the hospital.

Most of the patients are from a distance; and during the past year they have come from as far north as Canada, as far south as Cuba, as far east as Maine, New York, Pennsylvania and as far west as Oregon and California, for surgical work alone.

The Hospital as an Advertisement.

In the past year alone the Hospital has been of considerable value as an advertisement for the city when it is recalled that it has been talked about and praised by hundreds of patients from all over the country; also that it has been favorably written up by a medical journal with a circulation of 35,000 physician subscribers alone, and that it has been given a great deal of praise and advertising in the columns of the osteopathic journals of the United States. Although it does not rank along with the school itself in this line, as it has only been in existence a com-

paratively short time, there is no reason why in the future it should not become the best patronized hospital in the world considering the size of the city in which it is located. For it must be remembered that there are more than 5,000 osteopaths in the field and that most of them are beginning to send all their severe surgical cases to Kirksville instead of to their home hospitals. At the present rate of increasing patronage the hospital will undoubtedly be enlarged within the next two years.

This being the only hospital of its kind in the world all it needs to maintain and increase its popularity is the well deserved support of the citizens of Kirksville; not so much in a financial way is this support needed as in a spiritual and moral way. Every citizen feels proud of this institution and the work it has done and in this way the hospital is in turn benefitted by the advertising given by its friends at home. Very fortunately for the city the hospital is here ready to care for the victims of any such calamity as overtook the city ten years ago, or indeed for an epidemic of typhoid fever or other similar diseases that might strike the town at any time; fortunately there has been no such catastrophe or epidemic since the founding of the hospital. It is, however, a comfort to know that under such circumstances the best care could be given and many lives thus saved. Also that even patients who are not strictly hospital cases or who have some condition that would not allow their entering hospitals can yet have the benefit of trained nursing as there are in the hospital and school today over twenty nurses who are either graduates or in training.

The hospital has today a reserve for fifty more beds in the upper floor in case of an emergency and by utilizing all the extra space an extra hundred could be accommodated.

Rates.

The charges at the hospital are as reasonable as at any similarly equipped hospital in the country. The board, room and nursing in the private rooms costs \$15.00 to \$25.00 per week. Board, room and nursing in the regular wards cost \$10.00 per week. Board, room and nursing in the Student's ward cost \$3.00 to citizens of Adair County and \$7.00 to outsiders, with some modifications depending upon the case. For instance, paralytics demanding constant attention are charged extra and on the other hand suitable hospital cases are admitted, after examination, without any charge whatever, providing they or their relatives are unable to pay for their care. In managing the local charity cases it might be mentioned that the local charity organizations have given a great deal of assistance both in looking up cases and in finding relatives or friends, also in many cases they have provided for the board of some

unfortunate helpless invalid. During the year hundreds of cases are treated both surgically and otherwise without any expense whatever.

Surgical Clinics.

Clinic operations, as they are called, are for the benefit of the students and even many of the best pay-cases, allow their operations to be seen by the Senior students. This is, of course, in addition to the hundreds of cases that are unable to pay the full fee and who take advantage of the educational feature of the hospital to get either a reduced rate, or an entirely free operation where they are unable to pay anything. Advantage is often taken of this feature.

Along this line might be mentioned some interesting instances that have occurred in surgical clinics and the various ruses adopted by patients to obtain surgical treatment free. This is more or less the experience of all hospitals where operations are performed before classes at a reduced rate, or in case of necessity, for nothing.

During the past fall, for instance, an old farmer dressed in overalls, wanted an operation for hernia; he was received, operated upon free, taken care of in a \$10.00 ward and sent home, before it was discovered that he was one of the richest farmers in Kansas. In another case a banker had his wife operated upon in the clinic, without expense, and then spent \$50 or \$100 in telegrams and in long distance telephone calls about her condition during convalescence, and in railroad trips back and forth from a neighboring state.

A few years ago one of the richest of Chicago's millionaires was identified in rags in the clinic of one of the big medical schools, where he came to consult one of the eminent specialists and it was found that he had been driven there in a handsome carriage.

Partial List of Operations Performed During Past Year.

HEAD

Hare lip, three varieties.
Cleft Palate.
Fractured Jaw.
Otitis Media.
Mastoid Disease.
Fractured Skull.
Trephining: For epilepsy; insanity; spastic paralysis.
Inserting Silver Plate in Skull.
Excision of Eye.
Removal of Turbinate Bone.

Straightening Nasal Septum.
Removal of Nasal Polyps.
Removal of Adenoids.
Removal of Tonsils.
Clipping Tongue Tip.
Iridectomy.
Removing Chalazions.
Removing Sebaceous Cysts.
Removing Lipomas.
Removing Neuromas.
Fractured Nose.

NECK.

Removing Tumors.
Removing Tuberculous Glands.
Removing Cysts.

ARM.

Removing Tumors.
Removing Cysts.
Lancing Abscesses.
Breaking Joint Adhesions.
Fractured Radius.
Fractured Clavicle.
Fractured Ulna Cavity.
Fractured Humerus.
Dislocation of Shoulder.
Correction of Scar.
Contraction in Hand.
Dislocation of Elbow.

THORAX.

Incision for Emphysema.
Tapping for Hydro-thorax.
Amputation of Breast for Cancer.
Fractured Rib.
Removal of Superficial Tumor.
Abscess on Back.

LEG.

Dissection of Varicose Veins.
Fractured Tibia; Fibula; Femur.
Dislocated Hip, Ankle.
Amputation of Toes.
Hallux Valgus.
Ankylosed Joints.

FOOT.

Club Feet of all varieties.
Tenotomy of Spastic Paraplegia.

ABDOMEN.

Inguinal Hernia.
Femoral Hernia.
Umbilical Hernia.
Removal of Stomach for Cancer.
Fixation of Kidney.
Breaking up Adhesions.
Intestinal Anastomoses by "Murphy Button."
Drainage of Gall Bladder.
Removal of Appendix.
Drainage of Appendiceal Abscess.
Removal of Uterus.
Removal of Ovaries.
Removal of Cysts of Ovary, Tube, Parovarium and Broad Ligaments.
Removal of Pus Tubes.
Removal of Fibroids of Uterus.
Suspension of Uterus.
Establishment of Artificial Opening into Intestine.

MISCELLANEOUS.

Hemorrhoids.
Fistulae.
Fissures.
Cancer of Rectum.
Repair of Lacerations in Perineum and Cervix.
Circumcisions.
Hypospadias.
Castration, etc.

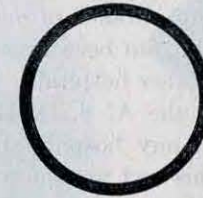
Orthopedic Operations.

For several years Dr. George Laughlin has made a specialty of operations on such conditions as Deformities, Tuberculous Joints, Congenital Dislocations, Lorenz operations, etc., and he is recognized today as the foremost authority and operator along these lines in the profession. Osteopathy was really the origin of the system of Bloodless Surgery, made famous by the large fee received by Dr. Lorenz in the case of Lolita Armour, and long before the notoriety caused by this case

"the value of a cold as a therapeutic agent in inflammatory conditions is slowly but surely reversing from a fact into a very doubtful theory.

Dr. Cavana (*American Journal of Surgery*, October, 1912), demonstrates by careful analysis and logic that pathogenic micro-organisms multiply most rapidly in temperature from below 98.6° to freezing and 'that in a temperature of 100° Fahrenheit most of the laboratory cultures die, and that in a temperature of 103° all artificial germ propagation ceases.'

Taking a case of Pneuchitis, even Appendicitis, Leroy suggests, in fact matory involvement, it sustifiable and logical in that heat, heat applied in tine, facilitates a cure by adding to nature's defense against suppuration.



monia, Tonsilitis, Bron- as Dr. Faunt- any inflam- would seem the light of this reasoning the form of antiphlogis- favoring leucocytosis and

There can be no doubt that much of the success in treating inflammations, whether deep or superficial, with antiphlogistine which retains its thermic value for hours if applied thick and hot, has been due to this therapeutic function."

LISTERINE is a powerful, non-toxic antiseptic. It is a saturated solution of boric acid, reinforced by the antiseptic properties of ozoniferous oils. It is unirritating, even when applied to the most delicate tissue. It does not coagulate serous albumen. It is particularly useful in the treatment of abnormal conditions of the mucosa, and admirably suited for a wash, gargle or douche in catarrhal conditions of the nose and throat.

There is no possibility of poisonous effect through the absorption of Listerine.

Listerine Dermatic Soap is a bland, unirritating and remarkably efficient soap.

The important function which the skin performs in the maintenance of the personal health may easily be impaired by the use of an impure soap, or by one containing insoluble matter which tends to close the pores of the skin, and thus defeats the object of the emunctories; indeed, skin diseases may be induced, and existing disease greatly aggravated by the use of an impure or irritating soap. When it is to be used in cleansing a cutaneous surface affected by disease, it is doubly important that a pure soap be selected, hence Listerine Dermatic Soap will prove an effective adjuvant in the general treatment prescribed for the relief of various cutaneous diseases.

"The Inhibitory Action of Listerine," a 123-page pamphlet descriptive of the antiseptic, and indicating its utility in medical, surgical and dental practice, may be had upon application to the manufacturers, Lambert Pharmacal Co., Saint Louis, Missouri, but the best advertisement of Listerine is

LISTERINE

the osteopaths were correcting many such conditions without the knife. Dr. Laughlin's experience along these lines makes one of these operations by him, a very minor case compared to the generally understood idea.

Equipment.

The hospital is supplied with every surgical instrument that is necessary in the practice of any branch of modern surgery and the general equipment has time and again been favorably commented upon by physicians who have visited other hospitals. Indeed in every case such physicians have stated that the A. S. O. Hospital is, size considered, the equal of or better than any hospital in the country. Sterilizing apparatus and material of this sort are the most up-to-date obtainable. One of these sterilizing machines alone cost \$400.00 and during the past few months a new X-ray apparatus, costing \$1000.00 has been added to the old machine that was already in the hospital. The old machine was the first style made in America, being the first X-ray machine west of the Mississippi River and costing at time of purchase \$1,600.00. In order to keep up the surgical equipment to the most modern standing a trip is made once or twice a year to the big metropolitan hospitals and instrument houses and everything necessary to purchase is added.

Operating Rooms.

The clinic operating room, where patients are operated on before the classes, is surrounded by an amphitheatre which seats about 300, although during the convention four or five hundred have been accommodated.

The room is supplied with sinks and wash bowls, and the floor is made of cement which slopes toward the center where there is a trap drain through which water can flow, while the room is being cleaned.

The operators prepare themselves and the patient is made ready—except in minor cases—before the patient is brought into the operating room, and the anesthetic is almost always started outside the operating room. Connecting with the same anesthetic room is the private operating room, which is almost entirely lined on two and one-half sides by windows, the floor being of tile, and the walls and doors being enameled. The furnishings are all of metal so that a hose can be turned into the room and the room washed clean of dust and other dirt without affecting anything in it. Dressings are kept in sterile closets and the sterilizers are in special rooms.

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Its use will add 50 per cent to his success with not only women and children, but with men.

The Sheldon Appliance is made to order only, and after the most careful measurements made by yourself. It is absolutely firm and offers a perfect support while, at the same time, it is flexible and gives perfectly to every normal movement of the body. Easy and pleasant to wear, causes no chafing or sweating, is 100 years in advance of the usual plaster, leather, and other jackets.

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prove of unusual interest to you, also our Measurement Blanks. **Special Terms to Osteopaths.**

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Gentlemen:—I enclose my check for amount of your enclosed bill, which please receipt and return. Your appliance has given excellent satisfaction being just what was needed in this case.

Respectfully yours,
C. L. NELSON, D. O.
Bellingham, Wash.

Philo-Burt Mfg. Co., Jamestown, N. Y.
Dear Sirs:—I am pleased to say that I have used your Appliance in both lateral and posterior spinal curvature and the results have been very satisfactory. Wishing you every success, I am,

Very truly yours,
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Gentlemen:—I have used several of your No. 1 Appliances with the best of success. They give a perfect support to the spine and back and in my experience I find they are a great aid to the work of the Osteopath practitioner in treatment of spinal deformities. I take pleasure in recommending these Appliances from my personal experience and knowledge of them, and also your company, for I have found you perfectly reliable and courteous in my dealings with you.

Very cordially yours,
C. W. CUTLER, Ph. D., D. O.

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Ideal Preparation and Technique.

The surgeon wears a special operating suit made of duck which includes head gear and mask to cover hair and face. Each suit, after each operation, is laundried and then boiled for an hour, after which the cleansing is completed by baking for another hour. Where more than one person must necessarily be in contact with the wound or very near it each one must also take extreme precaution, entire change being made between two operations. In addition to this care of the uniforms the operator and immediate assistants must scrub their hands with rough scrub brushes and surgical soap continuously for 25 minutes.

About a year ago it was estimated that the bare expense of preparing everything necessary for a major operation necessitates the outlay of about \$18.40 for each operation. One little imagines what a lot of work, care and expense is necessary to prepare the room, the operator and assistants, the instruments and dressings, as well as the patient for an average major operation. The dressings, for instance, are prepared by both boiling and baking on three successive days; the instruments are prepared by scrubbing, boiling, and then passing through chemicals. The surgeons and assistants have a special room where they scrub hands and arms and otherwise get ready for the operation; in this room wash bowls are provided, into which hot and cold water run through pipes that are opened and closed by foot pressure, thus eliminating the necessity of coming in contact with anything after the hands are cleaned. A third operating room which is sometimes called the Pus room, is used in all cases where there are infections or other conditions which might contaminate the other operating rooms.

"Thomas Sydenham emphasized a fact that is basic to Osteopathy. He made emphatic claims for the HEALING POWER OF NATURE and thereby anticipated the contentions of all those who, in later times, insist that it is NATURE THAT CURES AND NOT THE PHYSICIAN.....Hilton, the English surgeon, has emphasized Sydenham's contention relating to the healing power of Nature, in its surgical aspects, and has served to show innocently enough—THE ESSENTIAL IDENTITY IN THE STANDPOINT OF OSTEOPATHY AND SURGERY." From the Principles of Osteopathy by G. D. Hulett, B. S., D. O.

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Before and After Anesthesia

BY CORA GOTTREU, R. N., SUPT., NURSES TRAINING SCHOOL,
A. S. O. HOSPITAL.

In getting a patient ready for a major operation it is best to take about twenty-four hours for the preparation. On the day before the operation the patient is given a cathartic, either of castor oil, sodium phosphate or magnesium sulphate. This is followed in three or four hours with a high enema of soap suds. This enema has a two-fold purpose; it aids in emptying the bowels and at the same time relieves the patient of any gripping or uncomfortable feeling that may have been caused by the cathartic. In this way she is afforded a more comfortable night than she otherwise would have had.

No solid food is given for eighteen hours before the operation, though a little gruel may be given on the evening before. In no case should the patient be allowed to take milk. It may curd and pass into the intestine setting up an irritation. It has happened quite often that a patient on entering the Hospital when asked if she has taken food in the last few hours has answered in the negative, and upon investigation it is found that she has taken a glass of milk in the last hour. Milk, evidently, is not considered by the patient as being food.

As to the kind of bath given the patient, her condition is to be considered. If there be no contra-indication she is given a tub bath the evening before. Then on the following morning a sponge bath is given by the nurse in charge and another high soap suds enema is given, to be sure that the bowel is empty.

The field of operation is to be shaved; and after shaving it is scrubbed well with green soap solution, using a nail brush or a piece of coarse gauze. After the scrubbing of green soap, followed by scrubbing with ether,—which is to cut any fat that may be present,—a pack of green soap is applied; this should be about one and one-half or two hours before the patient goes to the anesthetic room. While this method is more bother, we find it much superior to the "Iodine" method.

On reaching the anesthetic room she is received by the nurse and placed upon the table. She is then covered with blankets and sheets that have been sterilized. The blankets and sheets are so arranged that they may be turned back from the field of operation, thereby exposing only as much of the surface of the body as is absolutely necessary. About

Review of Second Edition

From the Journal of Osteopathy.

This work is a classic in its line, and is one that is all the more valuable from the paucity of English books to be found dealing at all adequately with the material that it handles. The book discusses the subject from its every standpoint—Anatomy, Mechanism, Symptoms, Pathology, Etiology, Diagnosis, Prognosis and Treatment and considers the relationship between school life and scoliosis and various other points of importance. There is a specially interesting section under the heading of Anatomy dealing with the various muscle "pulls" and showing diagrammatically the lines and degrees of torsion of the spinal and abdominal musculature upon the spinal column. The long section devoted to treatment—about one-third of the entire book—is interesting and most instructive, being devoted largely to the consideration of exercises and orthopedic measures designed to overcome the deformity, and there are some good pictures—ordinary and X-ray—showing the results obtained by following the methods suggested. We believe that there are but few osteopaths who would not profit by reading with good attention this little book and the price is very moderate considering the wealth of material that it contains."

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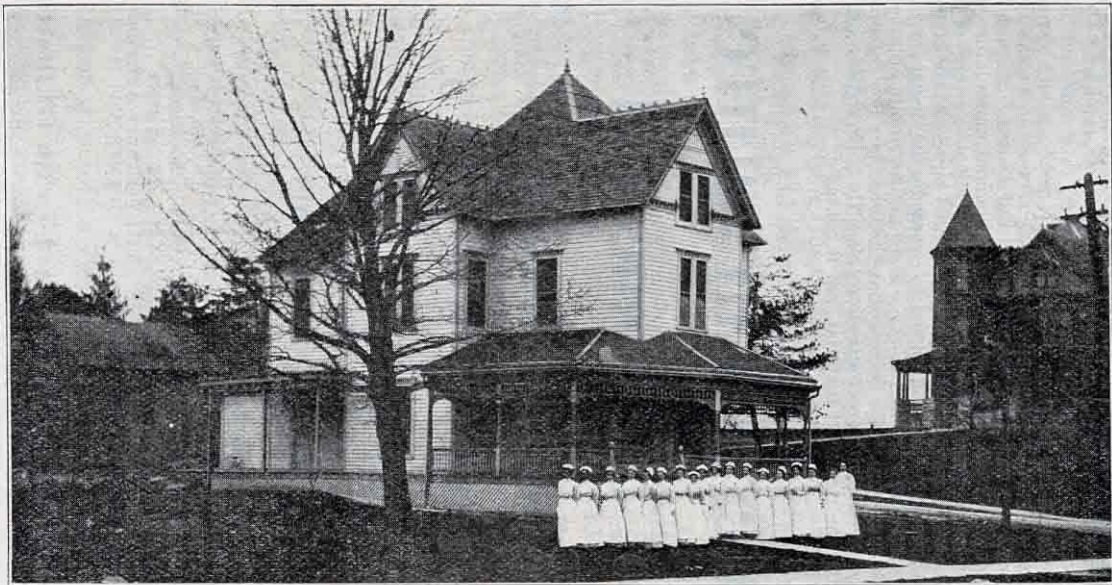
Assistant Professor of Orthopedic Surgery, Harvard Medical School;
Associate Surgeon to Children's Hospital, Boston; Surgeon
to Infant's Hospital; Member American Orthopedic
Association, etc.

Synopsis of Contents

| CHAPTER | CHAPTER |
|---|-------------------------------|
| I. THE ANATOMY OF THE VERTEBRAL COLUMN AND THE THORAX | VIII. OCCURANCE |
| II. THE MOVEMENTS OF THE SPINE | IX. SCHOOL LIFE AND SCOLIOSIS |
| III. THE MECHANISM OF SCOLIOSIS | X. DIAGNOSIS |
| IV. DESCRIPTION AND SYMPTOMS | XI. PROGNOSIS |
| V. EXAMINATION AND RECORD OF SCOLIOSIS | XII. TREATMENT |
| VI. PATHOLOGY | XIII. FAULTY ATTITUDE |
| VII. ETIOLOGY | INDEX |

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ten minutes before the surgeon begins his work the soap pack is removed and the parts again scrubbed with green soap followed by a fifty per cent solution of alcohol, and then with ether.

When the surgeon has finished his work, the soiled towels are removed, the wound sponged to clear away the blood, which remains on the surface, and the dressings and bandages applied. Then the patient is ready to be placed in bed.

The position in bed depends upon the nature of the operation. If it is an abdominal operation she is placed upon her back with her knees flexed to relax the abdominal muscles.

While the patient is still deeply under the anesthetic she may have difficulty in breathing. This is caused by the tongue dropping back into the pharynx, and is easily overcome by the mouth being forced open and the tongue drawn gently forward by the use of forceps. Any mucus that may have collected in the throat may be removed while the tongue is drawn forward. When she begins to awaken she may vomit, then the head is turned to one side to prevent the vomitus from being drawn into the respiratory tract. The patient is not to be left alone until she has fully recovered from the anesthetic.

On being placed in bed she is given a pint of normal saline solution per rectum. This increases blood pressure and at the same time tends to alleviate the intense thirst which always follows an anesthetic. This rectal injection is repeated every three hours, if the patient's condition indicates such.

After about six hours, or when vomiting has ceased, if there is any, the patient may be given one-half ounce of hot water. This may be repeated every hour. After about twelve hours if there be no nausea she may have a few sips of cold water, or a little cracked ice. If the patient is unable to urinate, which is very often the case after a major operation, the catheter may be used every four to eight hours, depending on the case. If she get a gaseous distention this may be relieved by inserting a colon tube about three inches into the rectum.

On the third day a little broth, gruel or albumen water is given, in gradually increasing amounts until on the sixth or seventh day some soft food, such as soft boiled egg, soft toast, or cereal may be given.

The after treatment of every surgical case consists of absolute rest in bed for a certain length of time. Being perfectly quiet prevents any giving away of ligatures and lessens the likelihood of irritation of the stomach and vomiting. Mental shocks such as sudden grief, joy or fright, may prove as serious as shock from the operation.

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CONTENTS

| | |
|--|---|
| I. Introduction. | X. The Urine in Disease. |
| II. Story of the Sputum. | XI. Milk and Its Home Modifications. |
| III. Searching for Germs. | XII. Some Simple Water Analyses. |
| IV. Vascular Dramas. | XIII. Every-Day Stool Tests. |
| V. Chemistry and Biology of the Gastric Juice. | XIV. Technic of the Private Post Mortem. |
| VI. Essence of Tissue Diagnosis. | XV. To Find the Treponema in Six Minutes. |
| VII. Detection of the Common Poisons. | XVI. Laboratory Prophylaxis. |
| VIII. Exudates in Brief. | XVII. Indications for Laboratory Aids. |
| IX. Diazo vs. Widal. | XVIII. Tables and Miscellaneous. |

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moved and then the patient may begin to sit up in bed, twenty minutes or a half hour at the time. On the twelfth or thirteenth day she may sit up in a chair for the same length of time, and at the end of two weeks she is able to walk around in her room. Earlier movement helps make ventral hernias and other complications.

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This Side to be filled out in the Candidates' handwriting, and forwarded with photograph to Cora Gottreu, R. N., Supt., Kirksville, Mo.

1. Candidates name in full (not diminutive), and Post Office address.
2. Condition of life; single, widowed or divorced.
3. Present occupation or employment.
4. Place and date of birth.
5. Height, feet. inches. Weight, pounds.
6. In what school educated?
7. Are you strong and healthy, and have you always been so?
8. If a widow have you any children?
9. How many? How old? How provided for?
10. Where, if any, was your last situation?
11. How long were you in it?
12. Have you ever nursed?
13. Have you ever been in a Training School for Nurses?
14. What school?
15. Do you intend following nursing as a profession?
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In witness whereof I hereunto affix my name,

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Physician's Report.

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M.....

is at present free from any organic disease of heart, lungs or kidneys?

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or uterine disease?.....or rheumatic tendencies?.....

Has she had measles?.....or Scarlet Fever?.....

Is her sight perfect, or if she wears glasses, what defect are they intended to correct?.....

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Is her hearing normal?.....

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