

The College Journal

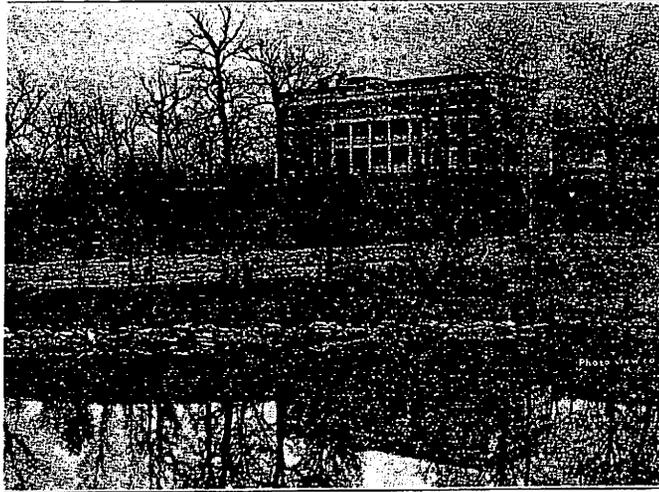
Kansas City College of Osteopathy and Surgery

Vol. 13 No. 2

February 1929

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THE LAKESIDE HOSPITAL

2801 Flora Avenue

Kansas City, Missouri

The COLLEGE JOURNAL

AN EVEN DOZEN!

Twelve new students were added to the College rolls during January. Not a large number in itself, to be sure, but an index to the slow but steady increase in student body which The Aggressive College is showing as each new class is enrolled. And, along with the gradual increase in enrollment is the steady progress the school is making in all lines. In the words of a senior student: "I think it remarkable the improvement the school has shown since I entered four years ago. I am well pleased with the work of every instructor." The Kansas City College of Osteopathy and Surgery has progressed wonderfully. From the physical standpoint, we have advanced from rented quarters to our own magnificent plant equipped to handle around two hundred students, built specially to meet teaching needs and worth more than \$75,000, practically paid for. Beginning with a strictly volunteer faculty, we now have a well rounded combination paid and volunteer staff of about thirty instructors, a staff carefully selected for its ability to prepare students for the practical application of Osteopathic principles. The Aggressive College is not, nor does it aspire to be, the biggest osteopathic school. We aim at leadership of Quality, not Quantity. That is the ideal toward which we are ever striving. We are ready, now, to receive names of prospective students for next September.

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Kansas City College of Osteopathy and Surgery

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Still National
Osteopathic Museum

THE OATH OF HIPPOCRATES

I swear by Apollo the Physician and Aesculapius and by Hygeia and Panacea and by all the gods and goddesses, making them my judges, that this mine oath will I fulfill as far as power and discernment shall be mine: Him who taught me this art will I esteem equally with my parents; he shall partake of my livelihood, and, if in want, shall share my substance. I will regard his offspring as my brothers, teaching them this act without fee or stipulation if they shall wish to learn it.

I Will Instruct by precept, by discourse and in all other ways my sons, the sons of him who taught me and those disciples bound by oath and stipulation according to medical law, but to no other person.

I Will Carry Out that regimen which, according to my power and discernment, shall be for the benefit of the sick and will keep them from harm and wrong. To none will I give a deadly drug even if solicited, nor offer counsel to such an end. Likewise, to no woman will I give a destructive suppository; but, guiltless and hallowed, will I keep my life and mine art.

I Will Cut no one whatever for the stone, giving way to those who work at this practice. Into whatsoever houses I shall enter I will go for the benefit of the sick, abstaining from all voluntary wrong and corruption and from lasciviousness with women or men—free or slaves.

I Will Keep Silence regarding that which, within or without my practice, I shall see or hear in the lives of men which should not be made public; holding such things unfit to be spoken.

And Now if I shall fulfill this oath and break it not, may the fruits of life and of art be mine; all time; the opposite if I shall transgress and be forsworn.

THE COLLEGE JOURNAL

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OF OSTEOPATHY AND SURGERY

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Kansas City, Missouri

"THE STREAM OF LIFE"

To apply this thought we will say that the blood, or the "Stream of Life," leaves the heart, passes up the neck to be delivered to and supply the brain, but meets with inhibition just before it enters the skull. Would an engineer reason that no bad effect would follow such inhibition? If he knew nothing about the parts and principles of the engine he would say, "Great is the mystery of why tumefactions appear in the nose, ear, tonsils, submaxillary and thyroid glands; great is the mystery of congestion of the lungs," and so on. All of which any competent osteopathic engineer would reason about and would conclude that he must remove the obstruction which exists to the normal flow of blood from start to destination.

It matters not what the talkist says about micro-organisms. No matter how much laboratory experience he marshals and talks wisely about, he must let the blood find its unobstructed way to its destination or else his suffering patient will die.

—A. T. STILL, M. D.

TWO CASES OF EMPYEMA

Dr. George J. Conley
Surgeon-in-chief, Lakeside Hospital

Empyema has long been considered as a sequela of pneumonia, rather than as a complication. As a result in the majority of the cases its presence has not been detected until long after its onset. The persistence of the fever and the ill feeling of the patient has been ascribed to an unresolved pneumonia, or in the earlier days, this continuous type of fever was designated as a typho-pneumonia and many patients went to their unnecessary graves without the error being detected. So in this article the thing that it is my wish to stress is, that empyema should be considered as a complication of pneumonia, an entity that may make its appearance in the first few days of the onset of pneumonia and which may persist and carry on long after the pneumonia has entirely subsided and has ceased to exist. With this idea fixed in his mind the attending physician will ever be on the alert and alive to the necessity of ruling out before committing himself irrevocably to a diagnosis of an unresolved pneumonia in the event of a prolongation of the febrile stage for six, eight or even twelve weeks after the normal time for the pneumonia to subside. This is an easy thing to remember and it may not only save the doctor's reputation as a diagnostician and a dependable practitioner in his community but may safeguard trustful lives as well and preserve them to their families and their friends.

It is not the intention here to go into the minutiae of the symptomatology and diagnosis of empyema in the early stages. The reader can refer to any standard work on practice for that. Rather it is the object to bring it to the attention so that the possibility of its presence will not be overlooked and a tentative diagnosis at least may be made which will be sufficiently accurate to impress the surgeon with the idea that the attending physician has not been asleep on the case.

The case history, the fact that a pneumonia has been present, will be granted. The patient does not get well, he fever of a septic type continues. Empyemas are usually unilateral. In my own experience I have never contacted a bilateral case. So the natural thing for the physician to do would be to percuss the lung areas. One side or the other will give

forth the flat dead note, no resonance. The doctor will have time enough to repeat this maneuver until he is sure of its existence and he can mark out its approximate limits with a little care. For this experiment all he needs is his fingers and a moderate use of his sense of hearing, plus a little tincture of the gray matter carried beneath the hat. He learns one side yields the dull and dead note on percussion. The next thing is what causes it?

Here comes in the necessity of auscultation, preferably with the stethoscope, but in its absence, the use of the unaided ear applied to the chest wall will suffice. The absence of the respiratory murmur, or if heard as from a distance and with a decided nasal twang to the transmitted voice, will suggest the presence of an empyema.

On inspection the side affected would be found immobile. The excursion of the chest wall would be confined to the opposite side and there might be a bulging between the ribs indicating pressure from within and erema. The use of the aspirating needle is always in order in a suspected condition of this kind. The ordinary hypodermic syringe will suffice for aspiration. Preferably it should be armed with a needle of fairly large calibre. If none is available use what you have. Do not be afraid to put the needle into the side. The seventh interspace in the mid-axillary line will usually yield results if fluid is present. The needle should be pushed firmly in hugging the upper border of the eighth rib until there comes a sense of no resistance, then the plunger is withdrawn slowly. If no fluid is forthcoming one may puncture further back or even higher. Withdrawing the needle slowly as suction is made may bring a drop of pus, too thick to pass through the needle, to the surface on the end of it. Failure to demonstrate fluid even with a large trocar does not demonstrate the absence of fluid or pus. Sometimes there is a layer of fibrin an inch thick over the parietal pleura which prevents the needle reaching the fluid. Again the pus may be clotted which prevents inspiration. Generally however, aspiration is positive and confirms the diagnosis.

The x-ray must be thought of. In

the very early stages it may be negative but after the condition is well developed it is a most positive diagnostic measure. Naturally the roentgenologist must be competent and able to interpret correctly what he visualizes. Both fluoroscope and plating are essential.

Using just ordinary means should cause the detection of empyema weeks earlier than it ordinarily is, thereby adding materially to the chances of a recovery by the patient.

Early detection and aspiration with injection of 2% formalin in glycerine, which has been prepared at least 24 hours, in quantities of from 10 to 60 c.c., repeated as indicated, may suffice but late cases will necessitate more radical measures.

Case 1. Girl, aged 3 years, family and preceding history negative, entered Lakeside Hospital January 7, 1929, with a history of "Flu" which began four weeks previously. This developed into a pneumonia in the left lung which soon involved the right lung. The right side cleared up but the trouble in the left side persisted. The attending physician, who was treating an "unresolved pneumonia," was dismissed and an osteopath called about two weeks later. He brought the case to the Lakeside Hospital for x-ray and subsequent attention, the child being very sick. The x-ray report is as follows: "The left chest is full of fluid with the heart and mediastinum pushed far into the right side." The left chest was motionless on inspiration, there was bulging between the ribs and the respiratory murmurs absent on the affected side. Aspiration was unnecessary in the presence of the positive findings of the x-ray. The urinalysis was negative. The white count was 18200; coagulation time three minutes. A vicious case of empyema of the left pleural cavity was present. Radical operation was decided upon. About 2½ inches of the left 7th and 8th ribs in the mid-axillary line were resected and an enormous quantity of pus was liberated. Two rubber drain tubes were inserted and the wound closed and the little one was sent back to bed apparently none the worse for her operating room experience. The convalescence was uneventful and she left the hospital entirely recovered February 4, 1929.

Case 2. Girl, aged 11 years, in whom the family and early history are negative. She was brought to Lakeside Hospital by Dr. E. G. Revare, Rich-

mond, Missouri, February 1, 1929, with the following history. About seven weeks ago she took a bad cold which developed into a pneumonia. For the last two weeks the active pneumonia had apparently abated but the sickness persisted. The attending physician, a doctor of the regular school, considered it an "unresolved pneumonia," although the parents asked him as to the possibility of "pus in the side." Dr. Revare as soon as he was called diagnosed an empyema and insisted upon hospitalization. X-ray was resorted to immediately upon arrival. The report was, "There is opacity of the entire left chest which is distended. The heart and mediastinum are pushed to the right. The findings are those of an empyema with a large amount of fluid." The urinalysis was negative and the white blood count was 31200, polynuclears 81%, coagulation time 3 minutes. On inspection the left chest was immobile on respiratory efforts. There was bulging of the intercostal spaces, the dull, dead note on percussion was present and there was absence of the respiratory murmurs on auscultation. The signs of an enormous quantity of pus in the pleural cavity were so prominent that aspiration was not only needless but would have injected needless suffering into the case already almost overwhelmed from the absorption of toxins. Radical operation was performed. Three inches of the 7th and 8th ribs on the left side in the mid-axillary line were resected and a great amount of foul pus was evacuated. In this case the thick fibrin on the parietal pleura and over the diaphragm was approximately an inch in thickness. A large rubber drain tube was inserted and the wound closed. To date the little lady has made an uneventful recovery. About one-half the drain tube has been pushed out and cut off. She is well on the road to recovery.

In this case the parents were impressed with the possibility of pus in the side but the attending physician obstinately refused to consider this possibility even when his attention was called to it. Why did not the first physician take cognizance of the suggestion offered by the parents? Did he consider it an unwarranted intrusion upon his domain by an uninformed layman or was it treated as a probable emanation from a meddlesome friend who had an idea of putting the doctor in bad, hence his lack of interest even to the point of antagonism?

Be that as it may the child was in an extremely critical condition, as a result of the oversight or negligence, all of which could have been avoided had the attending physician kept in the fore-front of his mind the fact that

empyema is a frequent complication of pneumonia, as well as the most common cause for the prolongation of fever after an attack of the disease. Then he would have picked it up. Forewarned is forearmed.

DIAGNOSIS OF PREGNANCY

Margaret Jones, D.O.

Just now I am confronted with the difficult task of convincing the students of my senior class that pregnancy is difficult to diagnose. I presume that no other condition either in the pelvis or abdomen is capable of perplexing the diagnostician more than is an early pregnancy, especially when an erroneous history is either innocently or maliciously given.

Even though we know that any and all subjective symptoms may be faulty we unconsciously rely upon the patient's diagnosis of her condition more than do we in considering other conditions. Amenorrhea, morning sickness, frequent urination, sore breasts, motion of the child, milk in the breasts and a score of other presumptive symptoms may be occult in the absence of pregnancy.

On the other hand a true pregnancy may develop to term without the patient's registering any knowledge of the ordinary symptoms associated with gestation. Obviously the patient cannot diagnose pregnancy and we can be of little or no help in interpreting her symptoms for or against positive diagnosis.

But we are inclined to presume that we, with our ability to construe the typical signs and manifestations of pregnancy, shall be able to assert ourselves positively in at least one hundred percent of cases seeking our opinion. Hegar's sign (softening of the isthmus uteri); Chadwick's sign (bluish discoloration of the vulva and vagina); Tarnier's sign (loss of or straightening out of the utero-cervical angle); softening of the cervix; pigmentation of the breast areola; expression of colostrum from breasts; palpable uterine contractions; appearance of varicose veins; various laboratory signs may all fail us when we most need to assert ourselves.

Occasionally one will meet a practitioner who attaches much significance to one of these signs; e.g., bluish discoloration of the birth canal and would have us believe it is something developed from his own observation. But the truth is that all these

signs have been written in the text books for scores of years and are classified as presumptive manifestation where they truly belong. Such a physician has simply been fortunate in placing the sign and may come to grief at any time, having not only his faith in his ability uncomfortably shaken but having himself plunged into an annoying predicament of medico-legal nature. These suppositions are not far fetched, for frequently much importance is attached thereto. The patient's future plans, domestic dissensions, distribution of fortunes, etc., may be largely influenced by medical testimony in these circumstances. Therefore our errors might be far more serious than the jar to our pride as diagnosticians.

All the foregoing, both subjective and objective manifestations, while not positive, are strongly suggestive and in most cases afford a working knowledge sufficient to make a guarded diagnosis.

The reliable signs of pregnancy commonly regarded as positive are briefly considered below in their order of importance:

(1) X-ray. This means of diagnosis is most valuable since it conclusively discloses the fetal skeleton and is a permanent record of findings. It is, I should say, always demonstrable at seven months and frequently a five and one-half months the fetal skeleton casts a shadow.

(2) Fetal heart tones and the soufflé which is the influence of heart action pulsating thru the cord giving a faint blowing murmur of fetal heart rate, at points where the cord passes between prominences of the child and the maternal abdominal wall, is also a valuable sign. Fetal heart rate runs from 120 to 160 per minute and must be asynchronous with maternal pulse. This sign may be detected from the fifth month.

(3) Fetal movements when seen, or heard by the examiner are certain signs. These movements are evidence not only of pregnancy but also positive proof that the fetus is living; and

may be elicited as early as the fourth month. Hiccoughing of the child in utero may be observed by the examiner, and is frequently described by the mother as "jerking spells," of the baby.

(4) Fetal parts palpated by a careful observer, who bears in mind the simulation to carcinoma of the peritoneum, tumors of the omentum and fibroids of the uterus, is a positive sign of pregnancy; and in the event that the fetus is dead, wherein fetal heart and fetal movements are lacking, is of prime importance. The head can be grasped between the thumb and fingers in cephalic presentations and small parts (elbows and knees) can usually be discerned any time after the fifth month unless badly macerated.

(5) Characteristic changes in shape, size, position and consistency of the uterus, if studied at two examinations made four weeks apart, furnishes valuable diagnostic material and is considered a positive sign under the repeated examination method. Roughly speaking, at the end of the sixth week the uterus is thickened in its antero-posterior dimension. At the end of three months it is globular in shape and pretty well fills the pelvic cavity. At six months the fundus is on a level of the navel and at term it has reached the ensiform. The pregnant uterus has a doughy-like consistency which is characteristic. Finally then, no other tumefaction in the pelvis or abdomen closely mimicks the pregnant uterus in the typical changes brought about in shape, size, position and consistency.

(6) Ballottement, which is the bimanual test of repercussion is considered, by most authorities, positive. The vaginal fingers give the fetus a gentle push upward; the abdominal fingers feel the child's body strike the fundus; and the vaginal fingers feel its return as it comes to rest again in the lower uterine cavity. This sign is workable only from the sixteenth to the thirty-second week. It is to be differentiated from pedunculated pelvic tumor, large bladder store or anteverted uterus in a belly of ascites.

The diagnostician may positively declare himself when one or more of these positive signs is closely and definitely studied with satisfactory results. But it is surprising how often one encounters a real problem in this condition which even "old wives" of whom the Bible tells us to beware, claim to know easily.

Even though the following citations admit error on my part, I relate them cheerfully because they are interesting, helpful and altogether instructive.

(A) A woman who had a six year old child came to our clinic as an obstetrical patient and was examined about the third month by a field doctor who was enough influenced by case history and symptoms as given to render a tentative diagnosis of pregnancy. For four more months she progressed normally, to all appearances. During this time she was under the care of a student. She came to my office at the seventh month showing "the proud walk of pregnancy" in her posture. This visit was made because the student wanted the fetal heart tones pointed out to him. But there was no fetal heart, movements or parts. The patient was furious when informed that she was not pregnant and she was convinced only by the x-ray. We attributed her enlargement to some cystic development, probably of the ovary. But we determined definitely that she had bilateral pyosalpingitis which were not only indicating surgical interference but making it imperative. Laparotomy revealed a normal womb, pyosalpinx (bi-lateral) and several ovarian cysts the size of a pea. The enlargement of the abdomen was never accounted for. It disappeared before our eyes and yet without our knowledge sometime between the making of the skin incision and the entrance into the peritoneal cavity. 'Twas typical phantom or false pregnancy. Correction of the pathology resulted in an uneventful complete recovery.

(B) A mother of six children came into our clinic with "something wrong probably change of life." She was sure she was not pregnant for she "was never like this before." Abdominal enlargement was suggestive of pregnancy but local findings, due to cervical lacerations, tenderness, etc. were unsatisfactory. Though she had a thin belly wall somewhat pendulous, tones, movements nor parts were to be found. The enlargement evidently was due to fibroid. The poor woman felt miserable and was retained only because a faithful capable student was caring for her. Finally the expectancy treatment had been carried to a place where we felt that x-ray should solve the problem. The x-ray did not reveal a fetal skeleton; neither did the thorough examination tendered by several capable physicians at the time

even encourage the diagnosis of pregnancy. The patient insisted upon relief, but Dr. Conley persuaded her to wait four weeks, proposing another picture at that time. The skill and tact of the student were sufficient to keep her waiting another month, at the expiration of which x-ray revealed a fetal skeleton and two months from that day a normal baby was delivered.

(C) Once upon a time, I informed a patient who was within two weeks of term that her child was dead. I based my certainty upon the fact that though the fetal parts were easily pal-

ated, several careful examinations failed to detect tones or movements. I was not influenced by the mother because she was indifferent and all conditions making examinations easy were present; e.g., thin abdominal wall, little amniotic fluid and no tender areas in the belly. A consultant ever upon the day set for labor a fine baby weighing seven pounds was born alive and promptly developed into a husky young American.

I merely admit here our errors in order to emphasize the fact that the diagnosis of pregnancy is not easy.

DEPARTMENT OF X-RADIANCE

The x-ray department is presided over by a roentgenologist of ripe experience. The intention is to give each month some phase of the x-ray, stripped of its technical verbiage, boiled down and simplified to meet the needs of the general man. These dissertations will be somewhat sequential. They should be read carefully. It won't hurt the reader any to go over these articles several times until the subject matter becomes a part of his general working knowledge. It would be a bright idea to preserve a file of the Journals for reference on this important subject alone. At the end of the year the reader would be surprised at the amount of practical, useful knowledge that has been acquired, without loss of time, or expenditure of money.

The presentation of these articles constitute a rare opportunity to the readers of the Journal. This unique service represents the concentrated x-ray wisdom derived from a quarter of a century of busy x-ray experience being reduced to the printed page for the first time.

INTERPRETATION OF FILMS

The standard X-ray film of the present time is a thin sheet of clear celluloid with a coating on each side of gelatin in which is incorporated a silver salt which is changed by exposure to light or X-rays and this change when properly developed in the dark room develops in which we call an X-ray picture.

The basis for all X-ray interpretation can be given in the following way—an undeveloped or unexposed film is white—X-ray exposure causes a blackening of this film after proper development and the film is blackened by the X-ray just according to how much exposure it has had to the X-rays. In other words, X-ray blackens the plate just according to how much

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ment—that X-rays blacken the film. As you look farther in on the film you will see a considerable lessening of this dense blackness which corresponds to the skin and the fat under the skin. You will note here that there has been obstruction to the rays at this point, some absorption of the rays so that less got to the film with consequently less blackening of the film. Farther in you will see a still clearer whitening of the film. This is the muscle, the muscle being more dense than the fat and therefore causing more obstruction to the passage of the rays to the film with less blackening. Farther in on the film you will see the bone. This being still more dense than the skin, fat, or muscle and allowing still less of the X-rays to pass through there is less action on the silver salt in the film and consequently this part of the film will somewhat correspond to a film which has had no X-ray exposure and is left white. However, this must not be entirely true for a good film will have enough penetration of the X-rays through the bony structures to have some action on the film and will produce shadows of the cortex, the central canal and the "grain" in the bone corresponding to the markings of the Haversian canals.

A perfect X-ray film, then, will be intensely black outside the picture and the bony structures will have enough density so that the "grain" is well seen. If such a film is obtained interpretation is comparatively easy to one who has been trained in the science. In this kind of film one may easily recognize a broken bone the same as he would recognize a broken piece of iron or hard wood, the fracture line appearing as a black line because the X-rays penetrated through the fissure and blackened the film. On the other hand in an impacted fracture where the bones have been driven together this driving together of the bones will increase the density at this point and less rays will penetrate through to the film and consequently we will see a ragged white line or area.

One bears the statement many times that the X-ray lies, that it does not always record facts. This is entirely untrue. The X-ray speaks in a certain language and if you do not understand that language you will make false interpretations and this is where the mistake comes in. There is no hokus pokus about X-ray work. The X-ray printing machine prints in its

own language and if you cannot interpret that language do not blame the machine for your short-comings.

This method of examination is based entirely on common sense and if you get the proper foundation for the work, know the anatomy, physiology, and pathology, you need make few mistakes and you will never say that the X-ray lies either as to density, position or distortion. Distortion occurs in all X-ray films but the experienced man knows how to read out this distortion and knows that it is the normal method of printing the record of density. Anyone wishing to be able to interpret X-ray films must absolutely understand the above facts and they must always be used in interpretation if the findings are to be relied upon.

There is a fault in the teaching in all colleges at this time wherein anatomy is not taught by the X-ray method as well as otherwise. Every student of anatomy should understand the appearance of every part of the human body as shown on the X-ray film. For the first step in interpretation is a knowledge of the normal which is only obtained by experience in studying the normal parts. One must know the normal position of the bones at the joints, where the heavy lines should appear on the normal bones, and where the thin or soft places are. It goes without saying that the X-ray interpreter should know his anatomy well both from the general standpoint and from the standpoint of X-ray anatomy. Also he should know well the position of the internal organs.

In order to diagnose the abnormal, one must know the normal.

An X-ray machine is a printing press. The X-ray is the printed page.

Learn to read the X-ray language of densities.

Study pathology from this standpoint—does it produce increased density or lessened density in the part.

Be careful of your choice of an X-ray consultant.

Beware of the X-ray man who makes "pictures." Rather consult with the man who makes X-ray "examinations."

Put in all of your spare time studying anatomy.

THE SECRETARY

The Aggressive College! By what right do we term it the aggressive college? What have we done and what are we doing to term ourselves "aggressive"? Well, some twelve years ago, "we" decided to start a new college. To decide was to act. We had no money nor any vision of easy money to be obtained. So the new school was literally started on a shoe string for capital. We thought of it not as a business venture and did not form a company to go into the school business. We envisioned a school, not for individual profit but for the welfare of osteopathy and, in the light of twelve years of achievement, we still think as we thought then that our endeavors were for the good of osteopathy. Instead of forming a company or partnership, we organized a limited society having for its incorporated purposes the organization and maintenance of a college to teach osteopathy on a strictly non-profit basis so far as the individuals forming the society were concerned. And in the twelve years of its existence not one penny of the proceeds of the institution has ever gone to any member or members of the organization conducting the school. Every dollar of its proceeds has gone into the institution itself, paying for its physical properties—its buildings, equipment, etc., and expenses incident to the maintenance of its course of instruction.

It was originally financed by loans from members of the society; these loans were without interest and repaid as the school found it possible. Aside from members of the society, no member of the osteopathic profession has advanced a single dollar to the institution except at an interest of six per cent. So this school, until such time as it became self-supporting, was financed without cost to any member of the profession, the loans of its own society members having been repaid many years ago. And, without initial capital, the college has built up its present assets of nearly \$100,000.00.

Of course, this success has not been without much thought and labor on the part of the founders. It has re-

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who has been in one location more than twenty-five years. He has prospered—has a very fair competence and is good for some active years yet. He has two sons; one in state university. The other is in medical college, having completed the university course. The medical student is scheduled later to study osteopathy. Maybe he will. But, asked his reason for sending him to medical college first, the father replied: "Well, he will be given two years credit when he goes to osteopathic college. If he studied osteopathy first, he would receive no credit in medical college."

The American Osteopathic Association rules that an osteopathic college may give two years advanced standing to a graduate of a class A medical school and all the osteopathic colleges have been allowing such advanced standing. It is well known that no credit is allowed an osteopath desiring to study medicine. In fact, it is well known that the osteopath, studying medicine is forced to forswear his osteopathy if he would graduate from a medical school. Henceforth, Kansas City College of Osteopathy and Surgery will grant no advanced standing to medical graduates.

LABORATORY DIAGNOSIS—ITS USES

C. A. Povlovich, D.O.

Pathologist, Lakeside Hospital

Show me a successful physician and I will point out to you one who uses all available scientific diagnostic methods, be they laboratory, or what not. The main point that I wish to bring out is that the successful physician uses them all.

The physician who is called to see a case with acute abdominal symptoms, and who does not order a blood count, actual and differential, is not doing what he should do for the patient; and furthermore, what the patient is entitled to. The physician owes it to himself and to the patient when he does not avail himself of such diagnostic methods, he does not fall far short of being guilty of gross negligence.

For an explanation of the foregoing paragraph, I can only ask: Why does the physician not use every known means to help him in his diagnosis? The modern physician wouldn't think of not using his thermometer in a case of fever, or his stethoscope in suspected cardiac embarrassment. And yet, give him a case of hidden pathology in the abdomen, and he too often goes blithely along and treats the case for indigestion, when potentially that abdomen is loaded with dynamite, pathologically speaking, and may already be in a state of acute active inflammation of the appendix, gall bladder, or uterine tubes.

Blood counts will show leukocytosis in all inflammatory and suppurative processes, excepting when slight or walled off. This is especially well marked in infections with staphylococci, streptococci, and pneumococci.

In infectious and inflammatory conditions, a comparison of the percentage of neutrophils, with the total leukocyte count yields more information than a consideration of either alone. In a general way we might say the percentage represents the severity of the infection or, more correctly, the "Degree of Toxic Absorption," while the total count indicates the patient's "Power of Resistance," with moderate infection and good resisting powers the leukocyte count and the percentage of neutrophils are increased proportionately. When the neutrophilic percentage is increased to a notably greater extent than is the total leukocyte count no matter how low the count, either very poor resistance or a very severe infection may be suspected.

Of the acute abdominal conditions, appendicitis has been studied probably more than any other of the acute infections, and the conclusions now generally accepted, in all probabilities hold good for most of the acute intra-abdominal inflammations. A high leukocytosis (20,000) or more nearly always indicates abscess, peritonitis, or gangrene, even though the clinical symptoms be slight. Absence of mild leukocytosis tell us of a mild process, or else an overwhelmingly severe one, in which case the patient's protective mechanism is doing all that it can; and operation may safely be postponed unless the abdominal signs are very marked. On the other hand, no matter how low the count, an increasing leukocytosis, when blood counts are made hourly, indicates a spreading inflammatory condition and demands immediate surgical interference.

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ence, regardless of other symptoms. Many are called but few are chosen. It is, by far, better to make many blood counts when the indication is

very slight, than to overlook a single one where the indication for the blood count is clearly outlined, as it is in all acute intra-abdominal conditions.

CHRONIC FUNCTIONAL HYPOTHYROIDIA

Yale Castlio, D. O.

That the secretion of the thyroid and parathyroid glands exerts a profound influence over metabolism has long been known. Removal of all of the parathyroids invariably causes death, preceded by a steadily declining temperature, marked dyspnoea, anaemia, leukocytosis and tetanic or epileptiform convulsions. Removal, atrophy or incomplete development of the thyroid causes, early in life, cretinism, in later years myxoedema. Prominent among the symptoms of both these conditions are hypothermia, low blood pressure, weak heart action, infiltration of cutaneous tissues, marked asthenia, mental apathy and (in cretinism) incomplete sexual development, dwarfism and idiocy. These are symptoms of deficient oxidation and catabolism.

Hyperactivity of the thyroid gland, encountered in Basedow's disease and less frequently acute thyroiditis is characterized by hyperthermia, tachycardia, rapid respiration, restlessness and irritability, hallucinations, tremor, increased appetite and progressive emaciation. These are symptoms of excessive oxidation and catabolism.

The administration of thyroid extract in cretinism and myxoedema effects a remarkable transformation which persists as long as the extract is given. Overdoses of thyroid substance, or of iodine, produce symptoms resembling those of Graves' disease. The administration of parathyroid substance after parathyroidectomy does not prevent the fatal consequence of this operation, although it may moderate for a short time some of the symptoms.

That the parathyroid and thyroid secretions are associated in functional activity is shown by the fact that after removal of the latter the former usually undergo atrophy and occasionally hypertrophy, although the hypertrophied organs retain their own histological peculiarities. Of more significance is the observation that grafted thyroid tissue frequently as-

sumes the anti-tetanic function of the parathyroids when these and the thyroid have been removed, although the normal thyroid is not able to do this.

The essential constituent of the thyroid secretion is an organic iodine compound. This is established by analysis of the gland tissue, by the results of iodine administration in certain types of non-toxic goiter and by the proven absence in districts where endemic goiter prevails of the usual amount of iodine in the water and soil.

The foregoing facts, most of which have been known for a good many years, have been utilized by the medical profession in the treatment of goiter, cretinism, myxoedema and thyrotoxicosis. In the light of recent investigations the effect of thyroid dysfunction in many other and more common diseases is evident, and a better understanding of normal and abnormal thyro-parathyroid activity is obtained.

If a piece of phosphorus is sprinkled with iodine enough heat is generated to ignite the phosphorus. In this familiar and simple experiment in inorganic chemistry lies the clue to the function of the thyroid.

The thyroid and parathyroid secretions pass from the glands into the perivascular lymph spaces, are transferred to the larger cervical lymphatics and discharged by the right and left lymphatic ducts into the subclavian veins. In the superior vena cava they become a single secretion which, in the pulmonary artery, is mixed with the blood from the inferior vena cava containing the adrenal secretion. Haemoglobin is known to be able to fix large quantities of iodine. The red cells have been found to contain this substance. In the lungs the thyro-parathyroid secretion as well as adrenoxidase becomes a part of the albuminous haemoglobin.

The function of the thyro-parathyroid secretion, thus made a part of the circulating medium, is found in

the action of its iodine constituent upon the phosphorus which all tissue cells, particularly their nuclei, contain. It enhances oxidation by increasing the vulnerability of all cells to the action of adrenoxidase. The presence of iodine in combination with cellular phosphorus sensitizes the tissues to the action of oxygen, renders them, in a word, inflammable, and causes the taper of life to burn more rapidly and steadily. It is thus seen that in their physiologic activity the adrenals and thyroid are interdependent and mutually stimulative, the adrenals furnishing the oxidizing substance, the tissues the fuel, and the thyroid the match that ignites them.

If these conclusions are accepted, and they are the product of a vast amount of experimental research, the symptoms of deficient and excessive thyroid activity become understandable, and a revaluation of the importance of the thyro-parathyroid secretion in health and disease is made necessary.

In deficient thyroid activity from whatever cause we have symptoms of decreased oxidation. The rate of metabolism is retarded and the nutrition of all tissues impaired. In addition, the incomplete breaking down of waste products (incomplete oxidation, deficient catabolism) gives rise to symptoms ascribable to autointoxication. While all tissues are involved the effects are most apparent in those richly supplied with phosphorus, as nervous tissue and the nuclei of the fat cells. Since the adrenal glands suffer nutritional disturbances as well as other organs we have, besides symptoms due to the thyroid disorder per se, some of those caused by hypoadrenia, reviewed in a previous article.

On this basis we can explain the hypothermia, cardio-vascular weakness with attendant edema, sensitiveness to cold, trophic disturbances of the skin and hair, muscular asthenia, neuralgia and occipital headache (autointoxication), obesity, apathy and idiocy characteristic of myxoedema and cretinism.

The symptoms of excessive thyroid activity, hyperthermia, tachycardia, hallucinations, restlessness, tremor, emaciation and others are clearly due to increased oxidation and accelerated metabolism; and the effects, as we might expect, are most marked in tissues rich in phosphorus. The curative action of thyroid extract in cretinism

and myxoedema and the poisonous effect of injudicious thyroid therapy receive, with the acceptance of these views, a rational explanation.

That the thyroid secretion is of considerable importance not only in normal metabolism but also in the reactions of immunity is suggested by a number of facts. Sajous has concluded that the raising of the opsonic index following the injection of various bacterial toxins is due to their stimulative influence on the pituitary, adrenal and thyroid glands. Fassin has found that removal of the thyroid decreases the germicidal activity of the blood. Hunt has demonstrated that the administration of thyroid substance in any form materially augments this activity. Many pathogenic micro-organisms, including the typhoid bacillus and the streptococcus, are almost completely dissolved in the juice of sheep and swine thyroids. Thyroidectomized rabbits and dogs succumb more quickly to chloroform and other poisons than normal animals. Cretins and myxoedematous individuals are markedly susceptible to infections.

The blood of thyroidectomized but otherwise healthy animals has been found to contain a greater percentage of toxic substances than normal; and this blood, injected into other animals, produces convulsions evidently due to intoxication. It is thus apparent that the thyroid product, in conjunction with adrenoxidase, combats endogenous as well as exogenous toxins.

The manner in which these glands neutralize or destroy systemic waste products as well as the toxins of invading bacteria and the bacteria themselves differs only in a quantitative way from their action in normal metabolism. The bodies of bacteria contain about 85% water. Of the remainder, the ash, a large percent is phosphoric acid. These micro-organisms, like certain of our tissue cells, are relatively rich in phosphorus and correspondingly vulnerable to the combined attack of the iodine-ferment-oxygen constituents of the adrenal and thyroid secretions. Evidence is not lacking, and will be given in a subsequent article, to show that during infections the adrenals and thyroid are hyperactive.

Chronic functional hypothyroidia, like chronic functional hypoadrenia, is a condition accompanying or follow-

ing may morbid processes ad not a specific disease. It bears somewhat the same relation to cretinism and myxoedema that functional hypoadrenia does to Addison's disease in that the symptoms of both functional disorders are similar to though milder than the symptoms of those conditions in which organic change has taken place. From a clinical standpoint they are much more important than the farther advanced forms for two reasons. They are far more common and much more responsive to treatment.

The salient features of the syndrome have already been mentioned and their cause explained. Hypothermia, low blood pressure, occipital and subscapular pain, obesity, lassitude and mental dullness are commonly found. In addition and occasionally there is dyspnoea on mild exertion (due to deficient oxygenation), palpitation of the heart (myocardial weakness from retarded catabolism), anemia (since the blood forming organs suffer nutritional disturbances), stubborn constipation (due to deficient peristalsis owing to the lack of the adrenal secretion), varicose veins and metrorrhagia (the result of low vascular tone), and an endless variety of other symptoms associated with deficient oxygenation, retarded catabolism and the accumulation of toxic wastes.

The etiologic factors may be hereditary or acquired. Among the former are syphilis, alcoholism and the "gouty diathesis." Among the latter are multiple pregnancies, prolonged lactation, infectious diseases (especially of childhood) and foci of infection in the sinuses, tonsils or elsewhere.

The medical treatment of this condition is unsatisfactory. Large doses of thyroid substance aggravate the symptoms. Small doses are beneficial. They must be administered over a period of months or years, frequently for the patient's lifetime. Dessicated adrenal gland and some form of iron, as Blaud's pill, are usually combined with the thyroid feeding.

With the application of the osteopathic principle to this condition better results may be expected. The osteopathic treatment of hypoadrenia has been indicated in another article. The same principle applies here. The arteries supplying the thyroid are the superior and inferior thyroids and an inconstant branch from the arch of

the aorta. The nerves come from the middle and inferior cervical ganglia. The pituitary body, a nerve center for the thyroid, receives vasomotor fibers from the superior cervical ganglion. The correction of any vertebral lesions in the cervical and upper dorsal spine plus stimulation of those segments from which the gland receives its nerve supply will obtain the maximum benefit possible with the amount of paranchymatous tissue able to function.

This treatment may be undertaken with the assurance that it is more effective than drugs, which are worthless, or thyroid feeding, which is an uncertain, a prolonged and potentially a dangerous makeshift.

A PUBLIC HOSPITAL BILL

Of interest to the osteopathic profession and especially to those students who are contemplating the state of Kansas as a field of practice is the following article recently appearing in a Kansas newspaper.

"Topeka, February 18. Representative Morris of Jefferson introduced a house bill today defining a public hospital as one supported in whole or in part by public contributions or donations. The bill makes unlawful the refusal of such public hospital to admit any licensed physician or surgeon for the purpose of operating or administering to patients thereof."

This is another forward step leading to the time when such discrimination as the profession is now subjected to will be eliminated and the hospitals of the country which are now controlled by a chosen few of the medical profession will be opened to a profession which is equally capable and in many, many instances far more able to cope with the conditions which come to them for treatment.

Live in an atmosphere of Love, the Light of the world, and you will have showers of blessing.

Cheering in the bleachers can never take the place of practice on the field.

The beauty of a waterfall increases according to the extent to which the water is dashed to a spray.

The world has no place for those who bemoan their fate, but makes way for those who move forward despite their handicaps.

FACULTY FOTOGRAFS



Meet Dr. Margaret Jones, obstetrician par excellence. Dr. Jones has been on the college staff for five years as professor of obstetrics. During that period, hundreds of cases have been handled in the obstetrical clinic, both in the home and in the hospital when hospitalization was indicated. The College requirement is that each student, prior to graduation, must have personally attended six confinement

cases. Many students roll up a record of twenty or even thirty cases. Didactic instruction is given during the second Junior semester. During the senior year, in addition to further didactic work, the student renders practical service in this clinic under supervision of field obstetricians. So intensive is the instruction and the opportunity for practical experience that a number of our graduates are now specializing in this line of practice and making names for themselves as obstetricians. The clinic, under Dr. Jones' supervision, is so varied that the senior student becomes familiar not only with norsal technique but has personal experience in the many complications common to this line of practice. The present senior class has had demonstrated this year forceps deliveries, repair of lacerations, placenta previa, abruptio placenta, angular pregnancy, precipitate delivery and Caesarian operations. Students observe demonstrations in the home, under conditions met there, and also receive training in hospital management, thus receiving an eclectic training. Previous to studying osteopathy, Dr. Margaret was a teacher in the public schools for a number of years. Aside from a nice personal practice in her specialty, Dr. Jones has a college clinic running from one hundred to one hundred fifty confinement cases a year. Due to her teaching ability, her poise and her experience in her particular specialty, Dr. Margaret Jones is one of the most popular instructors on our faculty.

OSTEOPATHY AND THE FLU

Radio Talk at Kansas City—January 18, 1929
 Delivered by D. L. Clark, D.O., Denver, Colo.

President, American Osteopathic Association

When America finds itself in the grip of an unseen foe such as influenza, which comes silently and unheralded and strikes down its victims by tens of thousands, it is characteristic of our people that they set about efficiently and with such forethought as the time will permit, to find the most effect means of fighting the enemy.

Thousands of people in previous epidemics of influenza and pneumonia, have learned that osteopathy offers a most effective way of coping with this dread foe.

Osteopathy depends, in the first place, on a normally working body machine. The osteopathic physician insists upon rest and proper nursing, attention to diet, elimination and other things which every sick person needs.

The people know what osteopathy did in the great flu-pneumonia pandemic of 1918-1919 and what it has done in the lesser waves of influenza which have come in the intervening years.

The results achieved by osteopathy in this present pandemic are reported as being even more striking than those of ten years ago.

There are two reasons for this. First the influenza itself seems to be a lighter form, so that the mortality has been less under all methods of treatment. Another and more important reason is because the osteopathic physicians have been doing research work making new discoveries which result in their method of treatment being even more scientific and therefore more effective.

This increased knowledge of influenza and improvement in methods of handling it, comes from close observation and study of cases from a careful keeping of records.

These new discoveries have not all come from one individual but from at least four parts of the country. Each individual worked independently knowing nothing of anyone else doing the same work yet all obtained practically the same results.

Why is this? The finding of the answer is one of the things for which the A. T. Still Research Institution has been established by the osteopathic profession, and one of the reasons why

and particularly new facts to his sensitive, carefully educated touch.

This is one of the things which has always characterized osteopathy, the thing which is the base of its diagnostic methods and at the heart of its therapeutic procedure, the educated touch and trained muscle sense. Through this the osteopathic physician must secure some of the most important information about the condition of his patient. He uses the finest instruments of precision for diagnosis which the scientific world has evolved to aid him in his diagnosis.

The thermometer, the stethoscope, the blood pressure machine, chemical and physical tests, the X-ray and the instrument by which the metabolism of the body is studied—all of these have their place in the osteopathic hospitals, sanitariums, groups, and private offices.

The successful osteopathic physician recognizes not only gross disturbances of body relationships. He does not stop with knowing that there is a spinal curvature, great or small. He looks further than the mere fact that there is congestion of tissue and contraction or contracture of muscle. He must have his mind constantly concentrated on his finger tips to be able to detect any change that takes place at the specific point he is dealing with.

The trained osteopathic physician can recognize the peculiar "feel" of the flesh that is permeated with the poisons of influenza, which distinguishes it from any other infection. This is in part, because of his intensive study of the human body, his keeping of records, his reasoning from cause to effect, his reading of osteopathic literature to know what his colleagues have learned, his attendance at conventions and postgraduate courses where he communes with his fellows and compares his observations with theirs.

When one works with a machine for many years he learns its whys and wherefores, its ins and outs, its little ways. It is thus with the osteopathic physician who day by day studies and works with human machines.

It may seem almost uncanny, and yet I firmly believe it is true that following out this same line of study and reasoning therefrom, the osteopathic physician of the not far distant future can examine his influenza patients and state from his own finds, with reasonable assurance, not only what the symptoms are, but which of these

symptoms will first disappear as a result of his osteopathic treatment.

I believe this doctor will say with assurance whether it will be the headache, the high temperature, the disturbed heart action, or what not, which will first yield to the studied scientific application of intelligent body mechanics. But be that as it may, it has been proved again and again that the symptoms will disappear and the patient will get well, more quickly and more completely under the care of osteopathic physicians than under any other system of treatment.

MIGRAINE

K. A. Bush, D.O.

A nervous affection marked by a periodic headache; often one sided and accompanied by nausea, vomiting, and various sensory disturbances.—Dorland.

Migraine, or megrim, as it is called in England, is a serious condition, an explosive, paroxysmal psychoneurosis. The attack, usually commencing with sensory and mental symptoms, is almost always attended by headache, which is usually one-sided, and comes with it nausea and vomiting. Hemiparesis as a term should not be used for migraine as it is also used for craniotachsis and is therefore confusing.

Although migraine usually affects only one side of the head, it may involve both, and you can hardly differentiate migraine from the condition known as periodic sick headache. All cases of migraine have headache, but all cases of headache are not migraine. There is not much difference in the two except the seat of the pain and sometimes they can be treated similarly.

Some writers seem to think that there is an increase of this condition, but very little is written about it. Of course there is a cause for this condition, but it is often obscure, and as osteopathic physicians we should not continue treating a condition day in and day out for a disease for which we have not yet found a cause.

We will take a few of the many causes.

Hereditarily is a strong etiologic factor in migraine, and may be traced back several generations in a family tree, and peculiar as it may seem goat and arthritis have a close connection. My answer to this is toxicosis, which will be brought up later. It is usually transmitted through the mother more

to the daughters than to the sons. Thus the female sex is more affected than the male in this malady. Thirty percent of cases begin at ages from five to ten years with the remainder beginning at puberty. Very few instances show up after thirty years of age.

Occupation does not play much of a part in this condition for it is rare among those that have to work for an existence, but is found more in idle people with a neurotic family history.

Sexual disturbances have marked influence; as do menstruation, menopause and hysterectomy. Diseases of the sexual organs may cause it, also.

Ergosterin in children is found to be an exciting cause.

Syphilis does not seem to play such an important part in the disease so far as has been studied out by some medical authors, but I know of two cases wherein one had two negative blood Wassermann, and the other a single blood Wassermann, but the spinal Wassermann on both was four plus positive.

Diseases of the nasopharynx such as nasal polypi, stenosis due to pressure or swelling of the turbinates, etc., are likewise etiologic.

Thyroid instability is sometimes a cause. In fact, endocrine imbalance is often causative.

The greatest of all causes is, no doubt, auto-intoxication. We will have to admit this. Since it is generally conceded that ninety-five per cent of all diseases are primarily toxic. The toxemia may cause a localized vasomotor spasm or vasomotor dilatation through its effects on the sympathetics which are made possible by the osteopathic lesions to be found in the individual.

Symptoms of migraine, of course, vary in different individuals. They usually show that the affected part feels heavy, dull, and irritable for a few hours before an attack. They may have the sensory symptoms that appear in half the cases, of bright spots before the eyes, colored rings, dimness, clouds, etc.

They may have a decided photophobia or ocular discomfort. All senses are slowed or irritated. A tingling of a hand or foot may be present for about twenty minutes and then subside with the headache following immediately. Slight mental changes such as depression, mental confusion, restlessness, loss of memory, stupor may sometimes be seen.

The headache is the most distressing symptom and that is what the patient comes to see you about. It, of course, varies in position, time of appearance and duration, but usually in the same position in the same individual due to the osteopathic lesions involved. It lasts from one to forty hours.

Nausea appears at the peak of the headache and seemingly digestion stops, because food vomited after have been ingested several hours before it is thrown back appears absolutely unchanged. In vomiting there is great retching, and the ingestion of fluids during headaches will increase the distress, and frequently when the vomiting subsides the headache usually ceases, showing that there must be a constant connection between the two.

Vasomotor symptoms are interesting to the physician. Early in the attack there is frequently a pallor or mottling of the face. Some instances show a red streak or flush in a certain place. Extremities are cold and clammy, and the pulse is sharp and retarded. Pupils are contracted. As the attack declines, the pulse takes a normal course, and the face takes on its normal color, although a slight puffiness may be present. Diuresis may follow.

Migraine is quite stubborn to treat at best and one must find the cause. Even then one should feel proud if he can reduce the frequency of attack and severity. Under an osteopathic physician's care the patient, to my mind, will have their best chances for help.

Of course, in treatment, find the cause and eradicate it, but in the attack may suggest which has afforded some success in the past would be colonic flushing, with a 110 degrees F soda solution with a good osteopathic treatment to the upper cervicals, paying close attention to the lesions found. Some hard inhibition to the suboccipital region will reduce the intensity of the headache. Sometimes inhibition to the supraorbital notches will give some relief. Induce emesis via the stomach pump using a soda bicarbonate solution, one tablespoonful to quart of water. Fresh air and quiet are beneficial, with the room darkened. To my mind this is one of the cases that an osteopathic physician should not fail to afford relief by giving morphine if all other means fail.

OPERATING ROOM RESPONSIBILITY

Dr. George J. Conley,
Surgeon-in-chief, Lakeside Hospital

The lay press recently recorded the fact that the courts had assessed heavy damages against a surgeon, one in St. Louis, Missouri, and one in Omaha, Nebraska, for leaving a sponge in the abdomen of the patient. These surgeons from all accounts were responsible, as well as competent operators. The question naturally arises among the uninformed doctors why this is so. All who are familiar with the operating room routine will recognize the familiar call "sponge count" from the surgeon preparatory to closure of the wound. After counting them the surgical nurse will reply "correct" or the number missing as the case may be. Then search is made for them and they must be accounted for before proceeding further with the closure. When the reply "correct" comes through, the surgeon accepts that as final and completes the operation.

Suppose the nurse has made a mistake and reported the sponges all accounted for when one is missing, or perhaps, to avoid reprimand if one is missing, she takes a chance that she has all that she started with and reports "correct," who then is responsible? Obviously the surgeon cannot attend to all of the details of the operating room ritual personally. He must charge assistants to attend to certain details and he must accept their assurance that they have done so as final. Theoretically he is not to blame if the nurse gives him erroneous information. Practically, however, the court holds him responsible and he alone is held amenable to damages which can be and are usually assessed.

Suppose the anaesthetist has a fatality. By that I mean, suppose the patient dies from the anaesthetic before the operation is started and grief stricken, temporarily crazed relatives or those commercially inclined, are urged on by unscrupulous lawyers to file suit for damages. Who is responsible? Again the courts hold the surgeon accountable. He must use the means current at least in the community in which the service is rendered and prove it to come clear of damages. In other words he must have as an anaesthetist one who will measure up to the average of those functioning in that locality. Suppose the

anaesthetist should be the family physician who was unaccustomed to major surgery or who perhaps gave only an occasional anaesthetic and who insisted upon and was permitted to administer it. Go still stronger and have him give the anaesthetic because the patient demanded it. What would the court say in the event of a fatality due to the anaesthesia and a resulting damage suit? The court would say to the surgeon, "You knew this doctor was not experienced in anaesthesia, therefore you were responsible for the outcome." And the surgeon would be struck! The same reasoning applies to the rest of the operating room details. The surgeon assumes responsibility for everything that transpires during the operating session that cannot be adjudged as an "act of God."

Let us get on a little further. The case grows more interesting as one follows out the ramifications pertaining or leading up to the operation. Suppose a patient has a renal colic presenting the classic symptoms of a calculus; that the pain always has been referred to the left side; that the urinalysis reveals blood in the urine; that an X-ray has been taken by a roentgenologist unknown to the surgeon but satisfactory to the hospital; that the exposure was primarily for the left side although the plate was wide enough to take in the right kidney area; that a well marked shadow of a stone was revealed as large as a cherry; that the plate was unmarked, that is, "right" and "left" was not indicated on it and, that the verbal report from the roentgenologist was that the "exposure was for the left kidney and that the stone showed in the left kidney." Under the circumstances suppose the surgeon should cut down on the left kidney and find no stone and that subsequent X-ray showed the roentgenologist had been mistaken and that the stone was in the right kidney. Naturally the patient was injured by said operation. He might feel, if properly persuaded, that damages should accrue to him. Whom do you think the court would hold responsible? Do you think they would sue the roentgenologist or the hospital? They would not. The surgeon would be the defendant. The court would rule that he in the last

analysis was the one to decide when and where to operate and upon him would rest the onus. The same application holds for the clinical laboratory reports. The surgeon is the "goat" for any error or defect in the technique leading up to or occurring during the operation as well as much of the after care.

We wonder how many of the healing profession are cognizant of these facts. With an understanding of these matters is it not obligatory upon the hospital to safeguard its doctors by providing the best talent available in its various departments. In the event that some untoward result, which might incur damages, obtains in the course of treatment, wherein the doctor has been guided by laboratory findings, clinical, x-ray or what-not, it is a source of security and of protection to him to know that he has been served by talent the equal at least of any that exists in that community. If that service perchance should be superior to others, then all the more protection the hospital assures its clientele in the consumation of the work they do therein.

The courts rule that the service rendered by the doctor must be the average at least of that prevailing in the community in which the work is done. Safety compels observance of this fact and the conscientious hospital management will provide accordingly.

"TEAMWORK"

C. A. Kinkaid, D.O.

One of the chief faults of the average physician after he has been practicing a number of years is that he can see no farther than the end of his nose. That is, the limit of his field of vision is his own particular line of therapeutics. This is as true of the osteopathic physician as of other practitioners. Of course one should feel that his line of work is the best and that he is doing the best that is in his power to do. But when a man gets into a rut so deeply that he absolutely refuses to try to see the other person's point of view something is sadly amiss. When this is true of a man it suggests one of two things, either that he is just plain hard-headed, or that he is afraid he will discover a flaw in his own line. One particular case is called to mind wherein this certain individual advanced the argument that he knew and believed that his own way of doing was the only

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right way, and that he absolutely refused to consider any other ideas on the grounds that it would be a waste of time. I can't conceive of any good lawyer going into a case without first considering and studying the argument of his opponents. So let it be with physicians.

Among other things, a physician must have a mind that is open and full of understanding. The general practitioner should be awake and conscious of the fact that a sinus full of pus is a prolific source of disease, and so must the specialist recognize the fact that an impacted caecum may cause as much damage as the sinusitis.

The broad minded osteopath will readily admit that either are as much an osteopathic lesion as far as the health of the patient is concerned, as a lesion of one of the vertebrae. As old Dr. Still said find the cause and fix it, surely he meant to find every cause and not merely one of the causes. Just because the cause happens to be out of one particular physician's line is no reason he should hold the patient and keep on punching his back until the patient finally gives up and goes to someone else. Far better to have sent him over to the ear, nose and throat man, the laboratory man, the X-ray man, or the surgeon and have the cause found and fixed. To pass patients on to the specialists is not bad business, although the two or three dollars for the treatments may have seemed big at the time, these patients will appreciate your fairness and come back in time. There is far more glory in telling a patient that you think Dr. Smith over here can do more for him than to go on treating him when you are getting no results, until you finally lose his business and his confidence also.

One of the greatest assets to the general practitioner is the service of the laboratory man and the specialist. If these men are honest they are not going to try to steal patients, and the information and help they can give in many cases is priceless. Teamwork is absolutely essential to the success of any organization. Why not have more of it among the osteopathic profession?

He who thinks only of himself has his train of mind on a sidetrack.

No one is happy who is not doing his duty: and no one is doing his full duty who is not happy in doing it.

Student Activities Department

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With the advent of graduation the thought that is uppermost in the minds of the Seniors is the question of where to practice. Different localities offer their inducements to the young practitioner and there are those who advocate the city practice and those who contend that the only logical place for the young graduate is in the country. We are indeed fortunate this month to receive an article from one of our most successful country practitioners. Dr. Grace Simmons of Milan, Mo., is a trustee of the Missouri State Osteopathic Association and has enjoyed for many years a most successful practice. Dr. Simmons in her article gives some very good pointers for those thinking of a country practice upon graduation. Next month we hope to have an article from one of our successful city practitioners setting forth the advantages of a city practice.

"Often times I wonder why more young physicians do not locate in the small country towns, especially for their first three or four years as this will give them a groundwork which will prove invaluable to them in later years should they decide to specialize. The modern tendency towards specialization has brought about a most acute shortage of the general practitioner in the smaller towns of the country. The old-fashioned family physician is passing from our midst. Today, we tend too much towards special fields of practice where we can follow a routine and plan our work to leave a maximum of time for ourselves. No country doctor can tell what the day will bring forth. It is the fresh experiences which we encounter from day to day which keeps our work from becoming monotonous. You may have to lance a carbuncle, set a broken leg, sew up a wound, treat for a dog bite, deliver a baby, attend a case of pneumonia or just

treat some big farmer with a stiff back. This can and will happen all in a day's practice and your practice in your work is always maintained. You will have to read and think clearly and in this way you progress. The cry is ever Onward! and only the open, fearless minded can command the power to go forward. So in your country town practice you have the chance to gain experience, progress onward, develop a means of livelihood quickly. Your overhead expense is much smaller so your capital invested is correspondingly smaller. Here you come in close contact with humanity. You are an asset to the community and to the people among whom you live. You get your share of friendliness and appreciation and your life becomes more and more one of real service.

After all the farmers of America are the bread and butter of the city dweller, how could you exist without your farmers. Spread the gospel of osteopathy out in the country towns. It will broaden you as an individual. It will help our schools to recruit new life in the student bodies of our colleges and it will help the small town and the country people to a better understanding of good health. My plea is for more country physicians.

—Dr. Grace Simmons.

THE VALUE OF A STATE ORGANIZATION

An interesting talk was given to the student body by Dr. Grace Simmons of Milan, Mo., who recently made a tour of the colleges in the interest of building up membership of the students in the state organization. Among doctors as among other professions there are those who are willing to let the other man carry the burdens while he sits idly by and reaps the benefits. The type of per-

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son who is a leaner on society, accepting everything and gives nothing. That there are certain benefits to be derived from association with those whose aims and ideals are the same as your own is a well known fact and the satisfaction in sharing in something that you have helped make possible is indeed a most worth while time to link up with your state organization and the work that is being done has not been emphasized anywhere more clearly than in the recent fight with the Missouri State Legislature over the rights of the Osteopathic Physicians to administer narcotics. The fight was taken to the legislature by the State Association and carried successfully through. The time to link up with your state organization is while you are in school. This is especially interesting to the seniors who will soon be out of school as membership in their state organization will aid greatly those seeking reciprocity with other states. The association with the state organization while students will impress upon them the value of such an organization and will go far in building up the organizations within the next few years. The underclassmen will receive benefit through their contact with the state organization through special lecturers who will make a tour of the colleges several times throughout the year, giving the students worth while lectures and demonstrations aiding greatly in their school work. This is all being made possible by a special membership fee of one dollar which is being charged for the year's membership. It is very gratifying to note the number of seniors who have taken advantage of this opportunity and it is hoped within the next few weeks that not only the senior class will be signed up one hundred percent but that the entire student body will avail themselves of this opportunity to receive the benefits to be thus derived.

There was a great deal of regret among the students of the college that sickness in Dr. D. L. Clark's family made it imperative that our National President had to curtail his visit. However, every minute of the time which he was able to give us was utilized to the very best possible advantage the morning being given over to a special lecture in his honor and a very interesting and worthwhile talk was made to the students, an address which inspired every student present and renewed their interest in the work

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which they are planning. The afternoon was given to special lectures to those students who were able to avail themselves of this opportunity. His visit had been keenly anticipated and everyone is hoping that his next visit will be more protracted.

Dr. Clark's report to the Board of Control on the advancement that has been made since the time of his last visit was most encouraging and everyone is working to bring more and better improvements so that our college will be second to none both in equipment and in faculty.

The college glee club has been progressing rapidly the last few weeks and are getting in some real rehearsals. Miss Leonore Warner is now assisting at the piano and it is hoped that in the near future we may have an opportunity to hear this splendid group of voices at an assembly.

Since the last issue of the College Journal a change has been made in the staff of the Osteo-Path and Miss Esther Elston is now assistant editor. The work is progressing rapidly and with our active advertising manager a great deal of local and foreign advertising has been obtained which is helping materially towards the success of this book. From all indications it is going to surpass anything that the college has thus far published and this is GOING SOME.

ADVANCES IN MEDICINE DURING 1928

The following excerpts taken from the Kansas City Kansan of January 31, 1929, give some interesting side lights on discoveries made in medicine during the past year.

Research in medicine is continuous. The great discoveries of any year represent the culmination of many investigations made in various places over long periods of time. It is, therefore, practically impossible to assign to any year the credit for any single great discovery in modern medicine. An investigation being made in the Johns Hopkins University during 1928 into an unusual skin condition known as sclero-derma has led to the following: This is a disease in which the skin becomes thick and hard, usually appearing first on the hands spreading to the trunk and finally to the legs. A report made early in 1928 indicated some relationship between this disease, of which

the cause is not definitely known, and a disease affecting the supra renal glands. The majority of investigators are inclined to think that some generalized toxic condition is responsible for the whole process and that it is this which injures the glands and causes the symptoms to appear secondarily.

During 1928 continued attention has been given to vitamins, particularly to the discovery that vitamin B is probably two vitamins rather than one, and that the absence of one of the vitamins that it contains is associated with the disease called pellagra. Yeast is particularly rich in Vitamin B and it is for this reason that the United States Health Department is now employing powdered yeast in an effort to combat this disease.

Investigations have shown that some ultraviolet may be valuable, but that too much may be harmful. Much remains to be learned regarding the proper dosage of ultra violet rays for various human beings. More over the effect of ultra violet rays are obtainable through the taking of cod liver oil; through the use of concentrated tablets of cod liver oil that are known to have a therapeutic value; through the irradiated use of ergosterol, which represents concentrated vitamin D and finally through the use of foods which have been irradiated and in this way supply vitamin D to the human being.

During the year attempts have been made to secure a substitute for insulin, the preparation that is proving life saving for diabetics with the idea that these substitutes could be taken by mouth, whereas insulin is only given through injection. Two substitutes have thus far been proposed called synthalin and myrtillin, but neither of the preparations has been prepared in sufficiently pure form or sufficiently active to warrant recommendation as insulin substitutes.

Much attention was given by physicians during the year to the use of BCG or Calmette-Guerin vaccine made from living organisms for the control of tuberculosis. It is generally accepted that every child has tuberculosis before it is 8 years of age and that a certain amount of immunity to disease grows as it grows older. It was the idea of Professor Calmette that infants might be inoculated with vaccine of living germs and in this manner receive a controlled case of the disease which would serve to protect it against a serious infection.

The majority of the evidence thus far accumulated is opposed to the method as a permanent routine control of tuberculosis.

During the year the extract of liver used for the treatment of pernicious anemia was perfected so that it is now satisfactorily available. Investigators for the University of Wisconsin found that the ash derived from the liver extract contained copper and that copper is a substance of the greatest importance in relationship to the formation of blood in the human body. Heretofore, it has been the general belief that iron was the chief mineral salt of importance in this connection.

Within the present year research on the spleen has culminated in evidence that this organ is intimately associated with maintaining a balance of substances in the circulation of the blood. This concerns not only with the fluid content but also the blood cell content of the circulating blood. Apparently the nervous system sends evidence to the spleen of the demand that is being made on the system and the spleen responds with the increased material.

For the control of epilepsy a diet known as the ketagenic diet has been found which raises the amount of ketone substances in the blood and thereby lowers to a considerable extent the number of convulsions.

Numerous serums and vaccinations have been developed for pneumonia, but thus far not one of them has been established as having the same specific virtue in that disease that diphtheria antitoxin has, for example, in diphtheria.

The technic of surgery has been so completely developed that it is now possible to operate with greater ease on such structures as the brain and the heart. A device was developed whereby the blood vessels of the brain are sealed through the action of electricity and thus more extensive operations can be performed. Indeed, one investigator has removed more than one-half of the cerebrum or front portion of the brain with complete recovery of the patient.

One of the most pleasant occasions since the opening of school was the assembly held in honor of the birthday of Dr. A. A. Kaiser, Secretary of the Board of Control. The occasion was a complete surprise to Dr. Kaiser and immediately upon his arrival at the college he was escorted to the As-

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sembly hall where he was given a most hearty welcome by the entire student body. Dr. Geo. J. Conley presided at the occasion and introduced Mr. Harold Coe, president of the student council, who presented Dr. Kaiser with a traveling set as a gift from the student body of the college. A handsome basket of pink carnations and roses presented by the Board of Control gave a festive air to the occasion. Doctors Conley, Swart, Johnson, Redges, and Dr. I. E. Nickell (Smith Center, Kans.) expressed their felicitations and extended a hearty greeting to Dr. Kaiser on his birthday.

ORGANIZATIONS

"Kappa Psi Delta"

Delta chapter held their regular February meeting at the college building, February 8, and followed the business session with initiation ceremonies for Miss Warner, Miss Butler and Mrs. Gillum. They are certainly "good sports" and enjoyed the fun with the rest.

Our annual valentine party was the happiest event of the season. Mrs. Paxton, wife of Lakeside's business manager, graciously opened her home to us and was a most charming hostess. Dr. Sara Leinbach, and Dr. Marie Johnson, Mrs. Birdie Baker and Miss Lenore Johnston had charge of the games and carried them out in their usual original and pleasing manner. The prizes for the winners of the various games were very clever and all well worth winning. The valentine box was then opened and everyone made happy. Dr. Hester Sappenfeld and Dr. Sara Leinbach made the valentines which they contributed and they were voted the cleverest valentines of the season. Dr. Wallace and Verma Phillips were the lucky recipients and were the envy of all. Dainty refreshments were next in order and brought a most delightful evening to a close. We are all looking forward to more of these happy social hours before the close of the year.

Phi Sigma Gamma

Phi Sigma Gamma ushered in the new semester by the initiation Sunday, January 6, 1929, of the following pledges: H. C. Baldwin, Jacob Baum, George R. Clay, Lloyd Simmons, Robert Waddle, Merlin Shreve, The Francis I room of the Hotel Baltimore was the scene of the initiation.

At a meeting Sunday, January 13, Page Twenty-four

1929, the following officers were elected to guide the chapter through the ensuing year: G. Hayden Houston, Archeon; George R. Clay, Subarcheon; J. Merlin Shreve, Secretary and Treasurer; Mark O'Reilly, Sergeant-at-Arms; Frances Chase, Historian. A buffet luncheon was given at the Baltimore Hotel February 3, 1929, in honor of the sub-freshmen. Dean Peach was the guest of honor and the principle speaker. Dr. S. J. Herst, one of the field members present, gave a very good talk on "The Value of Fraternity Membership to the Alumnus."

Our new Archeon has taken charge of the executive wheel in characteristic fashion and promises some real action for the remainder of the college year.

The fraternity has pledged itself to help further a better and a larger clinic and is busy furthering its plans which were formulated at the luncheon. At the present time a February dance is looming on the horizon to which all alumni and members of sister schools are to be given special invitations.

Atlas Club

A very interesting lecture was given to the Atlas Club and to their friends at the last meeting of the Atlas Club at which time Dr. Mitchell of the Ball Health Sanitarium of Excelsior Springs was the guest speaker. Dr. Mitchell is an authority on Endocrine Disturbances, the subject of his lecture, and his lecture was not only interesting but very instructive. We have been most fortunate this year in securing lecturers of outstanding merit in their line of endeavor and the attendance has been a very good indicator of the interest that is being displayed in these talks. Chas. Alhantje, who has been chairman of the program committee during the past school year, is to be commended for the splendid programs which he has presented.

In keeping with our program of cooperation all of our lectures are open to the entire student body and it is hoped that more and more the students will take advantage of this splendid opportunity to augment their education with the splendid lectures which we are able through our affiliations to present to them.

Iota Tau Sigma

Several things have happened during the interim of the last issue of

the Journal, among the important ones was the election of officers to serve for the ensuing year. Glen Darrow was elected Great Eye but for some very good reason did not find it practicable to serve at this time and his resignation was accepted. Fred Pickett and James McCord have been nominated for the office and the election has not yet been held. Norman Harris was elected secretary and David Reeder, Jr., was elected corresponding secretary. Our treasurer was re-elected for the ensuing year as was the editor.

Wedding bells took their toll during the holidays. Our good brother, Coyt A. Noble, was gathered into the fold of married men. Coyt surely knows his women. Congratulations, old man, may the ensuing years bring back many happy days and may all your troubles be little ones.

A new man was pledged the other day, Leland E. Warren from Denver. Warren is a sophomore and a good one. There is a fine bunch of new subs in this year and they look like a mighty fine group of fraternity men.

"PEARLS BEFORE SWINE"

"Significance of Carotid Sinus Reflexes in Operations on Neck.—Gronover directs attention to the fact that when performing operations on the neck in the region of the carotid, one should bear in mind the possibility of unpleasant sequelae. A case in point is cited. A man, aged 67, had a tumor occupying the whole right consular region and projecting outward into the neck. Biopsy proved it to be a small round cell sarcoma. The only symptoms were slight loss of weight, fatigue on slight exertion and a sensation as of a foreign body in the throat. The tumor was removed under local anaesthesia. It was firmly adherent to the sheath of the common carotid. When seen again three months later, the patient stated that pressure on the scar on the neck as in washing, made him feel "queer in the head" and that on several occasions he had lost consciousness. The facial muscles on the side also twitched. Otherwise he felt very well. The author confirmed these statements and also noted that pressure on the same spot on the left side of the neck had a similar effect. Within six seconds the patient lost consciousness; his legs twitched; he was pale and pulseless. One minute after the

pressure, was released, he was as well as ever." —From The Journal of the American Medical Association.

One would judge from the foregoing that the doctor in question had demonstrated that the carotid area was susceptible to irritation by mechanical means; that manipulation of the anatomy of the neck was prone to produce alarming reactions as evidenced by the "loss of consciousness," "muscular twitching," and "loss of pulse" in the patient mentioned.

We take it that the "carotid sinus" referred to is the so called carotid gland situated at the bifurcation of the common carotid artery now commonly accepted as a nervous structure accessory to the sympathetic nervous system.

In as much as the tumor was "firmly adherent to the sheath of the common carotid," we are constrained to the opinion that the resulting scar tissue in some way involved the pneumogastric and that the disagreeable, as well as alarming effects, resulted from irritation to that nerve.

Be that as it may so striking a sequence to such a trivial irritation should attract more than a passing notice. One wonders if the doctor in question was satisfied simply with being alarmed. Did it stimulate any activity in the gray matter of his brain? Much ado is made over some unusual reaction, to the administration of a drug given to accomplish an entirely different purpose. Did this experience suggest the possibility of favorably influencing the condition of a patient by mechanical stimulation of a nerve, provided the location and action of said nerve be known? Did it suggest the possibility that the osteopath might have some foundation in fact for his therapy? Did it occur to the good doctor that a knowledge of the location and action of the various nerve centers together with the distribution of their nerve fibres, might constitute a part of a system of therapy more scientific than the internal administration of drugs? Many great inventions have resulted from the observation of some seemingly trivial incident like this, cognized by an active, wide-awake mind and practical application made of it. The mind, capable of such deductions, must not be circumscribed by the blindness of prejudice, nor must it be fettered by the paralyzing effects of jealousy. It must be open to conviction and susceptible to the in-

fluence of the white light of truth. Ever since time was philosophers have investigated against the futility of "casting pearls before swine."
Dr. George J. Conley.

PNEUMONIA STATISTICS

Some late figures taken from the J.A.M.A. relative to the results in the treatment of pneumonia with the concentrated Anti-pneumococic serum in Bellevue Hospital, New York, are appended herewith. In type 1 the mortality in cases subjected to serum injection was 22.6%, treatment without serum 32.6%; in type 2 serum treated 41.5%, untreated 54.5%; type 3 serum treated 40%, untreated 28.6%; type 4 serum treated 28.2%, untreated 38.8%. In 441 cases serum treated 30%, 444 untreated 39.8%.

Viewed as a whole, these figures are astounding. In fact they are appalling. Of course one must take into account the fact that these cases in Bellevue Hospital in many instances represent undesirable risks; such as the aged, the alcoholics, the emaciated as well as the poverty stricken.

What osteopathy could accomplish under similar circumstances is a mooted question. It would be a safe bet that these mortalities could be lowered markedly and without the use of sera or other drugs given for their therapeutic effect. All of us have treated undesirable risks; we have worked in the hovels under the most distressing circumstances due to the lack of actual necessities and depending on volunteer nursing service from sympathetic neighboring women; we have accepted the very aged under both good and bad conditions; we have met the responsibility of treatment in the very old with fractured hips; we have contacted the alcoholics suffering from this dread disease in its post-operative phases; we have on numerous occasions ministered to the very young, the babies, after they had been pronounced hopeless by the attending medical profession first upon the case; in many, many instances we have taken over cases given up to die by medical men of the dominant school, with success. Of course it is not understood that osteopathic treatment relieves pneumonia of its fatalities, not by any means; nor do we mean that when a medical man says a case of this kind must die, that osteopathy can save him. What we do mean and insist

worthy of emulation. All osteopathic centers should plan to that end. Right here in Kansas City the time is ripe for such a movement. The College and Hospital, started by local professional interests, have been carried beyond the experimental stage. The promoters of these institutions have served the profession and its clientele faithfully, zealously and unselfishly. The time has come when they should be relieved from the burden of worry over financial matters to the end that they may concentrate their energy on the purely professional aspects of the teaching and the application of osteopathic concepts.

The matter of the perpetuation of osteopathy is obligatory not only to the doctors of that school but a portion of the responsibility rests upon the beneficiaries of their service. This obligation should be presented in proper form and at the psychological moment to the men and women whom osteopathy has favorably served in this community.

It is surprising to realize the number of influential and successful business men who look with favor upon osteopathy and who resort to its benefits in time of need. These self-same men have a habit of responding to other philanthropic appeals when convinced that the need is worthy. And they will respond to the call of osteopathy when it is properly presented.

As yet in Kansas City osteopathy never has made an appeal for assistance to the laity. The profession has always taken care of its own problems. But now a new dispensation is upon us. It is inevitable. A united osteopathy in Kansas City can duplicate anything that is possible elsewhere. Its consciousness must be focused upon the big vision. The nasty little jealousies, the personal prejudices, the inconsequential differences of opinion and the narrow selfishness so rampant, must all be relegated to the side lines. They have no place in this big game of endowment. An unbroken front, a united effort, a whole-hearted co-operation and an aggressive spirit, will turn the trick. Who will be the professional "Moses" and "When do we start?"
—Dr. George J. Conley.

PROFESSIONAL INTERESTS.

The move to withdraw the narcotic license from osteopaths in Missouri resulted in great excitement professionally, much turmoil and unprece-

ented activity individually, as well as collectively. The profession was thoroughly aroused. The result was a back down or a reversal of opinion by the Attorney General of Missouri. The general effect of the agitation was good. The profession was stirred as it had not been for a "Blue Moon" and then calmly settled back to its normal state of indifference and inertia.

What caused the great "hullabaloo?" What was the "piece de resistance" of the turmoil? The withdrawal of the license to use morphine principally, for that is practically the only opiate used by the general man. Each practitioner took the problem into his own individual bosom. His first thought was, how it would affect him personally. How could I handle my practice without it? was the common expression. It roused him into action because it hit him directly. Something was being taken away from him. Had it been an indirect effect, like the closing of an institution in a neighboring city, due to lack of professional support, an institution that guaranteed to him service on a parity with any other attending physician; that prevented dominant medicine from making use of that therapeutic "strangle hold," the absolute withdrawal of hospital facilities from the osteopathic profession; that compelled medical specialists to solicit and welcome his business and his presence sub-clandestinely in that "holy of holies," the standardized hospital, we wonder, if he would give such a professional catastrophe hardly more than a passing thought. He would think "Why should I worry! Dr. (mentioning a medical specialist working in a closed staff medical institution) is giving me satisfactory service commercially, what concern is it of mine." Would the majority of the profession, local beneficiaries of that same institution, who, by the very fact that it was open to them, were enjoying limited facilities in medical institutions by the grace of this competition, plus the desire on the part of the dominant school to strangle it, turn their hands over to save it? Would they be aroused from their deadly lethargy, their suicidal commercialism, to a degree sufficient to subscribe funds to keep it open and to devise ways and means to maintain it? Would committees be appointed to wait upon recalcitrant, dilatory, or self-centered members to whip them into line? They would not! The

closing of two magnificent osteopathic institutions recently, due to lack of professional support, clearly substantiates this.

Organization, cooperation, wholehearted, loyal support to its institutions solves the greatest of its problems. The institutions, vigorous and strong, due to the stimulus from such support, would be in a position to bear the brunt of any concerted attack directed against organized osteopathy. The profession mobilized for immediate action functioning as a well knit unit behind these fortresses would swing into the fray without loss of time or uncertainty of purpose. The attack would be launched, sustained, and driven through to a successful end without fear or worry or any marked inconvenience on the part of anyone. The eternal safeguard would be there.

The Harrison and the Volstead Acts are incidental to the success and progress of osteopathy. The former is more of a necessity to the specialist, than it is to the general man. But the specialties will never perpetuate osteopathy! They merely amplify it in a minor way. The propagation and perpetuation of osteopathy depends entirely upon its institutions, schools, sanatoria and hospitals. When they fail the supply is curtailed at its origin. Retrogression is the order and dissolution in the inevitable. These are the things of vital importance to it. It is the professional attitude toward them one of apathy or interest? Which raises the age-old question—"Am I my brother's keeper?"

G. J. C.

PIONEERS

George Richardson, D.O.

In defining the word "pioneer," reference to Webster's dictionary gives it as "one who goes before to prepare the way." So it was that Andrew Taylor Still, who conceived osteopathy, took it upon himself to go before and prepare the way. It was Dr. Still's intention to show to the medical students a new therapeutic light and not to found a separate school of healing; but he was met with such unjust criticism, that it became necessary for him to found a new school if his beliefs were to be promulgated and his child (osteopathy) was to grow and mature. And, so it was that the first osteopathic school was founded at Kirksville, Missouri. People were attracted from all parts of the globe to

this small town to learn of Dr. Still and his new discovery.

A Scotchman, being attracted there, was in town for the most part as a salesman, but became so interested in Dr. Still's work that soon he was given the chair of Anatomy in the college, as he had pursued the medical course in Edinburgh for some time.

Those people who came to Dr. Still and his clinic included both the rich and the poor, but all came to be relieved from their particular malady which was bothering them. Most of those who came were helped and a great number were cured and went on to herald to the world the cures of osteopathy. Rapid were the strides in those days, although much discouragement came to those who took the course, and especially to the "old Doctor." But, Dr. Still was of that sturdy, southern stock, that was pretty hard to discourage. Those were the pioneer days of osteopathic education, but a time goes on there still seem to be plenty of pioneering yet to be done.

After the American School of Osteopathy had graduated numbers of their students and these graduates had taken up their practice, their desire that osteopathy should progress resulted in the formation of local societies, and in due time the founding of other colleges.

In the course of time the Kansas City College of Osteopathy and Surgery was founded by a small group of loyal, earnest and enthusiastic practitioners of osteopathy, who met in the upper story of an old building near Seventh and Wyandotte, and it was here that plans were laid for the founding of the college.

After having some classes and getting started in this location, it was suggested that the college occupy rooms in the Centre building at Fifteenth street and Troost avenue, so this change was made. It was here that the writer had his first introduction to osteopathy and the Kansas City College. I had injured myself in a basketball game and upon the suggestion of a friend of the family, I came to Dr. A. A. Kaiser for examination and his line of treatment.

The doctor said to me, "Son, do you know that one of your limbs is an inch longer than the other?" and to this I replied in amazement, "No." Well, to make the story shorter, I took a number of treatments and my trouble left me. It was here that Dr. Kaiser showed me the class room, the skele-

ton and different pictures and such, pertaining to the course of osteopathy. I expressed a desire here to study osteopathy as soon as my high school course was completed.

In my class in civics in high school, we were required to procure from some individual, a thesis. This particular individual was to be engaged in the business into which we intended to enter as soon as we were graduated or shortly thereafter. This future thing was supposed to be that by which we would make our livelihood. I immediately went to Dr. Kaiser, who very kindly wrote this thesis for me and I gave it to my instructor.

This paper must have been so splendid and his (the instructor's) interest already aroused in regard to osteopathy, for he kept the paper, and would not return it to me. This is one of the few things I always have regretted, that I did not have that paper prepared by Dr. A. A. Kaiser.

Dr. Kaiser was getting into the truss business and was using part of this floor for the manufactory of the trusses, letting some of the students work for him and partly pay their tuition and other school expenses.

Soon the accommodations here proved to be inadequate for the increasing student body and the different demands made upon the board and faculty. An old dwelling at 2105 Independence avenue was purchased and this was to be the new college building and the grounds about the building to be used as the campus.

This old building, which was made of the finest lumber, was the Kansas City College of Osteopathy and Surgery. Classes were held here and also in the barn at the back of the building. Thus it was that, that college ushered in another year of its endeavors and laid here a foundation for a new building and a more enlightened and enthusiastic college.

After a year or so in this old building, an addition was built to give the college more room. In this new section were located the class rooms, the old building being used for treating rooms and a reception room.

In another year or so these facilities proved inadequate for the college and plans were laid for the building of another addition like the one already built. This new addition was to be put in the place occupied then by the old residence. So, during the summer the old building or dwelling, as it was formerly, was torn down and

in its place was erected a building similar to the one already built. This new addition was to house the laboratories, reception room, faculty room, the secretary's and the dean's offices. This building was nearly completed during the summer, but not sufficiently that it could be used at the beginning of the school year; so it was that school was delayed about a month. This was pioneering the word of osteopathy in Kansas City, by giving it such a well-equipped college building. But, I may say that not all of the pioneering was done yet, as the spirit of the school was at a very low ebb, in fact one who came to study osteopathy and surgery in the Kansas City College of Osteopathy and Surgery in the old days, was very nearly shut away from the world for a period of four years as there was very little school spirit and very few school activities were in evidence. This was something that the school must develop if it wished to grow. Consequently it was to fall upon some individual or individuals to "pioneer" these projects.

An attempt in this direction was made by Dr. Robert F. Holcombe, while he was a member of the junior class. He endeavored to promote a basketball team and a college year book or annual, but like some great men he was just a little ahead of his times, for the student body was not quite ready to spread out in these activities; and consequently Dr. Holcombe's endeavors were for naught. He again tried to "pioneer" these projects in his senior year, but the time was not yet quite ripe. Although a basketball team was organized, it failed to function but a few times. They played the Kirksville College of Osteopathy and Surgery, but were beaten badly. This was the finish of basketball for the year, since they had met such a defeat.

The Annual project did not get underway this year, but repeated attempts were made to stir up enough interest so as to put out an annual or year book for the college.

The following year found others feeling it their duty to "pioneer" worthy school projects and thus it was that basketball was again started, the writer pushing the project. We had no coach, but endeavored to go ahead with the basketball situation anyway. So Woodland school gymnasium was engaged for each Tuesday evening between the hours of five and seven and the team worked faithfully, though it

seemed it was an extremely hard task to accomplish anything. Thus a basketball team was again in the field representing the college. The team this year did not altogether make an elaborate showing, but at least they carried through the season without disbanding and giving up the project.

This year two other members of the school, both of the senior class, took it upon themselves to push the annual project. So it was that Herman Shablin and Leon Spencer brought forth their ideas to the now, more enthusiastic student body and completely sold them on the annual proposition, and a very creditable book was put out.

Another pioneering project, in the way of a student council for the college, was started but did not function very successfully this year. However, some noteworthy things were done by the council most important among which, was the bringing forth of a five dollar student assessment in the form of an activity fund. This was signed by most of the students and was passed by the board of control and a notation in regard to the student activity fee was published in the catalogue of the school for the following year.

By this we can see that "pioneers" were developing within the student body and were destined to bring about a better and bigger school.

The following year found the Kansas City College of Osteopathy and Surgery making great strides in activities and self-government as never before in the history of the school.

The college basketball team functioned in a capacity that had never been equalled before in the school life of the college. The basketball team joined a league and at the end of the season's playing were rated third place in the league's standing. This team of pioneer basketball men of this college pioneered the proposition of giving to the college a team worthy of the name of a college team and one that the school and the profession would be proud of; also giving or developing more of a school spirit and more loyal embryo osteopaths.

This year also found a student council organized with two members from each class appointed to membership in the council. The council this year really functioned and one could plainly see how the school, for the most part, could be self-governing, and should be, as this college does not belong to any one individual within or

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without the profession and the Board of Control of the College merely functions as a guide for the school. So it is with this in mind that the college, for the most part should be self-governing, and I feel it will if handled in a safe, sane method be a good government.

The student council this year, selected the annual staff, promoted and encouraged a basketball team, sponsored school entertainments, helped select swimmers which were presented to the basketball men and took action on numerous other things.

The college, this year is surely developing a real school or college atmosphere as never before. In line with this statement I may (beside citing other activities) say word about our college glee club. This is almost a dream to be realized. This worthy organization practices two hours each week.

All these school activities are certainly making the Kansas City College of Osteopathy and Surgery a real college, which is turning out doctors thoroughly versed in the osteopathic work and capable of meeting most of the emergencies that are likely to befall the physician.

So thus, it was not entirely the old time osteopaths who did all the pioneering for osteopathy, and neither has this year brought forth all the pioneering projects; but in years to come it will be the lot of osteopathic physicians to pioneer projects for the advancement of the profession of osteopathy and put it before the minds of the public.

We are accustomed to think of pioneers as those who lived years ago, and had the hardest part of the work to do, but the pioneers this year found difficulties, and those in the years to follow will likewise find difficulties and the pathways will not always be strewn with roses.

And so in closing let me say this word, that this year has found a much more enthusiastic and peppier student body than ever before. And the pioneering of these many worthwhile projects has been not only for the advancement of the Kansas City College of Osteopathy and Surgery but likewise an advancement for the osteopathic profession as a whole for the school itself is a part of the profession.

We battle against the powers of darkness, but God empowers us for the battle.

THE BRAIN AS A STOREHOUSE

All physiologists agree that a qualified system of nerves pass from the brain to each part of the body, be that part skin, fascia, tissue, bone, bowel, liver, heart or lung; every part must have power in proportion to its needs in carrying out its individual work. Then we know the brain to be the storehouse supplying all organs, and all roads or gates leading to it or coming from it must be open all the time or confusion will be the condition and show effects which according to some rule are given names.

Now our work is to open wide all the gates and turn in the blood of each and every organ. They will do the rest. Keep these organs supplied with nerve force and blood in order that they may keep their work of construction up to the normal standard. This cannot be done when by inhibition, pressure, or any other cause, the nerve force falls below the normal demand. A destroyed or severed nerve can do just as much good as a nerve whose power is totally inhibited. It is wholly useless to present reasons why a thing is or is not the effect of such causes. For this reason I try to assist the osteopathic operator to realize that he must know what to do and how to do it.

A. T. STILL, M. D.