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The Journal of Osteopathy

Edited by M. A. Boyes, A. B., D. O.

Vol. XXI

APRIL, 1914

No. 4

EDITORIALS

1915

The Osteoblast formulated by the January and
June classes, 1915 of the A. S. O. is an edition well
worthy of comment in as much as this year's publi-
cation will be the finest and most up to date annual ever put out by
the Junior members of this institution.

The Osteoblast will contain on an average of 350 pages cover-
ing every department that is in any way connected with the A. S. O.
It is the only publication of its kind that goes into details, in the
manner of excellent half tone cuts of every department.

When the editor brought the dummy to us for our comment,
the first feature that attracted our attention was the artistic manner
in which the "Old Doctor" will be portrayed, in the form of an ex-
ensive duotone which gives the appearance of a portrait in reality.
This feature of the book is well worthy of commendation in as much
as the present staff have been extremely thoughtful in dedicating
the annual to our friend and teacher, the "Old Doctor."

Never before in the history of A. S. O. annuals have the class
individuals been so artistically represented. The 1915 classes are
arranged in panels of five each with art work in every four panels
of a different nature. In comparing this feature of the Osteoblast
we will say that it will compare favorably with, if not exceed, that
of College and University books.

Still another attractive feature. Every page will be of pebbled
paper and in two colors. This necessitates the requirement of run-
ing every page of the book through the press three times, which is
a very expensive process.
Those who are interested in the success of the A. S. O. will realize the fact that a publication of this kind distributed among the students and alumni will have a great deal of influence, among individuals who read it in the offices of the alumni and will induce many a prospective student toward the goal of the A. S. O.

An Anniversary

The following anniversary letter which is sent out by the American National Assurance Company shows that this new osteopathic insurance company is not only well managed but that it has been quite fortunate in having no deaths. It is a matter for congratulation that the new company should be such a success from the start.

To the Osteopaths:

This Company issued its first policy on March 1, 1913. It has therefore been in active business just one year today. It has business in force $1,527,500.00, which is a most creditable showing.

It has no death losses, thus, to an extent at least, justifying our belief that the Osteopath is quite as competent to examine applicants for insurance as the practitioners of the old schools.

It has been and will be a most important factor in bringing osteopathy to the attention of the general public. It has secured for the osteopaths a form of recognition not hitherto accorded to them; i.e., Examiners for Life Insurance. It has been both a direct and indirect benefit to every member of the profession. Every osteopath should take a pride in this Company,—and he should make himself feel that it is his company, by becoming a stockholder or policy-holder.

Yours sincerely,

H. M. STILL, President.

Quack Legislation

The New York Medical Journal under date of March 28th, 1914, has the following to say with reference to quack legislation.

The epidemic of legal hysterics grows every year more ferocious. Laws are coming and going with a rapidity and caprice so confusing that the ordinary citizen must have given up any attempt to follow their symptoms. It is therefore only lucid to explain in advance that the monomaniac we allude to has started in the Legislature a series of bills commonly called the "naturalist," "aturopath," and "osteopath," etc., bills. They tend, in spite of a specious fairness, to colossal disintegration of the medical profession. It is said that they preach a doctrine of quackery, and their aim is to show the charlatan how to get on. Possibly the whole thing is political, a fiction of party politics in which the authors seem uncertain in their gait. At all events the spirit of the bill is distinctly hostile to the respectable physician; it not only preaches, it practises the doctrine of quackery. True medicine has lost, and has lost through the lowest excess of the politician's mania. If stupidity and ignorance were not rampant there would be less outcry against offenses in drug sale.

We admit that stupidity and ignorance are rampant. They have been from the earliest days of drug medication. A few examples of this ignorance and stupidity may be cited:

FIRST, medical text-books are revised every year or so because of new discoveries made and students are compelled to have the latest edition even though they already had an older edition. One of the new discoveries is a re-numbering of pages and figures.

SECOND, the medical profession makes some big discovery every year to make copy for the medical journals. What has become of the noted consumption cure of about four years ago? What has become of the noted "606" cure of about three years ago? What has become of the serum cure of last year? And now we have radium.

THIRD, why did the American Medical Association have to disorganize recently? Was it expediency or was it the result of stupidity and ignorance or both?

We might continue to great length pointing out conditions which would show that stupidity and ignorance are rampant.

The Journal of Osteopathy congratulates itself and all osteopathic physicians that the legislators have freed us from such an environment as the Owen Bill would have created. It is the opinion of the Journal of Osteopathy that if such stupidity and ignorance continues in the ranks of the medical profession that the colossal disintegration now admitted to exist will continue until the A. M. A. will have to undergo another re-organization.
Kill

The following suggestions for anticipating the dangers of the common house fly by destroying the survivors of last year’s crop are being issued by the committee on Pollution and Sewerage of the Merchant’s Association of New York:

Flies cost the United States $350,000,000 annually. The present is the time to kill flies; before the weather becomes warm and the “hold-overs” begin to propagate.

One fly now means Innumerable Billions Later On. The extermination of the winter fly is the duty of the housewife and everyone. Don’t let one escape. Catch and kill them all before spring, for the winter fly is the parent of summer’s destructive swarms.

The time to destroy the fly is before it has had a chance to lay its eggs. Now is the time.

Capture every one of the filthy little pests you can find.

A single fly is capable of depositing 150 eggs at one time, and of producing five or six batches during its short life.

The progeny of a single pair of flies, assuming that they all live, if pressed together at the end of the summer, would occupy a space of over fourteen million cubic feet.

This would be equivalent to a building as large as the Woolworth building.

These figures show the incalculable possibilities of a single fly and how vital it is to destroy the winter flies.

Don’t think because the flies do not annoy you now that they should not be “swatted”. Now is when “swatting” is most effective.
OSTEOPATHIC TECHNIQUE

Fig. I. Diagram representing the hammock-like method of suspension of the Sacrum between the two Innominates.

Fig. II. Diagram representing the full range of movement occurring between the Sacrum and the Innominates.

Fig. III. Diagram representing the mechanism of the movement in the sacro-ilial joint looking at it from in front.

Fig. IV. The central circle represents the Sacrum and the other two represent the Innominates. It will readily be seen that ligaments 1 and 2 will hold the Sacrum swinging, as it were, between the Innominates while ligament 3 will prevent the Innominate moving beyond a certain definite limit. Fig. II. is an attempt to represent the full range of movement of the Innominate upon the Sacrum, the symphysis remaining fixed. Fig. III. represents the mechanism down in relation to the Sacrum. Fig. III. represents the mechanism of the movement in this joint looking from in front. From this figure it may be seen readily why it is that in many cases of Innominate lesions there is a difference in the lengths of the legs.

The commonest lesion of this articulation is what is generally called a posterior Innominate, and by this term is meant a condition in which the Innominate is either held at its posterior limit of movement or held so that all the movement in this joint is limited around this posterior part of the motion. There are a number of quite easily recognized diagnostic points that may be noted when such a condition is present, and these we will consider later.

Occasionally there is found a lesion in which the Innominate is held at or towards the anterior limit of its normal motion and we speak of such a condition as an anterior Innominate. There is a third possibility of lesion that is not often spoken about, though undoubtedly it is responsible for a great deal of trouble in and around the articulation, and this lesion is one in which there is simply present a condition of tightness or rigidity in the articulation, without the Innominate being held at or towards the anterior or posterior limits of movement. In this latter condition the joint in lesion might be spoken of as a "mid-line" Innominate, as the rigidity is in reality holding the bone in its mid position, and there is inadequate movement either anteriorly or posteriorly.

Diagnosis of Innominate lesions.

There are a number of points that are interesting in connection with the so-called slipped Innominate, and they are all points that can readily be reasoned out from a direct knowledge of the exact condition present. That is to say if we have a proper understanding of a lesion and do not think of it as a dislocated bone but rather as a condition of congestion in and thickening of the tissues with in many cases a proliferation of the fibrous material around the
articulation we shall readily see that the most essential point to test and the most important fact to determine is whether or not the amount of movement in the articulation is normal. In principle it matters little whether the Innominate is held at its posterior limit of motion or whether it is held at its anterior limit or whether it is held in the midline of its motion, seeing that there is an essential feature common to the three lesions and this is that in each the movement is limited. Other diagnostic points, though interesting, are therefore by no means so important as the knowledge of some method whereby the actual amount of movement may be tested, and an understanding obtained of the degree of limitation with to a certain extent a knowledge of the direction of that limitation. Indeed we regard as a point of the utmost importance the employment of some method whereby such an idea may be obtained, for unless this is done, a diagnosis can never be much more than guess-work, and a wrong conception of the lesion is very liable to be obtained.

We shall describe a number of such diagnostic points besides discussing a method whereby the actual amount of motion in the joint can be determined; we regard these various diagnostic points, however, as subsidiary to the main thought that we are suggesting.

As a method therefore whereby we may obtain a knowledge of the amount of movement in the sacro-iliac articulation we would suggest the following:

With patient on side, let operator flex the upper of the two legs of the patient and support the knee in his abdominal wall. Then grasping the Innominate directly with both hands—the one on the tuberosity of the Ischium and the other on the crest of the Ilium—a little rocking movement of the body will enable the operator to determine whether or not there is movement in the articulation. The accompanying cut shows this diagnostic manipulation in use, and a few more points may be suggested. It is well for the hand that is upon the crest of the Ilium to grasp this portion of the bone in such a way that the tips of two or three fingers come over the posterior spine of the Ilium onto the sacral tissues. In this way the Innominate can easily be felt as it moves over the Sacrum. It is important that operator be careful not to attempt to obtain a large amount of movement as the normal amount is not a great deal; care must also be taken to obtain the movement in the innominate articulation and not between the Femur and the Innominate cr in the lumbar region. If such a movement has not been attempted before, it often requires some little practice before a skill that can be relied upon can be gained; it is however simply a matter of practice, as the motion obtained is the motion that is normal to the
a movement of the posterior spines in the tissues under the thumbs.

As to other points of diagnosis we would suggest the following: tenderness around the posterior spine of the Ilium and also over the articulation itself; tenderness over the pubic spines; a difference in level in the two posterior spines of the ilium; and a difference in the lengths of the two legs.

Some osteopathic physicians make their diagnoses on the degree of out-turning of the two legs from the middle line when the patient is lying upon the back, but we do not believe that this method is sufficiently trustworthy in many cases to be relied upon as a universal procedure. We will say a few words about the various points we have suggested indicating the importance of each.

First of all as to the tenderness that is manifested over the articulation of the Innominate and around the posterior spine of the Ilium. This is very important and in the large majority of cases will be found quite noticeable as soon as the operator attempts to manipulate around the articulation; there is also very frequently a certain lack of resilience in the tissues when there is a lesion of the articulation. As to the point of the difference in level in the posterior spines this is quite frequently of value as a method of diagnosis, and as a general thing it may be said that when the two spines are not level the lower of the two in the one that is in lesion, because a posterior Innominate is far more common than is an anterior one and a posterior lesion will of course ensure in the majority of cases a lowering of the spine. It is probably best to place the sides of the thumbs in the notches under the actual spines as this will give a more sure landmark to measure from. The tenderness on the pubic spines is not of extremely great value in most cases. In the matter of the length of leg, we are presented with a problem that is of more interest than actual value in so far as this diagnostic point has undoubtedly been exaggerated in its importance. It is quite easy for a patient by a slight twist of the pelvis while lying on the table to disturb the lengths of the legs when there is no actual lesion present, and many true lesions of these articulations do not present any differences in the lengths of the legs.

(To be continued.)
added stimulus to greater efforts and greater accomplishments. There things are a matter of knowledge to those of us who have ever had our fingers upon the pulse of osteopathic progress. While we have achieved much and are extremely proud of our history yet we cannot help but know that it is but the foundation so far, that we have builded and a world of greater and better work lies before us.

So far our results have been obtained by scattered individual effort. We have been unable to condense our work, to centralize it, to bring it all near enough together to interweave one result with another. There has been so much demand upon us from so many sources that it has been hard work to centralize our efforts or systematize our work in a way to get the best results, but leave us unable to condense our records or to get them together in a way that would mean the most to the profession.

Much has been accomplished in the last few years to help bring this about but nothing has ever yet occurred that could begin to compare with the opportunity now offered through the Still-Hildreth Sanatorium at Macon, Missouri.

I do not say this from any selfish motive nor in any sense because of my own connection with this institution, but because I know of the splendid opportunity offered here that the men who are interested and the profession as a whole, have here a property which only a few months ago was beyond our dreams of securing. It is such a one that in its magnitude, beauty and splendid equipment cannot help but be a credit to our profession. We would be so glad if each individual in the profession could only visit this place and know personally what has been secured for them.

Here we have so many advantages over anything we have ever had before. We are equipped to care for a large number of people at one time. We can handle here a class of patients that we have never been able to reach before.

In handling those entrusted to our care we are so equipped that we can furnish them with every accommodation they are able to receive at the best institutions on earth conducted by other schools of medicine. Never before have we had such an opportunity for the correct compilation of records. Every detail and every feature of each individual case here can so easily become the reference of the entire profession. We believe that in this institution we will be able to aid our research institute as it could be helped in no other way. Surely no other field of practice on earth needs our services more than those mentally ill.

It seems to me that here in this work we are destined to revolutionize the treatment in care of this class of patients. Each day as a new case arrives we can see more and more the need of our service and the great breadth of the field before us. Our usefulness in treating this class of patients is just as little known to our profession today as was the future of Osteopathy twenty-one years ago last Fall.

There can be no question but that we will secure results here such as have never been dreamed of before. We are splendidly equipped.

We have the opportunity to treat each individual case from its own standpoint. The surroundings are absolutely what they should be to produce results.

With everything in our favor why should we not expect even greater things of our profession than has yet been accomplished. Of course, the profession must endorse the work both morally and financially, as they have been doing. This institution should belong entirely to the profession and it is our hope that it will. This takes effort and work. From every quarter of the globe comes the best encouragement and the most hearty and loyal support and I truly hope and believe that at no distant date we shall be able to furnish the profession with records and data that will be of the utmost value to them and to the world.

We are here to do our utmost, believing that this institution is the pioneer that is blazing the trail for others of a similar character, we believe it will mean more and greater good than any institution of a similar character now on earth. We invite the entire profession to join us; we want it to be your institution as well as ours.
HOSPITAL NOTES

ONE DAY'S A. S. O. HOSPITAL NOTES IN THE KIRKSVILLE MORNING NEWS

Mrs. D. L. Weed of this city will be operated on at the hospital this morning.

Mrs. G. E. Purdy, of Bloomfield, Iowa, wife of the Rev. Purdy, of that city, entered the hospital yesterday and will be operated on today by Dr. George Still.

Miss Minnie Schrubble, of Decorah, Iowa, who has been seriously ill for the past few days, will undergo an operation this morning.

Mrs. G. A. Fisher, of Fort Worth, Texas, underwent a very operated on last fall for a similar condition by Dr. George serious operation at the A. S. O. hospital yesterday.

Her sister, Mrs. Emma Berry, of Columbia, Mo., who was Still, came up from Columbia to be with her.

Mr. Quincy Matlock, of College Mound, Mo., underwent a complicated operation at the A. S. O. hospital yesterday.

Mrs. George Matlock, of Sweet Springs, Mo., was operated on for a stiff shoulder and wrist Tuesday morning.

The condition for which she was operated on was caused by a serious injury several months ago.

Mrs. Cornelia Leeper, of Brighton, Iowa, from whom Dr. George Still removed twenty-five gall stones April first, in convalescing in a very satisfactory manner and will probably be able to leave the hospital next week.

Mrs. Pearl Robinson, of Marion, Ill., who underwent an operation for a tumor complicated with appendicitis a week ago, is well on the way to recovery.

Mrs. Ida B. Scott, a trained nurse of Beatrice, Nebr., who was recently operated on by Dr. Geo. Still for a serious condition, is rapidly recovering.

JOURNAL OF OSTEOPATHY

Mrs. W. C. Drury, of Fulton, Ill., entered the hospital recently for treatment by Dr. George Still.

Mrs. J. F. Blankenship, of Murfreesboro, Tennessee, who underwent a minor operation last week has left the hospital.

Mrs. Paul Buckler, of Novinger, Mo., who was operated on last week by Dr. George Still, is reported as doing nicely.

Mrs. Alice G. Warriek, of Morgantown, W. Va., entered the hospital recently for treatment by Dr. George Still.

Mrs. Matilda Bradley, of Greensburg, Mo., who underwent an operation recently, is doing nicely.

Mr. Chas. Folke, of Herrin, Ill., who underwent a complicated operation ten days ago at the A. S. O. hospital left for his home yesterday.

Mrs. John Clark, of Goshen, Indiana, who underwent a very extensive operation two weeks ago is much improved.

The operation which was a most unusual one necessitated the removal of a part of the larynx and vocal cords and about a third of the collar bone.

It was an operation of such magnitude that very few surgeons attempt.

Miss Ida Lewis, of Leon, Ia., who underwent a difficult operation for the removal of an abdominal tumor recently is able to sit up.

Mr. E. N. Evans, of Oklahoma City, Okla., who was operated on recently for a malignant growth by Dr. George Still, has recovered so rapidly that she is walking about the hospital and will leave the hospital next week for Macon, where she will visit her sister, Mrs. E. J. Demelter, for a few weeks before returning home. At the time of the operation it was so complicated and extensive that grave fears were entertained for the recovery of Mrs. Evans.
Patient lying on convex frame is shown in Figure V. Once daily he is removed, given gentle spinal treatment and allowed to rest, lying face downward, for half an hour. No attempt should be made to get movement between the involved vertebrae, or forcefully or too rapidly reduce the deformity. The object of this treatment is fixation and not motion. The urinal should be used and the patient taken off for the purpose of defecation. To prevent pressure sores it is a good idea to put a soft undershirt on, of sufficient length to cover the pelvis.

An admirable feature of this treatment is that the frame can be conveniently moved about without lessening the pressure on the spine. Patient can be taken out in the sunshine while on the frame which is very beneficial in combating tuberculosis processes. The frame can also be used on a bed, and in small children adapted to a baby carriage.

In upper spinal involvement it is often desirable to use traction on the head, which can be easily done, with patient still on the frame.

This frame, in conjunction with proper osteopathic treatment, gives good results and should be continued for from six to eighteen months, and then followed by some spinal support when patient assumes the erect position. The length of time is governed by the rapidity of reduction and constitutional conditions. Some individuals cannot stand the confinement necessary in this treatment and often undergo marked emaciation. In these instances the treatment should be discontinued and other methods tried. Abscess formation is treated in the usual manner, and in severe cases also necessitates a change of treatment.
Gastric conditions are indicated very readily by laboratory examinations. It is a very simple matter to remove the contents of the stomach and if the analysis is made in the proper way, the apparatus and the technique required, is not great. The value of hydrochloric acid in the gastric cavity is four fold. It is the substance which acts as the gastric antiseptic and it is not present in sufficient quantities to cause any erosion of the mucous membrane of the stomach wall, but it is present, normally, in sufficient quantities, to inhibit the action of certain organic ferments and to kill certain other ferments which, if they were not killed, would cause a considerable amount of distress. Hydrochloric acid is the agent which furnishes the best medium for the proteolytic enzyme, pepsin, to act in. Not only, does it furnish the acidity of the medium in which the pepsin acts but it also acts as the specific activator of pepsinogen, the form in which pepsin is first secreted by the gastric cells. It, also, has a certain amount of enzymic action of its own. It possesses the ability when present in normal amounts to invert cane sugar. If

we have any interference with the innervation of the gastric cells which secrete hydrochloric acid from the chlorides of the blood stream, so that we have a decreased amount of hydrochloric acid present, then we have an interference with these various things which the acid has to do in normal food digestion. Not only is the formation of hydrochloric acid interfered with, in this condition which acts upon the mucous cells of the gastric mucosa, but we have the other substances which are present in the gastric juice, also diminished in amount. Now, the enzymes which are secreted by the gastric cells, are pepsin which acts upon the proteins, rennin, which has the property of curdling milk, and the third enzyme, gastric lipase, which in normal conditions, has the ability of splitting up fats. If we simply go over the steps in normal digestion of food in the stomach, we can better appreciate the compounds which are formed when there is an interference with normal digestion. The food enters the stomach after being acted upon by the enzymes of the saliva, and then comes in contact with an acid medium. The first step in protein digestion, is the combination of a protein molecule with a molecule of hydrochloric acid, then it is acted upon by pepsin and split up into proteoses and peptones. Milk is acted upon by rennin which splits the soluble caseinogen of the milk into soluble casein and a peptone-like body. The soluble casein then combines with the calcium salts and forms an insoluble calcium casein which is the curd. This curd then combines with hydrochloric acid and then, is acted upon by pepsin and goes through the same steps of digestion as any other protein. The carbohydtrates whose digestion began in the mouth, continues to be acted upon by the salivary enzymes until we have present in the gastric cavity free hydrochloric acid. This commonly occurs from thirty to forty minutes after the food enters the stomach, and this free hydrochloric acid then kills the salivary enzymes so that salivary digestion then ceases. Normally, at this stage of carbohydrate digestion we have had part of the starch broken down by the action of ptyalin of the saliva into maltose. This maltose is then acted upon by maltase, a salivary enzyme which splits it up into glucose. In practically all food stuffs containing starch, bread in particular, there are more or less of lactic acid bacilli. These act upon the glucose, splitting it up, in its turn, into lactic acid. Normally we have then a certain amount of lactic acid present in the stomach, formed directly from the carbohydtrates
of the food. Abnormally, when we have a decreased amount of hydrochloric acid, we do not have sufficient secretion to inhibit the action of these lactic acid bacilli, so that we have an enormous increase in the amount of lactic acid formed, and further, unless these bacilli are inhibited in their action they then break down the lactic acid into butyric acid, at the same time setting free carbon dioxide and nascent hydrogen.

This is the one common condition which we find in chronic catarhal gastritis. In our next month’s article, we will take up the chemical tests by which these organic acids can be determined and the tests to determine the amount of free hydrochloric acid present in the stomach.

**INTERCOSTAL NEURALGIA.** *(Illustrated)*

By F. P. MILLARD, D. O., Toronto, Canada.

There is but one satisfactory way of discussing a subject in therapeutics, and that is by injecting anatomical facts from an applied standpoint. The region included in this discussion covers nerves the ramifications of which are extensive, functions quite varied, and communications among the most specific, from a technique standpoint of any in the spinal region.

Here we have to do with the fine rami, gray and white, as this region is almost exclusively and inclusively the double rami region. We have a few peculiarities in the way of connections and distributions of these twenty-four nerves, but the majority are similar in almost every respect.

The first thoracic nerve is in part the first intercostal. (Plate I.). It leaves the intervertebral foramen, formed by the first and second thoracic vertebrae. This places the intercostal nerve in a position to follow the neck and lower border of the first rib and costal cartilage to its termination near the manubrium. (Plate II.). As a rule this nerve gives off no lateral cutaneous branch, and its muscular branches are small, but the most characteristic feature of this nerve is the large branch which passes upward over the neck of the first rib to join the brachial plexus extending downward and outward under the clavicle to the arm.

The second intercostal nerve is peculiar in that it sends off the well-known intercosto-humeral branch, which also connects with the nerves coming from the brachial plexus. This second intercostal nerve, however, has a lateral cutaneous branch, as well as sufficient muscular branches to supply some of the adjacent muscles, and its communication with the first is sometimes quite distinct.

The third intercostal is peculiar only in that it connects with a small branch the intercosto-humeral, and supplies a small portion of the axillary region. Otherwise this nerve is quite typical of the true thoracic intercostal type.

We have a distribution in these thoracic nerves which covers in a remarkable manner the cutaneous area from the axilla to the mernal line, as each intercostal nerve has posterior, lateral, and anterior cutaneous branches.

The peculiar distribution and division of the intercostal nerves is such that the posterior division is almost entirely muscular in function, supplying the deep muscles of the spinal region, while the anterior division is sensory as well as muscular, supplying a vast area of cutaneous tissue in the lateral half of the thorax.

The twelfth thoracic nerve is sub-costal, (Plate I.) as it does not lie between two ribs, but beneath the last rib, and its distribution is somewhat changeable, as it often communicates with the ileo-hypogastric, extending down over the abdominal area to the region of the rectus. The various muscles supplied by the thoracic nerves, while great in number, are less in some respects, than one would imagine, as many of the spinal muscles are supplied by cervical nerves.

As a rule intercostal neuralgia is more common on the left side. It is difficult to explain, but from an anatomical standpoint we know that the intercostal veins of the left side empty into the superior intercostal or left vena azygos. From this it will be observed that the blood reaches the vena cava in an indirect manner and the possibility of stagnation is made more probable than that on the right side.

Dana, in referring to neuralgia, states that in rare cases there is tenderness over the spine corresponding to a point where
THE AFFECTED NERVE ARISES. We know that deep inhibition along
the spinal region lessens pain, while in the peripheral region the
trouble may not be lessened, but may be even aggravated.

Neuralgia being a symptom rather than a disease, corrective
measures include the removal of causes, which should always fol-
low accurate diagnoses. The cause may be direct, as a specific spinal
lesion or a sub-luxated rib, with associated contracted musculature,
involving sensory nerves; or the cause may be indirect, produced
by the irritation of remote organs and tissues and referred indirectly
by the reflexes.

Reflex and systematic neuralgias are not as readily located as
those in which the cause is primary and in which a specific lesion
is easily found.

Neuralgia of the various nerve terminals in the face is usually
a reflex from lesions and contracted muscles in the cervical region.
If anaemia exists to a marked extent, as is often found in systemic
neuralgias, the general system must be toned up as well as the cor-
recting of lesions and removal of irritation to the nerves involved.
A poorly nourished nerve is difficult to handle, even though the
pressure be removed.

Reflex irritation from pelvic disorders is sometimes the cause
of severe neuralgic symptoms at remote points, especially around
the eyes. The majority of cephalic neuralgias are, in fact due to
troubles of a reflex nature.

The nerves must be supplied with pure blood, for neuralgia
may exist in any nerve, and, should the nutrition become disturbed
to the point of impairing the sensory neurons the toxic products affect
the nervi nervorum, and a general neuralgia may spring up at more
than one point.

In a condition like this when the neuralgia presents itself in
several nerves at one time, or appears in one location and then in
another, we may be justified in stating that more than one nutri-
tional centre is affected, and that possibly more than one lesion
exists, as the irritating effects of the toxic material is rendering the
entire system more subject to outbreaks of a neuralgic nature. A
NORMAL CELL CAN ONLY REMAIN NORMAL WHEN THE BLOOD SUPPLY IS
ALSO NORMAL.

Toxic agents invariably cause disturbance either in the way
of stimulation of the sensory nerves, or producing remote symptoms
by way of reflex communications.

The metabolism of the body must not be reduced, or systemic
neuralgia will likewise follow. Periodical neuralgias are often ac-
 companied by malaria chills, and a debilitated state, where anaemia
is frequently found.

In any condition of the system where the quality of the blood
is below normal, and where toxic products exist, we cannot expect
the patient to be free from neuralgic symptoms.

Referring to the direct causes, osseous lesions are considered
from a mechanical standpoint in the way of indirect pressure on
the sensory nerve trunks. This may be circuitous in the way of liga-
mentous or musculature disturbances, with contractions through
exposure to cold, or possibly direct irritation of the motor nerves,
but any pressure or disturbance of these nerves will result in pain
through irritation of the sensory fibres.

The reflex and systematic neuralgias referred to are brought
about by irritation of the afferent stimuli from remote organs, as
referred to in the eye trouble from pelvic disarrangement, or scap-
ular pain in hepatic disease, or tympanitis from carious teeth.

The predisposing causes include susceptibility in certain cases,
as well as climate, age, humidity and heredity especially from a
neurotic standpoint where nervous instability is observed.

In considering the various chest symptoms simulating inter-
costal neuralgia, care must be taken in differentiating cardiac dis-
eases, as well as those of the lungs and pleura. Angina pectoris is
conceded to be sclerosis of the coronary vessels, with the possibility
doing disturbance of the cardiac musculature and the delicate valves.

The difficulty in breathing may be serious or trifling. If the
pain is unilateral, a specific costal sub-luxation may exist, while if
bilateral there is a possibility of the cord segment being involved.

Comparing neuralgia with rheumatism, THE PAIN IN NEURALGIA
ALMOST INVARIBLY RADIATES, FOLLOWING THE NERVE COURSE, WHILE
IN RHEUMATISM (WITH WHICH IT IS USUALLY COMPARED) THE PAIN
SHIFTS OR SPREADS MORE OVER THE SURFACE OF THE MUSCLE. Neural-
gia may attack any tissue of the body, but there are certain points
more commonly affected—the head, face, back of the neck, arm,
shoulder, intercostal muscles, spine and joints of the lower extremity.

The Greeks named neuralgia, signifying nerve pain, but all pain

THE SURFACE OF THE MUSCLE.
is nerve pain, and in neuralgia no structural changes are noticed, although the paroxysm courses along the nerve. The suffix "algia," or "dynia," meaning pain, applies to almost every organ in every part of the body. To find the cause or causes is the scientific way of going into the trouble.

**To subdue a neuralgic pain with a hypodermic seems not only careless, but unbecoming, in this scientific day and age, when we know for a certainty that neuralgia is due to lack of blood either in quality or quantity.**

Referring to the first rib, which in a way would interfere with the first intercostal nerve if disturbed in its normal position, we will refer to a few anatomical points from an applied standpoint.

The absence of an intra-articular ligament in the first rib allows vertical gliding, at the vertebral end, and the action of the scaleni muscles, if sufficient irritation is existing to offset the contracting intercostal and serrati muscles, produces sub-luxation which disturbs not only the nerves but the vessels.

Contraction of the scaleni muscles will not take place without a cervical lesion, as a rule. The upper attachment of these muscles is to the cervical vertebrae, and the innervation of the scaleni is from the cervical cord.

Upward sub-luxation is usually of a posterior nature, allowing the sternum to become depressed, lessening the antero-posterior chest wall diameter, and subjecting the structures passing through this opening to more or less pressure. Following out this chain of reasoning, we, of course, find the sympathetics disturbed in their relation to the lower cervical and upper dorsal vertebrae, and as this region is a particularly active one, especially in its relation to cephalic structures as well as cardiac, the position of the first ribs is almost strategic. The lessening of the antero-posterior thoracic opening superiorally, even the fraction of an inch, means just that much undue pressure on the numerous tissues and structures passing through this narrow opening.

The floating ribs likewise have but one vertebral articulation and, like the first ribs, lack intra-articular ligaments. The great range of motion allotted the floating ribs for lessening the crowding of tissues in the flexions of the body allows extreme sub-luxation to take place at times, which may be serious, as interfering with
Plate II. (F. P. Millard). INTERCOSTAL MUSCLES, NERVES AND VEeSSELS.
the aortic opening in the diaphragm, or interfering directly with the nephritic tissues.

As a rule, the downward subluxation of the floating ribs involves the other lower ribs to a certain extent, causing a depressed condition of the lower part of the chest.

The anterior branches of the thoracic nerves are distributed over the chest and a portion of the abdomen, as the intercostal nerves.

The exceptions referred to in the first part of this article aid in the formation of the brachial plexus, and supplies in part the cutaneous tissues of the arm and those overlying the hip region.

 Neuralgia of the intercostal nerves is very common, more so than angina-pectoris. A central disorder is indicated when a pair of intercostals are involved, as a segment of the cord must be affected. In uni-lateral instances the nerve or its ganglionic connection is at fault. In some instances, the motor organs may be implicated, especially where ptosis exists from corset constrictions and where gastro-intestinal disturbances are present, making an atonic condition of the walls of the abdomen. The thoracic viscera may be involved from the condition of the intercostals, either through reflex mechanism or disturbance of the chest wall itself, and possibly through the nerve terminals, which may be traced across the space between the intercostal wall and the thoracic viscera. This will readily explain how spinal nerve irritations may produce pleuritic disorders.

Stimulation of the sensory fibres contained in the intercostals affects the medulla respiratory centre, as noticed in the affect produced almost spasmodically on the respiratory apparatus by the cooling suddenly of the cutaneous tissues of the chest.
PERSONALS

Charge Death Due to Vaccination. The charge is being made that little Evelyn Hall of Lackawanna, N. Y., who died the last of March, met death as a result of vaccination reported to have been administered in the Lackawanna public schools.

Dr. Tucker Addresses Y. M. C. A. Dr. Ernest E. Tucker of Trenton, N. J., delivered a lecture on the evening of Mar. 25th at the Pennsylvania R. R. Y. M. C. A., Exchange Place, on "The Human Body, the Tree of Life".

Dr. Charley Still Again Honored. One of the most exciting political campaigns Kirksville has ever seen came to a close Tuesday April 7th. Kirksville recently adopted the Commission Plan of Government. Dr. C. E. Still lead his ticket winning by a majority of but three less than five hundred votes. This honor Dr. Charley has richly merited and we are sure that he will administer the affairs of Kirksville in the same efficient way that he administers those of the A. S. O.

Sent Patient To Hospital. Dr. Anna Stoltenberg, of Brunswick, Mo., sent a patient to the A. S. O. Hospital February 12th for a major operation.

Locates in Iowa. Dr. R. T. Quick, who graduated from the A. S. O. in 1910, has taken the practice of Dr. Chas. E. Clark. Dr. Clark having gone to Claremont, Calif.

Has Been Elected President. Dr. Allie Bell Schils of Butte, Mont., was elected president of the Anti-Vaccination League, which has a membership of several hundred. Herefore, this city was nearly absolutely under the control of the M. D.'s but the D. O.'s are getting a foothold and intend educating the people along saner lines.

Examined At A. S. O. Hospital. Dr. Wm. Stryker of Newton, Ia., met with an accident, the last of February, by slipping on the ice and severely injuring his shoulders. He immediately came to Kirksville and was examined by Dr. Geo. Still but fortunately there were no bones broken. There was a subperiosteal exudation which will eventually be absorbed. Dr. Stryker was a graduate of the June 1910 class. He reports an excellent practice. Since June 1912 he has been located at Newton, Ia.

Gave An Address. Dr. W. W. Stewart of Detroit, Mich., recently addressed the city Osteopathic Society of Chicago, on Cervical Lesions.

Called On Journal Office. Dr. I. D. Taylor, while enroute from Grand Junction, Colo., to Beaver Dam, Wis., stopped off at Kirksville and made the Journal Office a very pleasant call. Dr. Taylor expects to locate in Beaver Dam, Wis.

Makes Highest Grade Before Examining Board. Dr. Jos. Marple, a recent graduate of the Los Angeles College of Osteopathy, and who took the recent State Medical Board examinations in San Francisco, has the honor of receiving the highest general average of the 25 physicians who took the examinations of this meeting of the board.

Brought Patient To Hospital. Dr. Chas. Chandler of Cherryvalle, Kans., called on the Journal Office while in Kirksville, he having brought a patient to the hospital. The Doctor reports a good practice and expressed his opinion in that there is plenty of room for good Osteopaths.

Called on Journal Office. Dr. Homer F. Bailey of Columbia, Mo., brought a patient to the A. S. O. Hospital to be examined by Dr. Geo. Still. While the doctor was in Kirksville he made the Journal Office a very pleasant call. He reported a good practice.

To Open Offices in Kirksville. Dr. J. N. Waggoner and Dr. F. L. Bigby, members of the A. S. O. faculty have opened new offices in the business section of Kirksville. Dr. Waggoner will do special work in eye, ear, nose and throat diseases. Dr. Bigby will specialize in rectal diseases. This will make it more convenient for patients who wish treatment along these respective lines. Drs. Waggoner and Bigby will continue to teach at the A. S. O.

Elected President. Dr. H. E. Bean of Columbus, O., was recently elected president of the Columbus Anti-Cumpulsory Vaccination Society.

Birthday Party. Dr. L. Ludlow Haight of Los Angeles, Calif., announces the arrival of his 10 1-4 pound son (Horace Roderick) at 8 a.m. March 9th. Those present on the reception committee were Drs. Lillian M. Whiting, D. O., Dr. Nettie Haight, D. O., Dr. L. Ludlow Haight, D. O., and his mother, Dr. Elsie Fletcher Haight, D. O. Dr. Haight now has three splendid Osteopathic boys.

Visits the A. S. O.—Dr. Edythe Ashmore of Pasadena, Calif., visited Kirksville recently looking over the situation relative to her connection with the A. S. O. for the coming year.

Proud Parents. Dr. and Mrs. Paschal Morris of Philadelphia, Pa., are receiving congratulations on the birth of a daughter, Olive Deane Morris, born on March 18th. weight 8 1-2 pounds.

Called on Journal Office. Dr. H. E. Thompson of McAlester, Okla., brought a patient to the Hospital to be operated upon by Dr. George Still. While the doctor was in Kirksville he made the Journal Office a very pleasant call.

Takes Charge of Practice. Dr. H. E. Pearl who graduated from the A. S. O. in 1912 is now taking charge of Dr. W. R. Bairstow's practice at Anaconda, Mont. Dr. Bairstow having gone to his home in Warren, Pa. for an unlimited time.

Passed Away. Notice has been received advising us of the death of Dr. A. J. Snapp of Roanoke, Va. Dr. Snapp graduated from the A. S. O. in June 1910. He immediately located in Roanoke and during his practice there he made many friends and stood high in his chosen profession. He was during the year of 1911, president of the Virginia Osteopathic Society and was very popular among the members of his profession in
the state. He was a member of the Iota Tau Sigma Fraternity, and Osceola Lodge No. 47, Knights of Pythias of Roanoke. Dr. Snapp was operated upon about three weeks prior to his death, and while his struggle for life was watched very closely by his friends, his death did not come unexpectedly.

Osteopath Weds. Dr. Albert Van Vleck of Paw Paw, Mich., and Miss Ina M. Hildreth of Webster Groves, Mo., were united in marriage on Tuesday afternoon, March 31, at 5 o'clock in the Presbyterian Church at Webster Groves, Mo. The ceremony was performed by the Rev. David M. Skilling D. D. in the presence of relatives and intimate friends. A beautiful appointed wedding dinner was served at Dr. Hildreth's residence on Gore Ave. at 6 o'clock after which Dr. and Mrs. Van Vleck left for a wedding journey. They will reside in Paw Paw, Mich., where Dr. Van Vleck is a prominent osteopathic physician.

Diversion of Some Seattle Physicians Outside of Office Hours. Dr. Henrietta Crofton is a most active member of the Progressive Thought Club.

Dr. C. N. Maxey and wife, in his touring car, explores all the highways and byways of Western Washington.

Dr. Arthur B. Cunningham, in the Seattle Commercial Club, comes face to face with big problems.

Dr. Grace Stott Wilkes revels in her big garden of prize winning roses.

Dr. William E. Waldo with the Rotary Club visits neighboring towns.

Dr. Minnie Potter finds her recreation in musical and social clubs.

Dr. James T. Slaughter brings home the largest fish and fiercest bear of any local Nimrod and plays on the Church Ball Team.

Dr. W. J. Ford has been very busy with his committee drawing up rules for the regulation of the new $300,000 Elks' Home which is nearing completion.

Dr. Hattie Slaughter as President of the Woman's Business Association and a member of the Canadian Women's Club, finds herself with little leisure.

Dr. Ida M. Payne Weaver in the Woman's Commercial Club keeps in touch with the city's progress.

Dr. Roberta Wimer-Ford frequently talks before local clubs and societies and is also very active in the Big Sister movement.

Dr. Claude Snyder's fancy poultry affords enough surprises to prevent life becoming monotonous to him.

Dr. A. B. Ford, as a mountaineer, hikes frequently and far.

Dr. Frank W. Winter collects botanical specimens, in his walks and rambles through the woods.

Seattle with its numerous lakes and Puget Sound, affords ample opportunity for Dr. Park A. Morse to indulge in his favorite diversions of boating.

ROBERTA WIMER-FORD, D. O. Sec'y.
The Western Massachusetts Osteopathic Society. This society was organized in the office of Dr. W. J. Weitzel, of 374 Main Street, on Feb. 12. Those being elected as officers were as follows: President, Dr. W. J. Weitzel of Springfield; Vice-President, Dr. R. D. Head of Pittsfield; Secretary, Dr. Maude G. Williams of Northampton; Treasurer, Dr. Geo H. Reir of Worcester.

Osteopathic Association Incorporates.—Incorporation papers have been filed with the County Clerk by the Essex County Osteopathic Association. The headquarters of the organization are at 12, Roseville Avenue, and those incorporated are as follows: Dr. Andrew Victory, Dr. Geo. Harley, Dr. Sam'l A. Hipple, Dr. John E. Hipple, Dr. F. W. Collins and Dr. C. F. Haverin.

Southwestern Michigan Osteopathic Association. The regular meeting of this organization was held in the office of Dr. R. A. Gleson in Kalamazoo, Mich., on March 7th, 1914. After the business session the following program was rendered: Paper on Neuritis by David A. Mills, of Holland, Mich., which was followed by a demonstration of technique by Dr. Mills. The next was a case report on Acute Poliomyelitis by Dr. Beatrice N. Phillips. It was announced that the next meeting would be held in the office of Dr. J. S. Blair in Battle Creek, Mich.

King County Osteopathic Association. The regular meeting was held in the office of Dr. A. B. Cunningham at Seattle, Washington, on Feb. 17th. Dr. J. W. Murphy gave a splendid talk on Constipation—its cause and results. Drs. Cunningham and Hattie Slaughter led the general discussion which followed.

The Minnesota Osteopathic Association. It has been announced that this association will meet in the office of Drs. Albertson & Albertson of Austin, Minn., on Saturday, April 4th, 1914. The following program is to be delivered: Acute Diseases by Dr. C. W. Young of St. Paul; Urology by Dr. A. E. Allen of Minneapolis; Technique by Dr. C. N. Clark, Fairbault Obstetrics by Dr. A. D. Becker of Preston; a Paper entitled "Are we physicians in the Public Mind, if not why not," by Dr. O. W. La Plount of Albert Lea. Dinner at Fox Hotel.

Cincinnati Osteopathic Society. The osteopaths of Cincinnati and vicinity met the evening of February 20th in regular monthly session, and listened to an address on "Elimination and Blood Pressure" by Dr. El. H. Costner of Dayton, O.

Northeast Ohio Osteopathic Society. The society met Mar. 1st. at Hotel Statler, Cleveland. 35 physicians were present, from Cleveland, Akron, Canton, Norwalk and Lorraine. Dr. P. E. Roscoe, President of the Society, conducted a clinic on insomnia.

BOOK REVIEW


The third edition of the "Reference Handbook," which has been called "the most popular medical book ever published," bids fair to gain even greater popularity than was enjoyed by the first and second editions. The third volume, just issued, is, if anything, superior to Volumes I and II. Of the 539 individual articles contained in Volume III, it is manifestly impossible to mention more than a few, but several of these are conspicuous for their especial excellence, such as: Dislocations; Embryological articles; Criminology; Asexualization of Criminals and Defectives; Cranial Nerves; Surgery of the Colon; Colon Bacillus Infections; Diseases of the Eye, Huntington's Chorea; Color Perception and Tests for Color Blindness; Diabetes; Electrocoagulation; Electrodiagnosis; Diathermy; Dysentery; Dermatitis; Disinfection; Articles on Materia Medica, Health Resorts and Mineral Springs; Biographies of Ancient and Modern Times. A great number of very short definitions of terms more exhaustively treated in other articles, is a feature of great usefulness.

In mechanical make-up, the book would be hard to excel. The paper is excellent, the illustrations of high grade, both the cuts in the text and the colored plates.


There is no more standard authority on dermatology than this work by Dr. Stelwagon. One of the greatest endorsements any
book can have is to be so popular that it runs through several editions. This work is now running in its seventh edition and each edition has been large. Dr. Isadore Dyer, Tulane University, says: "Dr. Stelwagon's book occupies a distinct position as the exponent of American dermatology. It is written so that it is distinctly efficient as both reference work and text book." This work is highly endorsed by the Department of Dermatology at the American School of Osteopathy.

Medical Gynecology.—By S. Wyllis Bandler, M. D., Adjunct Professor of Diseases of Women, New York Post-Graduate Medical School and Hospital. Third Thoroughly Revised Edition. Octavo of 790 pages, with 150 original illustrations. Cloth, $5.00 net; Half Morocco, $6.50 net.

This is one of the best gynecology's published. The chapter on the breast, covering 100 pages, is especially good. There are 123 illustrations which are original; six illustrations are in colors. One large chapter is devoted entirely to medicinal gynecology. This book is valuable to students and practitioners alike.

The author points out the close interrelations existing between the genital tract of women and the various internal glands, hence the relation of internal secretions to pathologic and normal states in women receives careful attention.

Rheumatic Affections— all hot, painful, swollen, inflamed joints, due to faulty metabolism—retention, and impeded elimination, of body-waste; are speedily relieved and the way to physiological repair opened up, by the intelligent, prompt use of

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NOTE—Apply Antiphlogistine, as hot as can be borne by patient; around the *entire* joint; cover with cotton and a *comfortable* bandage. Remove when "ripe" or when peels off nicely. Antiphlogistine does *not* interfere with your internal medication, Doctor—its composition being known to you.

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This is a book in which the student may find the salient points and leading symptoms of the principal nervous diseases without the laborious search involved in consulting the larger texts. This book is intended for student, intern, and for general practitioner.

**Text-Book of Anatomy and Physiology for Nurses.—By Amy E. Pope; Author, with Anna Caroline Maxwell, of "Practical Nursing," and Instructor in the School of Nursing of the Presbyterian Hospital in the City of New York. With 185 Illustrations. G. P. Putnam's Sons, New York and London. The Knickerbocker Press. Price, $1.75. 1913.**

This is a book of 554 pages. It is well bound, well printed, well illustrated and contains many colored plates. The Author has collected from the latest authorities on physiology, those points a nurse should know and put them into this book. While anatomy is not given the attention once given in books of this type, yet nothing of value has been omitted. Every page of his book impresses one as having been written by a person with a large experience. From cover to cover it is filled with good things.

**ANNOUNCEMENTS**

Dr. O. W. Messick announces the opening of his new offices at 4301 Ellis Ave., Chicago, III. He has a beautifully suite of rooms in the Turk Building with all new equipment. The Doctor is specializing on eye troubles and finds that the demand for an osteopath in that, as well as other lines, is very great.

Dr. Harry M. Goshring of Pittsburg, Pa., announces that he has taken up the specialty of Ear, Nose and Throat with special attention to the correction of Catarrhal Deafness and the removal of Adenoids. He has devoted considerable time to study along this line, both at home and in St. Louis with Dr. Edwards.

Dr. Geo. J. Gooch formerly of Tittsworth Gooch and Tittsworth, osteopathic physicians, announces the opening of a separate office April 1st, 1914, in the Althea Bldg. cor. West Clinch Ave. and Walnut St. opposite the Cumberland Club.

The Wisconsin State Osteopathic Association announces a most excellent program to be given May 20th and 21st, 1914, at Fon du Lac, Wis.

The Missouri Osteopathic Association announces that the next meeting will be held May 1st and 2nd at the Springfield Club Auditorium in Springfield, Mo. It is expected that many leading osteopaths will be present.

**ADVERTISING SECTION**

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BORN

To Dr. and Mrs. Pascal Morris, at Philadelphia, Pa., on March 18th, a daughter.

To Dr. and Mrs. H. S. Bunting, at Chicago, Ill., on March 11th, a daughter.

DIED

Dr. Alfred Jackson Snapp, at Roanoke, Va., March 18, 1914.
LOCATIONS AND REMOVALS

Allen, H. J., from Alexandria, Ia., to Marianna, Ark.
Bairstow, W. P. at Anaconda, Mont.
Bueler, C. Merwin at Cumcumcari, N. Mex.
Burton, Ben O. at Harlan, Iowa.
Clark, Edward K. at Washington, Mo.
Ferguson, R. B., from Washta to LeMars, Iowa.
Foster, May, from Zaragoza 27 (Altos), Mexico, to Cotulla, Tex.
Goodpasture, W. C. at Festus, Mo.
Handy, Annie Prince Thompson, from the Olivia to 508 No., Sergeant Ave., Joplin, Mo.
Ingraham, Elizabeth M. from 121 Bayard Place to 455 St. James Bldg., Jacksonville, Fla.
Jones, Louise M., at 737 Congress St., Portland, Me.
Kincaid, Abbie E. at 420 Park Place, Brooklyn, N. Y.
Messick, O. W. at 4301 Ellis Ave., Chicago, Ill.
Miller, Mitchel from the Com'tl Bldg., to Suite 403 to 405 Victoria Bldg., N. W. Cor. 8th and Locust Sts., Kansas City, Mo.
Pocock, H., from Beresford Apartments to C. P. R. Bldg., Rooms 401-2, Toronto, Ont., Canada.
Ward, Harriet, from Watonga to Waukomis, Okla.
Watson, R. E. from 16 Matheson Bk., to First Nat'l Bk. Bldg., Virginia, Minn.

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