WANTED
500
PROSPECTS

Doctor:

Right in your neighborhood, among those you know personally, is a young man or a young woman who would prove a credit to our profession. You are the logical person to bring about contact between that prospective student and the osteopathic college of your choice.

Kansas City College of Osteopathy and Surgery wants more names on its prospective list. You can help us secure these names—our efforts, coupled with your own, may land them for Osteopathy.

We aim to put forth special efforts for a maximum Freshman class in September. May we count on your cooperation? Help us make it a record enrollment.

Send us the names of promising prospective students. Let's each do our share in building a greater osteopathic profession.

Yours for Osteopathy,

KANSAS CITY COLLEGE OF
OSTEOPATHY AND SURGERY.
THE LAKESIDE HOSPITAL
"The Hotel For Sick Guests"

Clean  Cool  Quiet  Comfortable

The LAKESIDE HOSPITAL offers its guests the most ideal warm weather accommodations to be found in any hospital in Kansas City.

The LAKESIDE service satisfies and pleases even the most fastidious.

OSTEOPATHIC INSTITUTIONS FOR
OSTEOPATHIC PHYSICIANS

THE LAKESIDE HOSPITAL
2801 Flora Avenue  Kansas City, Missouri

DR. KAISER ENTERS
FIELD WORK

Kansas City College of Osteopathy and Surgery has entered upon an active campaign to increase student attendance in the 1928-1929 session which starts September 10th. The campaign will encompass use of the College Journal and other special literature, correspondence and finally, personal visitation on the part of Dr. A. A. Kaiser, who will act during the summer months as field representative.

Dr. Kaiser has been actively connected with osteopathic educational work for the past fifteen years. He is one of the founders of the Kansas City College of Osteopathy and Surgery and has served as secretary since its inception. His experience and his deep interest in osteopathy fit him specially to discuss the subject with those contemplating its study.

Scheduled trips will be planned affecting the immediate territory of this College, including Missouri, Kansas and Oklahoma. As quickly as the plans can be completed, arrangements will be made for trips to various centers where personal contact can be made with the prospects through cooperation with the local osteopathic physician. The idea has already received favorable response on the part of practitioners in the field, as well as from advanced students of the College, who are anticipating visits from Dr. Kaiser to supplement their own efforts in garnering recruits for osteopathic education. We shall be glad to hear from osteopaths or groups in this field who are desirous of taking part in this campaign.
MANAGEMENT OF THE PUERPERIUM

Margaret Jones, D.O.

The puerperium is a phase of a woman’s reproductive cycle during which she needs more of her physician’s attention than she usually gets. Also, improper performance of the nurse’s duties may result in serious consequences to a patient who has come through an uneventful pregnancy and normal delivery. More harmful, perhaps, than either, the doctor’s consideration of the nurse’s carelessness are the “old wives’ fables” of which the Bible tells us to beware. Nowhere else in all medicine either do we find such absurd notions being advanced and such noxious implications of these notions as we do in the realm of obstetrics. I well remember calling on a new mother whose baby had a conjunctivitis, to find her putting fresh breast milk into the baby’s eyes and urine into its ears.

In this article I am endeavoring to call attention to the most important items of care for the new mother.

1. General Care. As soon as the delivery is over and the vulva is covered with a sterile pad she should be cleaned up quickly and gotten ready for rest and sleep. Her well ventilated room should be slightly darkened for a while. Nurses and company should be restricted for several days to short visits by immediate members of the family. Bathing and other means of sanitation and comfort should be employed to make the patient happy.

Another consideration to be given the patient is that she receive her share of all the attendant’s attentions. Mayhaps the baby’s receiving all the consideration may actuate within the mother nervous upset that range all the way from temporary unhappiness to permanent psychoses.

2. Vulva. The vulva is to be treated as any surgical wound for indeed the vaginal mucosa is lacerated with numberless tiny fissures even if none are extensive enough to be classified as lacerations. Therefore keep sterile dressings over the vulva changing at each urination, defecation, or pad saturation, which is practically four times a day, for several days.

3. Douche. Use only pitcher douche over the vulva. These are best of 1000 parts of potassium permanganate or 1 to 500 solution. The vaginal douche is seldom used any more and then only when external interference is strongly indicated, e.g., post-partum hemorrhage. There is too great danger of introducing an infection into the birth canal or of carrying an already existing infection higher in the canal.

4. Many erroneous notions concerning diet are a result of the promulgated among the laymen and these are much stressed only to neglect the importance of carefully and timely an item of care vastly more important than diet could possibly be. A few days ago I was called to see a young lady who had induced her own abortion by passing into the uterus a catheter which she had not even attempted to sterilize. I was called after the abortion was over in order that I might prescribe a diet, for she and her family were anxious lest she might eat something that would bring her fever up.

Dr. A. T. Still, when asked immediately after labor what “she” might eat would reply, “She has been at hard work. Give her a good square meal.”

Due to bowel inactivity for a few days she had best eat nourishing liquids or at any rate soft diet with plenty of water. After bowel evacuation, feed as any bod patient except the few articles of diet any should be found to pass on trouble to the baby, e.g., rhubarb, tomatoes, strawberries, etc.

5. Bowels. They should be moved on the second, third or even fourth morning, depended on the presence or absence of laceration—allowing maximum time on the deep lacerations. A big dose of castor oil two to three ounces is the very best cathartic because it empties the bowels, stimulates the uterus, and activates the breasts. After the initial castor oil some mild laxative with enemata as necessary or the enema alone should be used.

6. Bladder. The bladder has best be emptied by voiding three or four times a day if there be no more than a first degree laceration; and by catheter in presence of second or third degree lacerations it empties thrice daily for three days. Of course the catheter is used when the patient is unable to void. I had to catheterize a multipara for nine days following a third degree laceration. By catheterization for a few days following and absolutely normal spontaneous delivery. This was done, of course, only after all the ordinary means of obstetric stimulation had failed, running water, pitcher douche, etc., had been exhaustively tried.

7. Binder. This is an article which provokes unnecessary debate. The binder is not worthy of the attention it receives. Its use is justifiable because of the comfort it gives the patient although it does not guarantee and never hold the womb in contraction. Probably a roll of towel snugged in the fundus externally. The fundus should come through an uneventful pregnancy and not hold the womb in contraction. When the baby is born the bladder is empty; and it should descend in the abdomen if it will disappear under the pubes by the tenth day.

Also at these visits the vulva should be examined for recent fissures and inquiry made as to their tenderness.

8. Breasts. Volumes could be written about the breasts and much more stress should be placed upon their care. I shall devote a paper to this important phase soon and only say now that keeping nipples clean and supporting the congested breasts with snug binders for a few days constitute the most important items of care of the breasts during lactation.

9. After pains are caused by the contractions of the uterus in its attempt to expel the coagulated blood accumulating in the intra-uterine cavity. The primipara’s womb usually holds such good tonus that little blood accumulates, but the multipara’s womb is often thinner or even no afterpains. Treatment therefore consists in attempting to keep the uterus contracted. This can best be done by keeping intense heat over the abdomen. The heat by no means causes hemorrhage, is gratifying to the patient and is highly effective.

10. Physician’s Visits. These all important calls should be made at approximately the first, second, third, sixth and ninth days, unless a capable nurse can give frequent satisfactory reports which may lessen the number of visits somewhat.

The object of these visits should be to determine pulse, temperature, respiration, condition of vulva, involution of uterus by palpating the fundus should be an inch superior to the navel at the end of twenty days. If above the fundus is high it will disappear under the pubes by the tenth day.

9. Patient’s Getting-up. A pretty fair rule in average normal cases is the rule of three beginning with slight elevation in bed in the 7th day, out in chair on 10th day, walking freely about the room on 13th day, resuming light household duties on the 16th day and moderate stair climbing on the 19th day.

12. Exercise. Any reasonable exercises that strengthen the abdominal muscles are permissible after the first week. However I do want to stress the importance of having the patient lie on her face one full day after the sixth day and of taking the knee-chest position with an air cushion twice daily after second week of puerperium. This practice is to be continued anyway for several weeks.

13. Post Delivery Examination. Eight weeks after delivery, at which time involution should be complete, the patient should report for a final examination. A big reason for the examination at this time is to see that the uterus involution has been completed. Her condition should be thoroughly studied and fully explained to her.

THE PHILOSOPHY OF OSTEOPATHY

XX

LIFE’S FIVE ESSENTIALS

John H. Styles, Jr., D.O.

Simplicity is the keynote of natural economy. No matter how intricate and finished forms may seem to be, their fabrication is in every instance accomplished from a few simple elements. The complexities of biological speciations, baffling in their maturity and infinite in their functioning, have been built up in every instance from an extremely limited chemical constituent. Indeed, the essential life's five essentials of biology as they occur in nature bear witness to the fact that the hand of an omnipotent Creator has directly fashioned a limitless variety of living forms from an astonishingly incompleteness group of single elements.

Nowhere is this analogy more appropriate than in connection with the fundamentals underpinning natural health.

In fact, the intimations thereof emanate in every instance the瞎.  

Page 446

KANSAS CITY COLLEGE OF OSTEOPATHY AND SURGERY Page 447

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simplicity of nature’s requirements. Only man in his perversity and arrogantly di"
WE LIMIT CLASSES.

Preceding the builder's efforts come those of the architect. Perfected plans plus skilled work result in a satisfactory edifice. The development and growth of this College resulted from careful planning. Such is the nature of our work that the plans are elastic enough to permit of changes and additions looking to their betterment. There came a time when we considered the plans, so far as the main building and equipment—executed. These provide space, convenience and facilities for at least three hundred students. It was then some time before the plans could be given to further plans and specifications.

The Commencement Exercises of the Class of 1928 were held in the auditorium of the Independence Boulevard Christian Church, the evenings of May thirteenth and fourteenth.

The Doctorate Services were well attended and included the Class in and took their seats to the accompaniment of the processional. The class was very fortunate in the fact that Bishop Fredrick B. Fisher of England delivered the Doctoral Address. The need for the services of physicians in India was stressed by Bishop Fisher, and during his sermon stated that in the city of Boston alone were in the whole of India, a country of three hundred million people. Surely, India should prove to be a virgin field for the osteopathic physician.

The graduation services were held the following evening. The Class followed by the speakers marched in and took their seats to the accompaniment of the organ, which was beautifully decorated with ferns, palms and flowers.

Dr. John H. Styles of the College faculty, who had been selected by the Senior Class to deliver their Doctorate Address, Dr. Styles came to the college as instructor the same year that the present class entered as freshmen and other institutions, in fact by enlarging facilities and increasing the teaching force commensurately. But, as stated before, that part of our program has been completed and we choose to limit the enrollment to a number which does not exceed further development of the present quarters and to a number which can be taught osteopathy in accord with best teaching knowledge and experience. We have not as yet reached the appointed maximum of 200 students but the growth of the past few years indicates that the point of maximum attendance will soon be reached.

Reduced or lost function is always preceded by enervation. This is a principle of physiology that has been recognized in medicine for a long time. It has been one of the main principles upon which the practice of osteopathic rests. It is the one principle taken from osteopathy that was not the "discovery" of chiropractic.

Menger knowledge of physiology leads many osteopaths to explain enervation as the result of direct interference, by some mechanical means, to the nerve that supplied the dysfunctioning organ. Ignorance of both anatomy and physiology lead chiropractors to believe that enervation is caused by direct mechanical pressure of bones upon a nerve trunk.

It is certainly true that such direct interference with a nerve trunk does cause enervation. Sitting cross-legged, or with one arm hung over a chairback will result in disturbance and numbness in the parts supplied by the nerve trunk so enervated by pressure. But seldom, if ever, does direct mechanical interference with a nerve give rise to organic dysfunction alone without also producing the more decided symptoms of pain, numbness or paralyzing of the body.

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OSTEOPATHIC FACTS SIMPLY TOLD

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We osteopaths have tried to explain this difference in the symptoms of enervation caused by mechanical interferences with the nerve trunk, by claiming that the pressure was exerted by soft tissues which did not so severely compress the nerve trunk, but that did compress the more yielding vessels that carry the fluids for the supply of metabolism in the nerve.

Upon this theory of enervation the body begins to be due to some agency that displaced or compressed some of the structural or supporting tissues of the body; especially the bones, ligaments and tendons.

Some osteopaths and all chiropractors can conceive of no other cause of enervation than injuries from falls, strains, wrong posture or trauma. They hunt diligently for bones out of place, tendons shortened and thickened or ligaments hardened like bone. They usually succeed in finding what they seek, for seldom can a student deny having, at some time in life, been injured or wrenched; and there is no such condition as perfection in the size, shape and arrangement of the body framework.

But the schools of osteopathic medicine have outgrown the time when the course of instruction was too short and the entrance requirements were too low to enable the student to become acquainted with the sciences, anatomy, physiology and chemistry. The student no longer accepts with...
out qualification the statement that "structure determines function." He is no scientist to view the human body as a mechanical machine, without due regard to the chemistry of metabolism and of the endocrine bodies. He does not feel obligated to make of osteopathy a mechanical therapy that must contradict and disprove everything that was taught by the older schools of medicine. Not being bound to the traditions of medicine, neither is the osteopath bound to refute everything of the past.

Just as the osteopath inherited his fundamentals from a man who was trained in the old school, so he takes truths that come from men trained in the same school before and after the time of Dr. Still.

Over seventy-five years ago an old Scotch physician named Kirk, announced the fact that the physiological processes of the body fall to perform their normal functions properly when the body is, for some cause or another, in a state of enervation. He gave for an example, flatulence; concerning which he wrote: "We wish to point out that there is a vital energy which, when brought sufficiently to bear on good food, secures the digestion and assimilation of the food. When there is a sufficient supply of this, the best form of nutrition is assured; but if there is not enough of it to bear on the food, and as a result of toxemia, digestive diseases follow."

We know that what is true with the digestive system is also true with the excretory system. "The purpose of excretion to get rid of the waste products of metabolism..."

In other articles appearing in the College Journal, Dr. Styles and the writer have explained how the toxic condition of the body is the root cause of all disease and distress. The simple catarrhal conditions are merely eliminative processes, whereby the waste products are excreted. The functions of the stomach are new factors in the cause of disease. The causes of enervation are multiple. Seldom does any one cause suffice to bring on toxemia. Usually it is the addition of several factors that brings on toxemia and results in an effect upon the digestive system. Here we have an instance in which the osteopathic lesion which in its beginning is purely a result of certain conditions in the body shall have been called into active being by such means. He refers to toxemia as the means, and of course he excepts traumatic lesions.

Here also we have a condition in which the human body is not a mechanical machine, but rather a chemical laboratory in which the presence of an undue amount of toxic chemicals results in an effect upon the mechanical structure.

But when the causes that produce enervation and lost function in organs are of such sudden nature, or of prolonged duration, as to throw the balance of recuperative powers within the body, the removal of the cause is not sufficient to return the function again. The structural effects do not so easily become restored to normal. Repeated reflexes resulting in structural effects at the same location, before the structure has been able to adjust itself automatically, result in chronic lesions. At this point, then, the law which states that structure determines function becomes true. We might say that there is a difference; that the osteopath has a different purpose and end in view when he prepares a diet. Then it is also true that when an osteopath undertakes he uses the same fundamental process as is used by the mechanical machine, the mechanical operations of metabolism, the chemical reactions in the organic tissues.

The causes of enervation are multiple. Seldom does any one cause suffice to bring on toxemia. Usually it is the addition of several factors in the cause of disease. The causes of enervation are multiple. Seldom does any one cause suffice to bring on toxemia. Usually it is the addition of several factors in the cause of disease.

Stimulations of every kind result in enervation. The mere effort of keeping alive, uses up nervous force. Rest, food and sunshine are essential to supply the nervous force that is constantly being used up. Fear, worry, anger, disappointment, jealousy, loss of sleep, exposure to cold or excessive heat, over exertion, fatigue, lack of exercise, wrong eating habits, and many other things, contribute to cause enervation. These things may all be a part of one's daily life and yet enervation may not develop until suddenly an additional agency in the form of grief over the loss of a dear one, may produce enervation which is followed by toxemia and illness.

The commonest of ten, coffee, cocoa, coca, cola, tobacco, alcoholic drinks or drugs, may not produce enervation in a person who indulges in fear, worry, jealousy and other enervating habits. But the person who worries or is filled with all kinds of fear, may find that it requires very little indulgence in tobacco or coffee, to produce enervation.

We know that the nearest as possible of these causes of enervation is not peculiar to osteopathy. It is foolish to consider the osteopathic adjustment. The application of the adjuvant osteopathic to surgery, diet, rest, exercise, correction of habits of living, is no more reasonable than to apply the term to baths, enemas and gargles.

To study the habits of a patient and discover faulty modes of thinking, working, or eating, is just a part of medicine. To advise a patient regarding such things, is no more an osteopathic adjustment than it is an operation. To apply a patient about food combinations is no more osteopathic than it is allopathic or eclectic.

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The osteopath does surgery with a different purpose in mind than would a drug doctor in doing the same operation. The osteopath expects to leave as much for Nature to correct following the surgery as he can safely do. The allopath removes everything he sees that does not look perfectly healthy and that will not result disastrously. But should we speak of Osteopathic Surgery and Allopathic Surgery? There is a branch of medicine that is osteopathic. There is a viewpoint of cause and effect that is osteopathic. There is a structural lesion not recognized by any other school of medicine, that is the result of enervation and toxemia, but that becomes a primary cause of prolonged ill-health. This is the osteopathic lesion. The correction of this bony lesion is an art that has been developed by osteopaths; the study of osteopathic physiology and osteopathic adjustment. It is this service that Osteopathy renders to the public, that makes osteopathy different from every other branch of the school of medicine that is allopathic, homeopathic, eclectic, or whatever it be the sciences required by physicians who follow no particular school and who have discarded the use of drugs.

There are but these things Osteopathic, namely: Osteopathic School of Medicine; Osteopathic School of Surgery; Osteopathic College; Osteopathic Hospital; Osteopathic College; Osteopathic School of Surgery; and Osteopathic School of Medicines. All other things relating to therapy are just things medical and are common to all, or are peculiar to some school that is not Osteopathic.
Safe-guarding the Patient in the Operating Room

George J. Conley, D.O.

Surgeon-in-Chief, The Lakeside Hospital

The rigid, inexorable discipline demanded by the standard technique of the modern operating room is de-manded by no other department and exclusively for the protection of the patient. It is the outgrowth of years of patient, pains-taking study of the meticulous care and attention to detail, of orthodox observa-tion of the principles of asepsis and of carefully coordinated team work on the part of the operating room unit.

From the moment the patient enters the operating room until the final touch to the bandages, his interests are paramount. All else is subservi-ent to that end. Everything moves in a well ordered way to minimize the dangers attending the operation.

The amount of anaesthetic given should be the least in quantity consistent with adequate anesthesia. The patient must be put under quick-ly and with the minimal amount of struggling for muscular exertion or nervous excitement, not only entails the maximum amount of anaesthetic to overcome it but at the same time causes an abnormal amount of waste material to be precipitated suddenly into the general circulation. This is harmful to the patient and predis-pposes to dangerous post-anæsthetic conditions. Again the extreme ex-hibition of the anaesthetic causes de-struction of a certain amount of the essential cells of the liver, kidneys, ad-renals, and of the cells of Purkinje in the brain. Fright and extreme pain will bring about a similar result.

To prevent such detrimental results the patient must come to the operating table tranquill in mind, oblivious to the prospect of being unable to feel or hear; or it may be the surgeon must leave his work and assume the responsi-bility of resuscitating the patient.

Personal, you may be under an operation necessitating a general anæsthetic, the credentials of the anæsthetist would occupy my first at-tention. The surgeon has a chance to correct his mistake, whereas the mis-take on the part of the anæsthetist would in all probability remain uncor-rected. Confidence and an abiding faith in the ability of the anæsthetist is an absolute essential to the smooth functioning of the surgical unit.

Obviously the surgeon needs assistance in the actual work of the opera-tion. Many operations might be performed single handed, which, theoretically, would minimize the danger of infection, for the more people touching a wound the chances of infec-tion are correspondingly increased. Practically, however, these additional hands, be they well trained, add no material increase in the safety of the operation.

To prevent a new anæsthetist from being overwhelmed by the tasks of a large operation, plus the reduction in the amount of anaesthetic taken by the patient, there is a distinct advantage. Team work, performed efficiently and with the minimal amount of anaesthetic taken by the patient, is a distinct advantage.

It is a well known fact that a patient must have confidence in the ability of the anaesthetist. This confidence may be the difference between life and death to the patient. A strange assistant at once becomes a distinct disadvantage.

A strange assistant at once becomes a distinct disadvantage. The worst of it all is, if they are not from the dominant school, hence it be-comes more difficult for the surgeon to find himself in the presence of two or more numbers of assistants. Not only this, but the wear and tear on the nervous system of the patient is increased.

The surgical nurse must not be for-gotten. She is first on the scene and the last to leave. She must attend to her part of the ritual, co-ordinating exactly with the surgeon and his as-sistants. She too must know the technique, the steps of the operation, the needles, the size of the cal-gut required, the instrument the surgeon will need and use next. It must be handed him so that he may grasp it in the position in which he is to use it. No one but the surgeon knows the joy of putting out the hand with-out withdrawing his eyes from the field of operation and feeling the instru-ment needed placed in his hand in the minimum. All of these little things the trained surgical nurse does and in so doing she is doing for the surgeon what he cannot do.

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capable of misinterpretation. Thus we see at every turn and in every way the ritual of the operating room is designed to protect the patient. Once inside its portals the patient's interest is paramount. And it is just as it should be, for his rights must be recognized and safeguarded even if he is unconscious. It is here that the referring physician, unthoughtfully or wilfully, is likely to abuse all of these aforesaid safeguards and inject an element of hazard by expecting and frequently insisting upon becoming a part temporarily of that surgical unit, either as an assistant, or in the capacity of anesthetist. Grant for sake of argument that he is of average competency, yet his advent into the situation slows the operation and causes a division of attention on the part of the surgeon for reasons mentioned earlier. It does not make for the best service to the patient. In addition to that the referring physician accomplishes but little by such a maneuver; nothing more than could be attained by close observation or onlooker. To be sure, if any member of the family is in the viewing stand, he may feel that he has raised his prestige in their eyes by appearing at the operating table as a participant in the ceremonial. But does he? There are times where exactly the opposite reaction occurred. Loving eyes are prone to be hypercritical. Of necessity only appearing as a surgical assistant once in a "blue moon," he cannot be skillful in his movements, nor can he anticipate the surgeon's wants. He must be told and retold many, many times. His bunglesome movements and his lack of familiarity make a vivid impression upon the mind of the loved one, who is viewing the whole procedure with anxiety, tinctured with a marked feeling of apprehension. The contrast is anything but complimentary in his mind and occasionally he voices such an opinion in no uncertain tone after the operation is over. Here again the surgeon must "spread oil on the troubled waters" and placate the disgruntled individual if he can. In one instance I saw a patient who was blind and had no desire to become a practicing surgeon then he can get as much information by close observation as a spectator and will engender no hang-up to the patient thereby.

Frankly the surgeon should not be criticized by insisting upon the services of the operating unit with whom he is accustomed to work. The referring physician should be sufficiently interested in the welfare of his patient to be willing to go to any reasonable length to assure him of the best service. The rigid technique of the operating room service should be carried through to the end and nothing should be allowed to interfere with or mar its perfection.

The ritual of the operating room should have but one object in view and that is service and safety to the patient.

OSTEOPATHIC LYING-IN ASSOCIATION

Annie G. Hedges, D.O.

Dr. Margaret Jones who is in charge of the Obstetrical department of the Kansas City College of Osteopathy and Surgery, provided us with a special educational feature during April; the Wertheim Obstetrical Film which gives, among other things views of normal and abnormal deliveries including forceps and extraction, methods of resuscitation, eclampsia, method of resuscitation, and many other valuable things. Many doctors of greater Kansas City and surrounding towns, besides the students of K. C. C. O. S. and nurses from Lakeside Hospital took advantage of this unusual opportunity, which is only one of the many superior advantages to be obtained at the Kansas City College of Osteopathy and Surgery.

Nature's ways lead the human body away from the ways of destruction.