

The Osteopathic Physical Therapist

Vol. 1 No. 3

April 1931

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THE OSTEOPATHIC PHYSICAL THERAPEUTIST

VOL. 1

APRIL, 1931

No. 3



PROF. LUIGI GALVANI

His discovery in 1794 that current from opposed metals would cause a contraction of tissue, began the development of the great range of healing procedure known as Galvanism.

*Official Organ of the Physical Therapy Research Society and the
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The Osteopathic Physical Therapist

Publication Office
1125 GARFIELD AVENUE, UPPER DARBY, PA.

Editorial and Business Office
807 EAST ALLEGHENY AVENUE, Philadelphia, Pa.
Telephone, Nebraska 1840

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SUBSCRIPTION \$1.00 per Annum in Advance
Published Every Three Months (Copyright 1931) Printed in U. S. A.

VOL. I APRIL, 1931 No. 3

(Second Class Mailing Entry Pending)

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(Illustration of Prof. Luigi Galvani courtesy of Electron Press)

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EDITORIAL

New Ideas in The Healing Arts

"LOOK BEFORE YOU LEAP" may be an aphorism but it is a pretty reliable rule to follow in any phase of human conduct or relations.

"TWO HEADS ARE BETTER THAN ONE" is another and, by a very simple mathematical deduction, it can be seen that several thousand heads are still more to be preferred.

In the Osteopathic profession, these two simple maxims need repetition and application at this time for a variety of reasons.

From its inception, the profession has been more receptive to new ideas than have other schools of the healing arts. Its very ideal—maintenance of the structural integrity of the human body—makes Osteopathy a pliable, elastic science which may readily be expanded to include any proven means for attainment of that ideal. It is this very fact, indeed, which is bringing about the close alliance between Osteopathy and Physical Therapy. Though the former antedates the real development of the latter by many years, yet these two therapies are closely akin and the progressive Osteopath has been quick to realize it.

There remains, however, a very real danger in too great an elasticity. Fads and Fancies were never so prevalent in the healing arts as they are today. Each week, almost every day brings some panacea or other into the limelight of public consideration.

Some of these, after rigid tests over a long period, become part and parcel of the healing arts because they are found to have unquestioned value. Many more, which at first seem valuable, are discarded after failure to stand up under careful scientific examination.

The individual Osteopath hears these fads expounded. He is naturally interested. He takes a short course, obtains a brief survey from some traveling lecturer, and—becomes, almost overnight, a SPECIALIST. A week or so ago, he was an Osteopath; now he is a proctologist, a finger surgeon, an aurist or a physical therapist. He has leaped—without looking.

But how, you may ask, is the Osteopath to judge between the true and the false? How can he learn that what may be called "proctology" or "Physical Therapy" is merely some individual's means to easy money? How is he to winnow the wheat from the chaff?

Obviously he cannot—alone. And thus the second of the two maxims quoted at the beginning of these lines becomes important.

In the May issue of the Forum of Osteopathy, Dr. George J. Conley very properly points out the need of censoring convention program papers to prevent "wild statements" being made. In the same way, Osteopathy—not the individual Osteopath—can censor fads and fancies.

Again obviously, what is needed is closer cooperation among all members of the profession, with concrete action as its aim. Every Osteopath should be listed in the directory of the A. O. A. Every Osteopath should belong to his state and county society and to divisional societies of the profession; every one should, when possible, attend State and National Conventions. Every real Osteopath does these things.

These societies should properly censor the fads and fancies of the day; they should examine the value of fads and fancies; they should weigh the advantages and disadvantages, then the individual Osteopath may safely rely upon their judgment—for they are supposed to represent him.

MORE REAL OSTEOPATHS are the present need of the profession. Too many want to be other things. They want the right to prescribe medications, they want to do this and that—but they do not want to qualify as others are qualified for the same privilege.

The solution is to be found in following the example of the TRUE Osteopath, who sticks to his own basic principles and practices, who watches the changing world with an interesting eye but a skeptical one, who "has to be shown" before he embraces some new theory whose only recommendation is its novelty—and who leaves it to the profession as a whole, as represented by the societies to which he belongs, to do the "showing."

The Place of Galvanism in Physical Therapy

By ALBERT C. H. ESSER, D. O.
Chicago, Ill.

THE galvanic current is electric force in its simplest form, a stream of electrons from the negative pole passing through a conductor like a stream of water through a pipe, carrying energy or force, which is transformed in different ways inside and outside the body.

The phenomenon of the electric current forcing itself through a wire is scientifically explainable as a flow of free electrons between and through the atomic or molecular spaces in the metallic structure of the conductor or wire. With the uni-directional current you have a good way of directing the chemical action in the tissues, in proportion to the degree of heat and current strength.

The electro-therapist must be master of principles and technic, in using this great force for the benefit of mankind. We owe a world of thanks and credit to the wonderfully gifted and scientifically trained men who advanced our knowledge of the wonders of electric force. The effects of low volt electric therapy are of greater value to the physician than any other form of electric treatment known. It is the basic electric current.

The galvanic current was discovered by the Italian physiologist Luigi Galvani. In about the year 1766, Galvani observed the twitching in the leg muscles of frogs hanging on an iron railing by copper hooks, which we know as the frog's legs incident or phenomenon. Early physicians called it the Galvanic current after the famous discoverer.

Volta who first produced the current from a battery made of alternate discs of zinc and copper with discs of cloth moistened with a saline solution was another pioneer. The galvanic or direct current has been used by surgeons for more than a hundred years. A scientific study of the low volt direct current has covered more than sixty years, beginning with the German scientists Erb and Remak.

The Law of Electric Stimulation.

Professor Emil du Bois Raymond, of Berlin, Germany, gave out the law of electric stimula-

tion of muscle and neuron in about 1844. This still remains the true interpretation of neuromuscular electric stimulation and is called the wave action.

The best way to explain the law is this. A muscle or neuron is stimulated by waves in this current on either their descending or ascending slopes, the stimulation being in proportion to the power of the wave translated as follows: The weaker the wave in milliamperage the higher must the voltage be to produce a given stimulation or to reverse this, the stronger the wave in milliamperage, the weaker the voltage must be. With a given milliamperage and voltage in a wave, the quicker the voltage rises, the greater the stimulation.

These facts are the same for all waves of energies and substances that move in waves.

Wave Action.

In smooth wave currents, we have a maximum of motor stimulation and a minimum of discomfort, a fact every physician should keep in mind, and a patient will always appreciate a treatment. It may even be agreeable with the use of the active electrode.

The effects of the low volt wave differ greatly in their effect on tissue at the positive and negative poles. The response of muscle is greatest at the negative pole in health, but if the muscle is cut off from its nutritional center by injury or disease the response becomes greatest at the positive pole of a chemical current and remains so during the degeneration and part of the period of regeneration.

In health and disease the neuron response is always greatest at the negative pole. Generally speaking the qualities of the pole are as follows:

Positive Pole.

1. Relieves pain.
2. Arrests hemorrhage.
3. Vaso constrictor.
4. Sedative to sensory nerve endings.
5. Produces a hard, dry cicatrix.
6. Produces acid ions.

Negative Pole.

1. Aggravates pain.
2. Increases blood flow.
3. Vaso-dilator.
4. Irritating or stimulating.
5. Produces alkaline softening.
6. Produces alkaline ions.

Surging galvanic waves will produce very vigorous contractions. Timing the surges from 10 to 70 per minute corresponding to the normal contraction rate of the organs, are the waves of greatest value in the therapeutic field. They are approved for treatment of unstriated muscle of internal organs and skeletal muscles, as they produce less fatigue.

In the chemical current the physician has two different remedies, the waveless current and the sine wave current. In muscular tissue the chemical powers of the direct current wave, instead of showing less action, cause an early increase in the stimulating effect. In normal muscles the first twitch is found at the negative wave. The direct current when thrown into waves surpasses all other forceful stimulations of muscles and motor neurons.

PATHOLOGY.

Reaction of Degeneration (R. D.)

Waller, a great English physiologist, called attention to a deterioration known as Wallerian degeneration which occurs in the injured nerve peripheral to the trauma. The celebrated German professor, Wilhelm Erb, in his physiological experiments, first discovered the change in electrical responses due to it, named by him the Reaction of Degeneration (R. D.) As this is of great importance to legal medicine, as well as to industrial surgery, we will give his description of these pathological changes as nearly as possible. The thing noticed in a traumatic lesion is the degeneration in the peripheral part of the nerve. In a few days, a coagulation appears in the medullary sheath, which breaks into drops and granules, a process which spreads very quickly, leading to the formation of granular corpuscles and masses of granules.

Degeneration and softening appear and destruction of the axis cylinder, a great increase of the nuclei in the sheath of Schwann. As

time goes on most of the products of degeneration disappear and the sheath of Schwann only contains a mass of protoplasm.

This spreads very quickly from the injury toward the periphery into the most minute ramifications of the nerves. The above changes are also to be found in the neurilemma. The increase in the nuclei in the sheath of Schwann is found in the entire peripheral part of the nerve, with an accumulation of cellular elements in the perinurium and endoneurium. These become connective tissue and spindle cells which increase and force into the nerve fibers and between the bundles of nerve fibers, finally to a hardening or cirrhosis of the nerve. The pathology of Reaction Degeneration would read like this: Granular and swollen nuclei, axis cylinder and white substance of sheath of Schwann broken up, the nerve becomes cirrhused or fibrous. The muscles show there is a presence of granules with a great increase in the fibrous tissue, also a disappearance of the transverse striations and a progressive atrophy of the muscular fibers which is really the first phenomenon noticeable.

The fibers completely disappear in incurable cases and finally become a deposit of fat. In all diseases affecting the anterior motor horns of the cord or their prolongations down into the peripheral nerves, as in progressive muscular atrophy, in anterior poliomyelitis, also in transverse or pressure myelitis, as well as in all severe forms of peripheral neuritis. You will not find these reactions in brain lesions. Unfavorable to the recovery of muscular use or action is a reaction of degeneration persisting for a month and a half to three months. If there is a partial reaction of degeneration from the start or it is absent entirely, the prognosis for an early recovery is good.

In testing for the degeneration reactions in muscles with the chemical powers of the galvanic current wave, the positive current with its acid concentration causes the first twitch in the muscle. In normal muscle, however, the first twitch is found at the negative pole as in healthy nerves with the same current strength the response is more readily noticed at the negative pole or cathode, than the anode or positive pole.

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Posture and Hygiene of The Feet

By DR. CHARLES W. W. HOFFMAN

Secretary of the National Bureau of Clinics of the A. O. A.

IT is a well established fact, that of all the etiological factors predisposing to human ills, there is nothing so important as posture.

As a means of torture it was an old Chinese custom to let water fall on a person's forehead, one drop at a time, until due to the seeming increase each time in the weight of each additional drop the helpless victim died of exhaustion of the nervous system.

Today there is a different measure, unintentional it is true, yet bringing with it nearly as great drains on the nervous system as the dropping water of the Chinese torturer.



DR. CHARLES W. W. HOFFMAN

We wear ill fitting shoes and by changing the weight bearing mechanics of our bodies, put unequal strain on the muscles of the backs and legs and then start a series of reflex irritations, giving similar results. Multiplied by the hundreds or thousands of steps per day or the hours of standing in office or factory, store or home, it is little wonder that there is a great demand for some way to alleviate and cure these ills.

This does not imply that every disease or ailment has its origin in the feet. Still it is common knowledge that the great percentage of foot troubles and spinal curvatures, which in a broad sense mean unequal distribution of the

muscle balance, have their beginning in defective feet and improper posture.

Man travels on his feet. In the beginning it was his only means of travel. He walked when he wished to go somewhere, and he went unshod until a dawn of thought produced some sort of foot wear. It was doubtless the soft skin of an animal killed for food? This was developed and best exemplified in the moccasin of our Indian, the wearers of such natural feet, undeformed by unnatural covering. Every joint and muscle worked naturally and each was strong from coordinated exercise of its function.

Then came the development of unnatural foot coverings with no knowledge or thought of the necessities of foot hygienes and mechanics. It passed through many phases with little real improvement until very recent years when shoe manufacturers began giving the foot the attention it really deserved and are still trying to produce a shoe for every type of foot. But it is a difficult problem for there are as many kinds of feet as there are human faces. The trouble is, in most cases, people insist on wearing what they want rather than what they need. It is a far cry from the dainty moccasin of Pochahontas to the peg heeled pump of Milady of today.

And what is to be done for all these tortured and deformed feet which are the direct cause of so large a number of human ills?

The life line is not in the hand. It is in the back. It is that line perpendicularly through the center of the body which determines whether or not that body is maintaining its proper balance with the least amount of expended effort.

Notice whether shoulders are square across. Do the pelvic bones seem on an equal horizontal plane? As the patient turns laterally does the spine seem too straight or is it curved like the letter S? With these answers in mind, you are able to determine your procedure.

Call this type of diagnosis and prognosis whatever you wish, intuitive perception, logical deduction, futuristic interpretation or just plain horse sense, you cannot escape the facts of na-

ture which will operate in spite of all scientific research and theories involved.

Dispute this statement!

"You must use a muscle or lose its use."

This discussion is as sound in principle as the above is true.

If the muscle balance of the body is equal and there are no unusual strains on the muscles of the legs and back while maintaining the proper balance of the body, the posture is relatively correct for the case. However, should the shoulder droop or that tell tale hollow in the back suggest that the muscles are overworking, the posture is creating in that body conditions which, if left unchecked, will gradually develop.

You need but to consider for a moment the harmful effect of improperly selected footwear to realize the terrific strain on certain muscles to maintain the body in an erect position. Visualize for a moment what takes place when the body is thrown forward on the anterior metatarsal bones of the feet. Then the opposing muscles begin strenuously contracting to do their part in maintaining the body in an erect position. This in turn puts strains on the muscles of the legs, hips and back, resulting in pain and still further produces abnormal contracted or stretched muscles in the legs, hollow lumbar region, rounded shoulders and flat chest resulting in severe pains and a good start toward chronic conditions.

Balance and the proper relationship must be restored and it is in this that a wide field awaits us.

With the recent interest in the correction of foot troubles, and the ascribing to them as a causative factor of many other conditions, the healing professions should be more qualified to minister to the sufferers of foot ailments.

With natural or acquired adeptness in manipulation and complete knowledge of the bone and muscle positions, the trained physician is the one to be considered in all types of foot derangements and when to this is added the extensive armature of Physical Therapy the physician so equipped is in a place second to none in this form of therapy.

The treatment is one of selection due to the case in hand but generally it includes adjustment of the bones of the foot to restore normal

balance and posture. In many cases diathermy and infra red to relieve congestion and improve circulation are indicated.

In certain conditions the trouble is weakness or lost muscular tone with the following generally the source of trouble; tibialis posticus, flexor hallucis longus and flexor digitorum longus.

Temporary relief is often given by strapping or the use of various devices to correct undue pronation.

For the relief of pain hot applications, infra red or diathermy may be used with manipulation, massage or vibration applied over the plantar fascia and the calf muscles.

For the restoration of muscle tone manipulations and prescribed exercises are of value. Unfortunately the average patient is inclined to neglect these when out of the office or with the first symptoms of improvement and, as outlined later, some more permanent method to give the same effects is of value.

Physical Therapy Aids.

Physical therapy aids in this program usually materially shorten the time of disability. When electro therapy is used it gives the added advantage of closer supervision of the manner in which the patient is cooperating.

Sinusoidal and galvanic currents are of most striking benefit in these various conditions but this is often heightened by the use of diathermy preceeding such treatments. The general procedure is to use a piece of block tin or specially shaped moulded aluminum electrodes with circular cuffs just below the knee or the diathermy chair as the indifferent electrode. Using 250 to 400 milliamperes for twenty minutes or until the legs feel hot to point of tolerance. Then follow with sinusoidal as indicated below.

When a foot condition is permitted to exist without proper treatment, the strains, together with the lack of functioning of the muscles, tend to increase the weakness and in such conditions the movements at the mediotalar joint and at the subastragaloid become very painful. To avoid this, a muscular spasm, first marked at the peroneals, develops in an effort to secure immobilization. Continued use of the foot without treatment, is generally accompanied by increas-

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Permanent Relief From Tonsil Infection By Electro-Coagulation

By THOMAS R. THORBURN, D. O. M. D.

New York

BASED upon our study, and the concensus of opinion in the profession, it seems that for almost every individual, there comes a time, when the tonsils require attention.

Authorities agree, that abscesses or abscessed crypts, are present at some time in varying number, and varying sizes, in tonsillar tissue, in the majority of people. The number and extent of these, vary with the development of the tissues, and the extent of the difficulty experienced, from time to time.

Considerable success has been obtained from the manipulation of the structure of the tonsil and throat, which open these crypts, and abscesses, and drains them. This gives relief for a time, from the systematic condition which had heretofore, affected the patient. This is especially marked, in arthritic cases.

It is questionable, however, if the sources of infection are fully eradicated, and remain so; certainly the process must be repeated frequently, the patient must be closely watched from time to time, as there is absolutely no assurance that the infection of tonsillar crypts will not return.

A permanent measure should be employed and when surgery is contraindicated, the best method yet devised, is electro-coagulation, a procedure, which in the hands of the skilled practitioner, is an effective and safe method.

Contrary to the impression in many minds, this procedure is not fool proof; it is dangerous in the hands of those who are not trained in the basic laws of diathermy, and are not as familiar as the surgeon, with the anatomy of the tonsil and throat.

In all tonsil enucleation, hemorrhage is to be considered. In electro-coagulation, this is uncommon, although from the way many attempt this practice, I am surpriced that fatal cases are not more frequently reported. In my own practice, I have been fortunate, in that, I have had no severe hemorrhages, and can state that those

who are thoroughly familiar with the method, and have witnessed it, in all its phases, who use no antiquated equipment, and who do not over coagulate, need have little fear of hemorrhage.

It should be remembered also, that with the first or second treatment on each tonsil, the systemic condition generally shows improvement.

Coagulation is the exact opposite of dessication which is the effect of a uni-polar current which brings about the evaporation of the fluid element of the cells, such a state as mummification. Fulgeration is the destruction of tissues by applying high frequency sparks to the part to be destroyed by superficial action.

It was my privilege to visit the Hanson Reconstruction Clinic in Philadelphia, during the past winter, and to observe the excellent work being accomplished there by Dr. J. Leo Hanson and his students. If all physicians would take advantage of a systemic course of instruction, in electro-coagulation, before attempting this method of tonsillectomy, the technique would have fewer critics.

The Technique

The usual surgical asepsis is observed, and the patient can sit in an ordinary straight office chair.

The indifferent electrode which should be 24 gauge block tin, about 7 by 10 inches, is placed on the bare skin of the patient's upper dorsal region. In cooler weather, heat this in warm water before application. The active electrode is a needle with a slight curve for coagulation. One may also use an applicator, which has two points, one representing the indifferent electrode and the other, the active electrode. This obviates the necessity of using the block tin indifferent electrode.

Set the machine properly so that on a dead short test with rheostat at about two-thirds capacity, the spark gap is opened to give from 2,500 to 3,000 milliamperes. This gives ap-

proximately 250 M. A. at the needle's point.

The tongue is retracted. In order to take care of all conditions, I have devised a combination pillar retractor and tongue depressor. This permits the operator to depress the tongue and examine the fossa with one hand free for necessary operations, making the operator independent of help from the patient or assistant. With an atomizer containing a 5% cocaine solution, the site of the operation is sprayed. This is immediately followed by the application of a 10% cocaine solution direct to the tonsil. This procedure, followed three times or less, produces sufficient anesthesia.

The needle is then inserted one-eighth to one-quarter of an inch, into the tonsil, a step on the foot switch, and in less than two seconds, a white ring appears around the needle. At a distance of about a quarter of an inch, repeat this procedure, until the tonsil has been covered with punctures, six punctures being the average number, for the normal tonsil. It is advisable to attack the superior pole, and posterior part of the tonsil, first. The tonsil is then painted with mercurochrome.

The other tonsil may be treated at the same time, in the same manner, but my usual practice, is to treat one tonsil, and have the patient return in one week for coagulation of the other. This gives the physician a better opportunity of observing results. It is usually found that the tonsil previously treated, has disappeared twenty-five per cent.

Following each sitting, the patient is instructed to use a normal salt solution gargle at home, and to return to the office at once, should there be the slightest pain. In such case, use of the water cooled mercury quartz light, is effective.

Six to eight treatments to each infected tonsil, is the least number recommended, but constitutional symptoms improve at once.

It is much better to under-coagulate, than to over-coagulate. This should be watched carefully. An extensive slough with an early separation, is a sign of over-coagulation, and this condition, may bring on hemorrhage. A considerable edema, is a sign that the anterior or posterior pillars have been coagulated.

Electro-coagulation offers a number of other

features of merit, among them, the fact that tissues may be coagulated to any desired depth; that operations are bloodless, and leave sterilized wounds; that lymph and blood channels are sealed, and otherwise inoperable growths, can be safely removed.

In tonsil work, avoid the larger veins and arteries, as well as the pillars, and adjacent structures. Care should be used around bony structures. Ether, and other inflammable gas, if used, should be kept at a distance.

Examination, both as to tonsil, and as to the patient is important. In the event, of the so called selective case, make your own examination, and in the event of high blood pressure, coagulate very lightly. Many look at the throat, and not seeing a protruding tonsil, report "tonsil negative". They do not seem to realize, that the buried type, are generally worse sources of systemic infection than any others.

No physician should attempt this method, unless surgically trained, and then, not until he has witnessed it in all its phases. Improperly designed, or antiquated equipment, should never be used.

The treatment is an office one, and is practically bloodless and painless, and the patient suffers no loss of time, from his daily routine. There is little danger of hemorrhage, embolism, trauma, secondary infection, post operative lung abscess, or post operative shock.

WHAT HAVE YOU?

As requested in our monthly bulletin members have advised of various items of equipment of which for one reason or another they wish to make disposal. These are listed below. Information can be had by writing the offices of "The Therapist."

Hanovia Luxor Model Ultra-Violet Lamp.
Practically new.

Fischer G 3 Diathermy with certain electrodes.

Fisher Model F Diathermy, with pump for pressure and suction.

No. 1 Empire Model Wappler X Ray.

Physical Measures Save Manual Energy in Establishing Lymph Circulation

By C. EARL MILLER, D. O.
Bethlehem, Pa.

DISEASE regardless of cause or manifestation is always due to the disturbance of the nutritive equilibrium of certain body cells. Life is the aggregate of vital activity of the cells of the body. Death is the cessation of this function. The chief function of the lymph is to carry waste products from the body cells and supply fresh nutritive material to rebuild them. Therefore the function of the lymph is to maintain the nutritive balance of the body cells and thereby sustain life and health.

The natural movements of respiration take care of this circulation to a large degree but in many disease conditions it is necessary to augment these in some ways. For some years this was done manually but with the number of treatments limited to the physical capacity of the physician some other means which brings the same results with a minimum expansion of energy by the doctor seems necessary and this resulted in the development of the lymph pump, a motor driven device, following my own plans and technic, which may be attached to the Hayman or other standard tables and which gives mechanically the full benefits formerly given manually. The difference in action over that of normal respiration is only the difference in the number of movements and the force with which they are applied. It is not an improvement on nature but an augmentation.

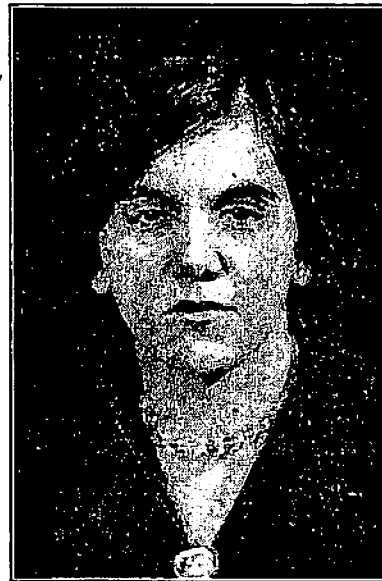
Further the use of the pump in addition to eliminating the hard labor does away with the possibilities of faulty technic under the manual method.

The mechanical principle used to circulate the lymph with this apparatus is identical with that used by the body itself. There are two soft rubber pads, one placed over the upper portion of the thorax and the other over the abdomen of the patient. These pulsate alternately, thereby causing pressure to be exerted upon the abdomen which is released as pressure is applied to the thorax.

The first action forces the lymph which has

accumulated in the abdominal portion of the thoracic duct, upwards beyond the diaphragm, into the thoracic portion of the duct. The pressure is then released and the duct fills again. Simultaneously with the release of the pressure upon the abdomen, pressure is applied upon the thorax and the lymph is forced into the veins.

There is also an interesting spinal treatment, carried on by placing the patient in a prone position with a pad applied to the spine, the physician directing the force and controlling the pressure while the apparatus works. By



Miss S.....whose sight was restored with one treatment. The loss of sight was due to Keratitis.

means of a strap arrangement direct stimulation and massage to any portion of the body is provided.

Proper lymph circulation is indicated in many ailments. Dropsical swelling is markedly reduced within fifteen minutes time and free fluids may be drained from joints and cavities of the body more quickly and easily than by the hand method.

In bacterial diseases such as pneumonia, in-

fluenza and the like, proper lymph circulation is essential for these bacterial toxins may be absorbed and carried by the blood to other parts of the body such as the spleen, liver, bone marrow and the like whose cells possess an affinity for the toxins. Stimulation arouses these cells to specific defense and anti-bodies are produced. A second drainage draws the anti-bodies as well as the toxins into the blood stream. A specific reaction between the toxins and the anti-bodies follows, and results in the neutralization of the toxins and the immunization of the patient.

By relieving the fluid pressure from the affected areas of the brain and spine this procedure relieves paralysis and prevents atrophy in acute or sub-acute apoplexy or infantile paralysis. Patients frequently show improvement in the ability to move their paralyzed parts as the result of one treatment.

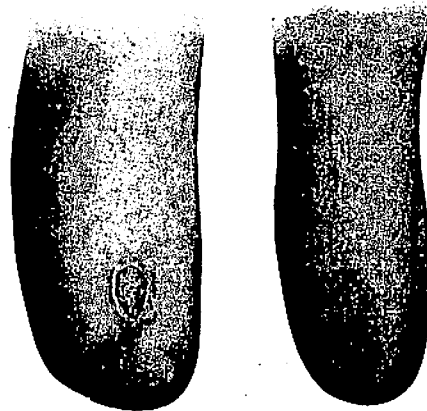
Application of this agency has proved valuable in many forms of disease treatment. In diabetes blood sugar is reduced within thirty minutes by draining the natural insuline of the pancreas to the blood as shown by blood tests made before and after treatment. Remarkable results have been obtained in cases of diabetic gangrene.

Carbon monoxide poisons such as caused by automobile exhausts have been cured when other methods fail, as all the available red corpuscles are drained to the heart from where they are pumped to the lungs to replace those destroyed by poisons. New red corpuscles are available from the red bone marrow of the ribs and many undamaged old corpuscles are available from the minute blood vessels and the blood pools of liver and spleen. These undamaged corpuscles are usually sufficient to sustain life until the body has time to produce some new corpuscles.

By means of intensive lymphatic drainage sight has been restored in keratitis as the result of one treatment. This condition which is due to the clouding of the cornea is due to the infiltration of small round cells or lymphocytes and when these were removed the sight was restored and permanent results were obtained with five treatments.

Metabolism increases greatly by the elimina-

tion of waste through the kidneys and increase of carbon dioxide through the lungs. Blood tests made before and after treatment show a decided change in the oxygen content of the blood with dark venuous blood frequently changed to a bright red color.



Improvement in leg stumps after treatment for diabetic gangrene

The principles of this treatment embody three fundamental Osteopathic doctrines:

That the normal structure, especially cell structure is essential to normal function.

That the normal circulation of body fluids is essential to normal function.

That the cure of the body is due to forces within the body.

Thus again the absolute perfection and tirelessness of a therapeutic device is adding to the armory of the progressive Osteopath who desires to accomplish more in the never ending battle with disease.

FRIENDLY CHATS

There is one volume that should be in the library of every member of the profession. More than that it makes a unique and interesting gift for the patient or friend interested in health maintenance. It is "Friendly Chats on Health and Living" by Dr. Cyrus J. Gaddis, Secretary of the A. O. A. and Editor of the Journal and other national publications. Known as one of the foremost writers and lecturers in the country Dr. Gaddis has compiled in this volume an epitome of his best thoughts on these subjects and it is a book which can be read and reread with interest and profit.

Treatment of The Intestines With Physical Therapy

By FLORENCE L. McCOY, D. O.
Wichita, Kansas

WHEN we read in a program that someone is going to offer a paper on the Intestinal Tract, we know at once someone is going to read the same old story of constipation and all the ills that follow.

Of course I do not mean to say that I have invented anything new and thrilling in the intestines; "there is no such animal." The same set of muscles exist; the same longitudinal muscle with its nerve supply from the splanchnics and the circular muscle, with its nerve supply from the extended vagus, and the mucous lining with its delicate sensory nerve terminals have always existed. So there is nothing new there. The intestinal tract, consisting of the small intestines with their rapidly traveling load of semi-fluid content, discharging into the large at the juncture with the semi-lunar valves standing at guard, has the same history; and the caecum, with its burden of receiving and forcing up and absorbing at the same time in that part of the ascending colon, and the partial obliteration of the hepatic flexure as the load goes into the transverse colon on to the splenic flexure, at which place the colon ceases to be the absorbing organ and begins to be the expelling, also have the same history.

I will call the colon at the right of the splenic flexure the absorbing colon; and the colon to the left and descending, the expelling colon. Remember at this point the movement is veriform, and safely accounts for much of the condition; for the tail of the worm is a partially fixed thing at the juncture of the sigmoid, and the rectum. At no point in the large intestinal tract do we find a perfectly solidly fixed tissue. Remember the whole of the tract is swung by peritoneal ligaments.

Every other organ of the body has gone through a series of close scrutiny, and much laboratory finding has been recorded. We have not hesitated to catheterize the bladder, the kidneys and the ureters; and with the use of the small tube, we have gone into the sanctum of the stomach, duodenum and the gall bladder.

The tonsils, the teeth, sinuses and appendix have been sacrificed to find the foci of infection; but have we done much in the investigation of the entire of the colon, which is easily accessible if we go about it with the right sort of instrumentation to get our specimen from the caecum?

Our ambulant proctologists and the rectal specialists have taken close care of the cases of hemorrhoids, fistulas and fissures for us with the examinations with the rectoscope and the sigmoidoscope; but further than that, with the exception of the introduction of a colon tube a few inches into the intestinal tract, we have allowed the remainder of the colon to outwit us.

Every form of catharsis has been used by the medicals; and the non-medicals have used every other modality, but with little success in the overcoming of constipation and the ills that follow in the wake; and they are legion.

Do you realize that 90% of the ills of the body are based upon the poison from poor elimination? Do you visualize the condition that does result in a colon loaded with feces to which each day a little more is added? Enteroptosis, high blood pressure, auto intoxication, mucous colitis and innumerable conditions traceable to this condition are easily overcome by colon irrigations.

Mechanically, the drainage of man is poor, and the absorption of toxins into the portal circulation is responsible for much of the pathology of the upper quadrant.

Before the time of Christ we have a history of the first enema being given with a cow's horn, open at both ends, the small end being placed in the rectum of the patient in the Indus river, allowing the water to flow up, then at the discomfort of the patient withdrawing the horn, repeating this until the results desired were obtained. Then we advanced to the rubber tube and bulb syringe; then the colon tube; then came the cascade and now we have the catheterization of the entire colon with a caecum tube and a two way valve. In no other way could this be accomplished.

According to Crance in the Urological and Cutaneous Magazine of 1928, the great part of cystitis, inflammation of the kidney substance, and conditions in the ureters has been caused by the absorption by the lymphatics of the colon bacilli which have been passed into the kidney, and swept on down to these organs. He states it is an easy matter to relieve the case, but a much harder one to cure it; for first, it is necessary to rid the system of the colon bacilli, it is a productive nidus for the streptococcus, staphylococcus, gonococcus, etc. He advises irrigation first of the colon, to establish this cure.

Numerous other well-informed authorities have been investigating and using the colon therapy even within our own school, and almost every Sanitarium for the Nervous and Insane, the different hospitals and sanitariums throughout the country, besides a great number of private office practitioners are now using the two-way valve colon irrigation. It would be impossible to secure the results without a two-way valve, and the long caecum catheter of fifty-two inches in length.

In connection with our cases there have always been X-rays, for often a fool rushes in where an angel would fear to tread, laboratory findings of fecal examinations, and we have used either diathermy or the Morse wave generator, some of these cases have had in addition ultra violet rays.

A great number of them had enjoyed hospitalization, were operated upon for appendicitis, etc. We have had some two hundred cases in our offices during the past two years, with satisfactory results.

This we wish to state, that without any one of these modalities which we have mentioned, these cases could not have been cured, and they were under Osteopathic care.

Were we to talk for hours we could not exhaust our enthusiasm over the colon catheterization, not the old colon tube enemator, but the long fifty-two inch caecum tube, and we owe it to our profession to wake up and make this a part of our armamentarium before the exclusive is held elsewhere.

Just to mention a few referred cases: Mrs. A— 28 years of age—wife of one of our doc-

tors—always constipated, constantly nauseated, operated upon two years previous for appendicitis, nausea relieved at time of appendectomy. Large caecum, size of quart, according to physician, disclosed at that time. No change in action of bowels thereafter. But after irrigations and implantations, with occasional return visits, (once in two months) her evacuations are normal and other symptoms entirely overcome.

Mrs. B— age 40—referred by her husband and doctor—life long constipation—had had constant Osteopathic and electric treatments. This woman is daughter of, sister of, and wife of Osteopathic physicians. Had recurring attacks and enjoyed hospitalization at time she was brought to me—two colon tube enemata each day; also oil and glycerine enemata and castor oil per mouth. Then in our offices, and after five or six weeks of irrigations (three each week) she went home normal. Remained so.

Mr. C— age 50, referred: In 1926, had rheumatism in both feet and knees. Six months in overcoming attack. Followed by 200 boils during year of 1927. Fall of '28 he again had the rheumatism in right foot and knee. His Osteopathic doctor sent him up for irrigations. His foot was as large as a Daisy Ham. His knee as large as his head. In five weeks he was wearing his shoe. He was given some diathermy. His doctor had him on a diet of fruits and vegetables. Cured.

Mr. D— age 36—minister—referred by his Osteopathic doctor, had a body rash, troubled over four years, besides exhaustion from least exertion. Had tried every salve, wash and ultra-violet ray included. In about 13 irrigations he was cured, and after a year, still remains cured.

Mrs. E— age 68, came from a medical doctor's care—not referred. She had rheumatism (arthritis) in every joint. She was ill and looked it. In two months time she was cured by irrigations and nine Osteopathic treatments. This was a miracle. We do not claim to absorb deposits in joints and tissues.

Mr. F— age 38—foreman of refinery—constipated since war. Required "dynamite" to cause an evacuation. Had headache and nausea and auto-intoxication. Three weeks treatment,

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Copper Ionization or Electro-Coagulation in The Treatment of Diseased Cervices

By J. L. HANSON, D. O., M. D.
Philadelphia, Penna.

VITAL statistics show that we have an annual mortality of 109,000 deaths from cancer, 22,000 of which are estimated to be carcinoma of the cervix of the female. The mortality is drawn from an annual list of from 32,000 to 44,000 cases reported.

With these thoughts in mind the matter of treating endocervicitis and kindred ailments is attracting additional attention, and physical therapy seems to be the most successful and practical procedure so far offered.

Innumerable methods of treatment for the care of cervicitis have been advocated, varying from all kinds of topical applications to amputation of the cervix.

All have aimed at the destruction or eradication of the diseased cervical mucuous membrane or glandular structure, with simultaneous preservation of the musculature.

My aim here is to describe four methods, showing the advantages and disadvantages of each, to advocate procedure that can be easily carried out by the clinician in his office, that is painless, with minimum destruction of the uninvolved tissue, and no sacrifice of the occupational time on the part of the patient.

To begin with it must be kept in mind that there is a distinct difference between electro-coagulation and ionization.

Copper ionization causes chemical infiltration, coagulation and dehydration. It is accomplished by the positive pole of a continuous current, the depth of penetration depending upon the condition of the tissue, the power of the current and time employed. The penetration is at the most but a few millimeters.

Electro-coagulation is accomplished with the bipolar method from the d'Arsonval current when a temperature of not less than 160 degrees F. has been reached, resulting in destruction of the tissue.

Technic of Copper Ionization

Apparatus. 1—A suitable unit gauged in mil-

liamperes with specially designed intracervical electrodes devised by David W. Tovey, M. D., F. A. C. S., of the Polyclinic Hospital, New York City and two asbestos pads. The electrodes in question are in four sizes, 16 to 28 French in diameter, four centimeters long, with a small rounded upper end that enters the cervix but does not go through the internal os.

One wet asbestos pad is connected to the negative pole and placed under the buttocks of the patient. The electrode with the plus pole is inserted into the cervix and dilates it.

When you find the internal os so small that it will not admit the smallest electrode, the tip of the electrode is then inserted into the external os and the current changed to negative. This causes softening and relaxation of the cervical tissues so the electrode can be passed to the internal os. Then change the current to the positive and set your rheostat to 10 milliamperes for twenty minutes. Cotton is placed about the electrode to support it and to prevent contact with the speculum.

Copper crystals which have been deposited upon and driven into the cervical tissues will be seen around the electrode and os at the time of the end of the treatment, and it will also be found difficult to withdraw the electrode without trauma, because it has become adherent from coagulation, contraction and dehydration of the tissues and ionization of the copper. The step to be taken now is to reverse your polarity, so the electrode is connected to the negative pole. In a few minutes relaxation and softening of the tissues of the cervix occur and with slight traction the electrode is felt to loosen and can be withdrawn.

Caution. Be sure to turn off the current slowly before changing polarity. If this is not done the patient will experience a disagreeable shock.

Advantages. Immediate lessening of the discharge. Painless and strictly ambulant pro-

cedure. In a week or ten days the discharge has, in most instances, disappeared. The cervix shrinks and after three or four treatments, it appears normal. The infection, erosian, Nabothian cyst and discharges have entirely disappeared. Large infected cervices that in the past required amputation shrink to normal. There is no disturbance to the menstrual flow and the treatment is not followed by uterine colic.

In no case should this procedure be repeated oftener than ten days or two weeks if the maximum results are to be expected, because it takes time for tissue changes and healing to take place. If given more frequently the changes cannot be watched and there is danger of over-contraction and shrinking of the tissues of the cervix.

The modality in question is small and compact and so designed that even the young physician entering practice and desiring to do this procedure can afford to install one as I understand from the manufacturer that the selling price will be very low in comparison to similar apparatus used for this purpose.

Electro-coagulation

Apparatus. A high frequency apparatus that has a "cutting" attachment. The instrument consists of a silicon tube, tungsten wire, a metal tube and bakelite insulation tube.

Technic

The technic that I am about to describe is that as devised by Dr. Mortimer H. Hyams of the New York Post-Graduate Hospital, who has successfully performed this procedure on hundreds of cases.

The patient is placed in the lithomy position. Use an illuminated vaginal speculum and clean vagina and cervix with hydrogen peroxide, wiping dry. A small crystal of cocaine is placed in the cervical canal and allowed to dissolve. The ground is connected to the patient and the electrode also to the machine. The operator sits before the patient, and notes the extent of the cervical canal, the size of the lumen is calibrated and the proper instrument selected.

With the controls set to provide sufficient current, the machine is turned on, the instrument being steadied with the left hand and held in

the right. The tip is placed about one-eighth of an inch from the external os and contact is made. As coagulation occurs the silicon portion of the instrument is then passed into the cervical canal up to the internal os and with a rotary motion the entire mucous membrane is cored out. One complete circle is made, current is turned off and instrument withdrawn. The mucous membrane with contained cervical glands will be found adhering to the wire and tube. An applicator with two per cent mercurochrome solution is placed in the cervical canal and left for several minutes after which the vagina is wiped dry and the patient permitted to leave.

Post Operative Treatment

No vaginal douches are advised or required. About the fourth day, a gray sluff will be found filling the cervical canal and can easily be removed with dressing forceps. An application of mercurochrome, lasting about five minutes is made to the canal. On the seventh day the cervical canal will be found considerably smaller in size and granulation tissue can be seen. About the fourteenth day, the cervix will have reached its normal size with only one or two small unhealed areas visible. An application of 10 per cent silver nitrate is made to these spots. After about three or four weeks the cervix appears normal and completely healed.

The Advantages

It is strictly an ambulatory procedure. The patient does not suffer from discomfort, pain or "hemorrhage." The operative procedure requires less than a minute. The technic may be performed by the average physician. The mucous membrane and glandular structures of the cervical canal are completely removed. There is no disturbance of the menstrual flow following this method of treatment. The cutting proceeds smoothly and is accompanied by heat thus assuring asepsis. Tissue may be removed to any desired depth. There is no contra-indication to the repeated use of the instrument. This method can also be used for removing tissue for microscopic examination when dilation and trauma are inadvisable.

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Osteopathic Versus Medical Prognosis in Organic Diseases of The Nervous System

By J. FRANCIS SMITH, D. O.

Director Neurological and Psychiatric Clinics, Osteopath College and Hospital of Philadelphia

WE find in the medical text books on Neurology, many disease syndromes in which the prognosis is given as being hopeless.

It is true that when there has been actual destruction of portions of the Central Nervous system that little or nothing can be done which will replace this tissue. But who really knows when there actually is destruction of tissue in the brain and spinal cords? A thorough Neurological Examination may be made in a given case and the findings may be such that a diagnosis of some organic disease of the nervous system is made. But after all, the signs and symptoms which are present form only a syndrome, a picture to which a name is given and those signs and symptoms are indicative of either irritation or destruction of certain portions of the brain or spinal cord. But signs which point to destruction of tissues may not mean destruction at all. It may mean procedure which inhibits the function of the part, or blocks the passage of nerve impulses or it may mean nothing more than psychic inhibitions or irritation.

I have seen positive toe signs, Babinski's Gordon's, etc, disappear under appropriate treatment. Such signs when present in a patient after the age of successful walking are usually conceded to mean destruction of either the motor area, the cerebral cortex, (the Precentral Gyrus), or of the pathway leading from that portion of the brain to the motor nuclei of the cranial nerves, and the motor cells in the anterior gray columns of the spinal cord.

I have seen the rigidity of muscles, the mask like expression, the classical tremor and the typical gait, etc., of the Parkinsonian syndromes which are said by leading Neurologists to be the result of destruction of certain parts of brain tissue, especially the lentiform nucleus, disappear after treatment.

But more spectacular still I have seen the

syndrome of a classical case of Syringomyelia entirely disappear.

This was a case of four years standing in a man thirty-five years of age who served in the Marine Corps during the Great War. He was operated upon four times, twice under general anesthesia and twice under spinal anesthesia, for hernia.

Two weeks after the fourth operation the first symptoms became apparent and from that time, until he came to us the development of the syndrome was gradual.

Careful questioning of the patient during his examination revealed that the symptoms developed approximately as follows:

1. Impairment of the senses of heat and pain in the hands. This was brought forcibly to the patient's attention when he blistered his fingers with the flame of a burning match and felt no pain. The analgesia and thermal-anesthesia, gradually extended upward until the entire skin of both upper extremities was involved.
2. The patient noticed that he had difficulty in performing finer movements with his hands when he held small articles in his hands. The loss of cutaneous sensibility became so pronounced that he was unable to carry on at his work as a watch maker.
3. Muscular pains in the arms.
4. Twitching of the muscles of the arms.
5. Weakness of the arms.
6. Wasting of the arms.
7. Inability to fully extend the fingers.
8. Finger nails were brittle.
9. Cuts, bruises and burns on hands and arms were a long time in healing.

The Neurological Examination revealed that the reflexes of the upper extremities were diminished and that those of the lower extremities were slightly exaggerated. No ankle clonus nor positive toe signs were elicited.

Atrophies and fibrillations were present in the

muscles of the upper extremities especially in the forearms and hands. The fingers of both hands were held in the position of flexion.

The sensory examination disclosed thermal anesthesia, analgesia, loss of epicritic and partial loss of protopathic sensibility of both upper extremities.

Tactile agnosia of both hands. The patient was not able to name an object placed in his hand without looking at it.

There was retention of deep pressure and of the kinesthetic senses.

He was treated in several of the leading hospitals of this country where his case was invariably diagnosed as Syringomyelia and pronounced incurable. He was granted a pension. Before beginning treatment the case was presented to the Senior and Junior classes of the Philadelphia Osteopathic College as being a classical case of Syringomyelia. Treatment was instituted and after three months the case was again presented to these same classes and a complete cure was demonstrated.

The question which now arises is, did the treatment cause a regeneration of the tissues of the spinal cords? The answer is no. The spinal cord tissue had not been destroyed, there was simply inhibition of function of certain nerve elements.

There are three possibilities to be considered in this case of Syringomyelia.

1. Malingering due to the fact that a pension might be granted him. This we exclude by the nature of the examination he had undergone. His hands and arms were deliberately burned. The patient was blindfolded and he was not aware of the fact he was being burned until he smelled the burning flesh. His finger nails were deliberately torn until they bled and he did not flinch. These tests for the sense of pain were not carried out in our office.

2. Hysteria. This psychogenic state can be excluded, first by the nature of the onset of the signs and symptoms. Secondly by the fact that the patient had no knowledge of anatomy or disease syndromes. This being the case there could be no simulation of sensory dissociation, muscular fibrillations and atrophy with typical deformities.

3. Myelitis. This I believe was the true con-

dition. A low grade inflammation of the neurlogia which was bound to cause pressure upon the nerve tissue, inhibiting its function. The entire picture could be produced by such pathology.

We, as Osteopathic physicians, are too prone to accept the prognosis of the medical texts as being final in many of the so called organic diseases of the nervous system. We have at our command a form of therapy the efficacy of which is not recognized by the medical practitioners and we therefore should not be too ready to accept their limited prognoses.

The great majority of organic diseases of the nervous system have their etiology outside of the brain and spinal cord. They are secondary to disease states elsewhere in the body. Realizing this to be so the treatment of the case described above was planned, first to rid the body of any toxic elements which might be present and which would aggravate the pathology in the spinal cord and second to stimulate to activity as far as possible any of the nerve elements in the involved region that were capable of functioning. The following were given:

Colonic irrigations; cabinet baths; infra red over the upper dorsal and lower cervical regions of the vertebral column; mechanical vibration to the same area; the sinusoidal current to the muscles of the upper extremities; the Oudin high frequency current. In addition a group lesion in the upper dorsal area was corrected and general Osteopathic treatments were given.

Colonic irrigations and electric light cabinet baths were used for their value in eliminating toxic material through the intestines and skin.

Infra red and mechanical vibration were employed to stimulate circulation through the affected part.

The sinusoidal current functioned to strengthen the involved muscles.

The Oudin high frequency current non vacuum electrode was applied to the skin of the arms and hands to stimulate circulation and to arouse the functional activity of any cutaneous sensory nerves whose functions were inhibited.

The general Osteopathic treatments were given for their effect in toning up the entire system which special attention was paid to the lesions

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The Relation of X-Radiance to Physio-Therapy

By EARL R. HOSKINS, D. O. Chicago, Ill.

THE use of therapy of any form is efficient basically, in proportion to the understanding possessed by the one administering the therapy of the condition which is being treated.

We have little respect for the individual who makes a routine use of a cathartic and a so called "tonic" on every case that he is given an opportunity "to minister to". We should have somewhat the same feeling towards the Osteopath who has a routine set of Osteopathic motions that every case that comes in his ministrations receives. So with physio-therapy. There is the danger that the reputation of physio-therapy will be damaged by lack of time used in determining what is to be treated. The use of time in applying therapy should be preceded by more time used for analyses. This holds for all forms of diagnoses and analyses and not any more for X-Radiance than any other means of determining not only "what" but "how much" is the matter with the patient.

We are all prone to classify patients entirely from our first examination forgetting that disease and repair of injured tissues are not stationary processes. We sometimes determine that we are dealing with an acute nephritic condition and do not change our management to fit an interstitial nephritis, if the case becomes such. Some doctors "card index" a case of "chronic indigestion" and fix this so firmly in their minds that they do not see the evidences of development of malignancy. We put up a fracture and formerly took off our immobilization at the conclusion of a stated time. Pulmonary tuberculosis has been long recognized as a progressive condition—yet it is no more subject to change than is gastric ulcer. Chests are examined clinically and radiographically to determine the course of the disease and the effect of treatment. Equally valuable is a similar study of progress of cicatrization of a peptic ulcer and the amount of tracheal compression caused by thyroid hypertrophy.

X-Radiance does have one advantage in that the factors of technique can be duplicated and films do not depend for their valuation upon

tired fingers or ears upon judgment which cannot exclude troubles and other patients.

Modern business depends upon frequent accounting—determining losses and their sources before they induce bankruptcy. When a doctor is appointed as a receiver for a sick body he should be more careful to maintain his audits than may be necessary for a going concern.

TREATMENT OF THE INTESTINES WITH PHYSICAL THERAPY

(Continued from Page 72)

and then we had to treat to stop evacuations. On diet of fresh ground vegetables cooked as soup and fresh fruit for two weeks.

Mrs. G.— Trained nurse from Mayo's, gave history of twelve operations—seven majors for her intestinal condition. She was carried to the office. Her finger and toe nails were purple. Her history was two enemata daily with no return, for six weeks. Much suffering and shortness of breath from gas pressure. She walked from the office after first irrigation, and after five irrigations, returned to her office work. What did we do for her?

DISEASES OF THE NERVOUS SYSTEM

(Continued from Page 76)

of the upper dorsal area as we considered these the actual predisposing causative factors.

Before beginning the treatment of this case the patient was advised that there might be considerable improvement or there might be little or no improvement of the condition.

This prognosis I believe should be given to any patient suffering from organic disease of the nervous system where the physician has at his command Osteopathy and Physical Therapy as the progress of many of these disease syndromes can be arrested and in some instances a partial or complete recovery may result.

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St. Joseph, Mo.

New Activities Mark Society Functions

By EDWARD H. FRITSCHÉ, D. O.

The past three months have been an active season for the Society, a number of things have been done and plans perfected for a considerable increase in the activities and still greater service to the members.

Most important of the steps was the reincorporation. The organization was established in 1924 at Kirksville, Mo., as The Osteopathic Physical Therapy Society of the American Osteopathic Association and action taken for affiliation as a subsidiary of the National body, with representation in The Journal and on convention programs.

During the past seven years the organization continued to function in this way. However, at the Philadelphia Convention it was decided to reorganize. This was for two reasons, to make the functioning machinery of the body more mobile and also for protection of the members. It was found that efforts were being made to foist inferior or over priced modalities on the members of the profession and the formation of a Council of Physical Therapy Research to examine and report on modalities and technics to collect data and give advice was authorized, and such Council established.

It was the original intention to function under the name as formerly used but when it was found that the former charter granted in Missouri had lapsed or failure to comply with certain legal requirements and that a new one was necessary it was decided for purposes of clarity to call the organization "The Physical Therapy Research Society and Council of Physical Therapy of the American Osteopathic Association" and such a certificate of incorporation was issued on February 20th.

The varying activities of recent months have entailed heavy expense and consequently the Board of Directors made certain changes in membership classification, listed as charter, life, sustaining and active; the privileges generally the same but offering some special services to those who by increased financial support made it possible to carry on at this time without changing

but rather increasing the opportunities to those on the active list.

Some of the features of Society membership under these plans are:

- Attractive Membership Certificates.
- Copy of each issue of "The Osteopathic Physical Therapist."
- Copy of each confidential monthly bulletin which gives special and intimate information on matters of interest.
- Full and frank advice on any phase of physical therapy modality or technic.
- Special Society clinics.
- Material savings in the purchase of equipment, supplies and the like.

The following are those who have enrolled as charter or life members under the new plan. This does not include the many members of the Society listed as sustaining or active members, whose names will appear in full with the issuance of the by-laws and membership list.

Charter Members

Hermon E. Beckwith, Los Angeles, Calif.; J. P. Burlingham, Syracuse, N. Y.; Clarence R. Cook, Washington, D. C.; Marion A. Dick, Philadelphia, Pa.; Merton A. English, Washington, D. C.; Albert C. H. Esser, Chicago, Ill.; Edward H. Fritsche, Philadelphia, Pa.; Frank I. Furry, Denver, Colo.; J. L. Hanson, Philadelphia, Pa.; M. L. Hartwell, St. Joseph, Mo.; J. W. Hawkinson, Luverne, Minn.; John N. Hines, Camden, N. J.; Franklin C. Humbert, Syracuse, N. Y.; Florence L. McCoy, Wichita, Kans.; Henry A. McMains, Baltimore, Md.; George W. Maxfield, Washington, D. C.; C. Earl Miller, Bethlehem, Pa.; S. P. Ross, Philadelphia, Pa.; J. Francis Smith, Philadelphia, Pa.; J. J. Stearne, Philadelphia, Pa.; Chester D. Swope, Washington, D. C.; Thomas R. Thorburn, New York City.

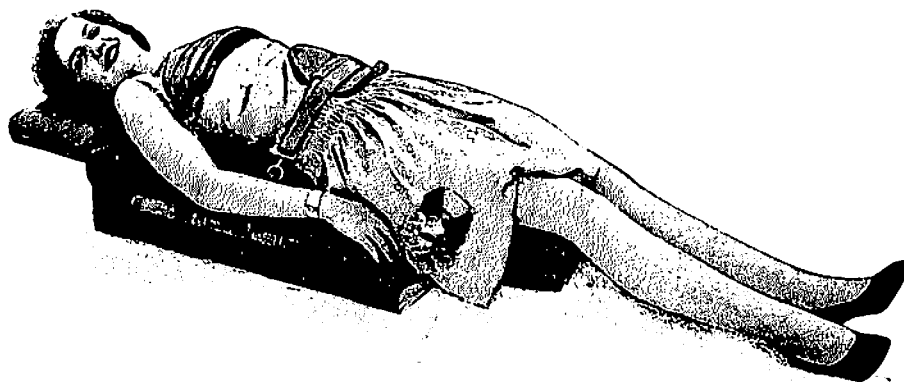
Life Members

W. T. Dowd, Rome, N. Y.; Charles W. W. Hoffman, Syracuse, N. Y.; Curtis H. Muncie, New York City.

This is but an outline of the plan and information in more detail will be given on request.

(Turn to Page 82)

PHYSICAL MEASURES SUCC



The Portable Lymph Pump with Patient in Position

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The Lymph Pump rapidly drains the watery fluid (lymph) from every cell of the entire body and reduces edema (dropsical swelling) within 5 to 15 minutes. It will even drain free fluids from the joints and cavities of the body.

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Reduces blood sugar in Diabetes within thirty minutes time, by causing an increased flow of the Natural Insuline. This has been proven by blood tests made before and after treatment. Even diabetic gangrene has been healed by this same treatment.

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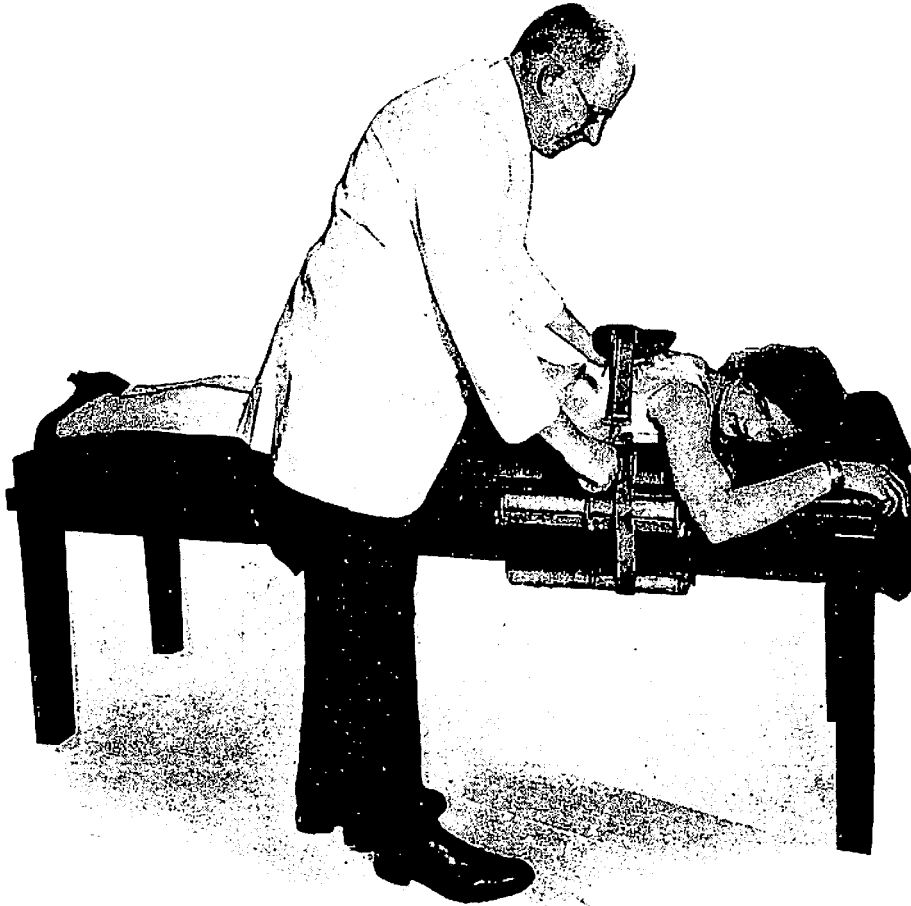
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strain and all posi-
tively faulty techni-
ques of the manual
laboratory and
experiments prove it
effective.*

The Lymph Pump is applicable to nearly every form of disease, because it restores the nutritive-lymph circulation to every living cell in the entire body. Attached easily to any standard treatment table.



*For prices and
addresses, Address*

C. EARL MILLER

MILLER, PENNA.

Showing the Lymph Pump attached to a treating table with the operator applying a spinal treatment, an added feature of the Pump.

An aid in spinal treatment, the operator directing the force and controlling the pressure while the motor does the work.

With strap attachment effective in producing direct stimulation to any part of the body.

Moderately priced and should be part of every physician's equipment.

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DON'T LET "GEORGE"**DO IT ALL****THE AMERICAN OSTEOPATHIC ASSOCIATION**

is a body to advance the interests of every member of the profession. Is it fair to let a few do for the many? Individually you may work in your own community but co-operation is needed to success in the larger fields.

JOIN NOW

The Association needs YOU and YOU need the Association

1931 Membership Directory Now being prepared. All 1930 paid up members and new members will be listed. (Non members will not be listed.)

Join NOW and get 15 months for \$13.00. The Privileges are many and include:

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***Be A Member - Stay A Member
 Get A Member***

Circulation of this issue over 3000 copies

**NEW ACTIVITIES MARK
 SOCIETY FUNCTIONS**

(Continued from Page 79)

Council Session and Membership Meeting

A special meeting of the membership with a session of the Council of Physical Therapy was held on April 4th at the offices of the Society, 807 E. Allegheny Avenue, Philadelphia, Pa. Various modalities and technics were considered, some approved and others held under advisement. The formation of a Bureau of Investigation as a part of the Council was approved.

Members of the Society from the District of Columbia, Maryland, New York, Pennsylvania and New Jersey were at the session. An interesting feature was the showing, through the courtesy of the Petrolager Laboratories, of motion pictures showing Hydrocele and Colles Fracture conditions and treatment.

Dr. Hanson gave a lecture and demonstration of surgical diathermy, electro-coagulation of tonsils being featured. Discussion was headed by Dr. Merton A. English, of Washington. In part Dr. English gave warning about some members of the profession who only partly coagulate the tonsils, this being what should properly be termed sterilization, although they allow their patient to assume that the tonsils have been carefully removed. He stressed the difference between the methods and the importance of this difference being fully understood. Dr. Lincoln A. Lewis of Binghamton, N. Y. told of some interesting cases of his experience.

Clinical patients and photographs of earlier stages formed a striking exposition of the value of the mercury quartz ultra-violet generator in treating skin infections. Dr. Chester D. Swope, of Washington, emphasized the value of this type of modality for the general practitioner and consultant as well as the specialist and advised that almost no form of modality is productive of such good results in such limited time.

Colonic practice with both large and small colonic units was also demonstrated. Various similar meetings and clinical sessions are also being planned in conjunction with National and State sessions, details of which will be announced from time to time.

On To The Seattle Convention

WITH a wonderful scenic journey, a comprehensive program of entertainment and a number of features in addition to the real heart of the meeting, the various business and technical sessions, all eyes are turning to Seattle where from July 29th until August 8th the American Osteopathic Association and the various divisional, constituent and affiliated organizations will be in session.

Particular interest should attach to these sessions for the members of the Physical Therapy Research Society for not only is our own Society arranging a series of meetings and a clinical session of unusual appeal, but the Society of Ophthalmology and Otolaryngology to which a number of our members also belong has an attractive program, announcement of which is given by Dr. Asa G. Walmsley.

Easily reached by water, rail or air the metropolis of the Northwest is planning in every way to make the meeting a notable one. We hope that every member of our Society will make an especial effort to be at Seattle.

The ideals in mind when this Society was formed will be featured in the entire program according to an editorial announcement made by Dr. L. C. Chandler, of Los Angeles, Program Chairman. He says in part:

"Our program will present a mass of information concerning fundamental Osteopathic principles. It will help round out a grasp of many problems related to general practice which will reduce the tendency to errors that react unfavorably on the whole profession and increase the capacity of understandingly caring for a group of outstanding pathologies. Neglect of either element will tend to let Osteopathy decline in prestige and accomplishment. Balanced attention to specific Osteopathy and to collateral problems of pathology and therapeutics that inevitably arise in general practice is Osteopathy's only foundation for progress. Only as Osteopathy provides its patrons with adequate care in all critical illnesses as well as in minor maladies, using judiciously other necessary therapeutic agencies together with the Osteopathic measures which are lost to the patient if he must

turn to the medical profession, will our profession completely fulfill its mission."

INTERESTING TOPICS TO MARK SESSIONS OF O. O. & O. L. BODY

By DR. ASA GORDON WALMSLEY
Chairman Publicity Committee

The interest of the Osteopathic Ophthalmologists and Otolaryngologists is centered on the Big Osteopathic Doings in Seattle. The date of the convention of this Society is July 29th to August 1st, inclusive.

The January-February-March issue of the Society Journal just received, contains the program of the forthcoming meeting. It is constructive, practical, well thought out. It was not arranged in a week or a month. The bustle and excitement of the convention at Philadelphia last summer had scarcely cleared away when Dr. C. Paul Snyder, program chairman, got busy on the program for the coming meeting. Paul is like that.

Study the program. It is full of good things, things that the ophthalmologist and the otolaryngologist needs, things that the general practitioner also needs. Indeed, it is a great pity that more general practitioners do not belong to this Society.

Spend your vacation in the West. In the quiet times you have had a chance to take stock of yourself, of your methods, etc. The next logical step is to attend the convention in Seattle and furbish your mental equipment so you will be able to capitalize your abilities with the turn of the economic tide.

Come and help to make this convention an unqualified success.

PHYSICAL THERAPY LEADERS TO PRESENT VITAL TOPICS

MARION A. DICK D. O.
Sectional Program Chairman

We expect the Physical Therapy Section of the A. O. A. Convention at Seattle to be bigger and better than ever.

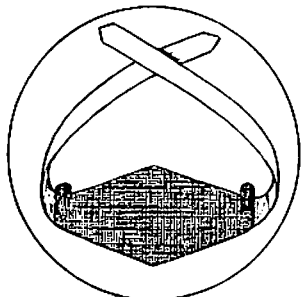
Bigger because of the large number of well



VAY-PORE
The Modern Method of Administering
MOIST HEAT
REDCRAFT SHOPS Leola, Pa.

DR. McQUIRK'S

P L A S T E R B E L T



for
**PHYSICIAN SURGEON
OBSTETRICIAN**

A Non-Elastic Plaster Portion Belt
Useful in Lumbago, Slipped Sacro-iliac
Pleurisy, Fractured Ribs, Abdominal Support
and Sprains in various locations.
It is light weight, shaped to fit, cannot slip
out of place. Fixes the strapping.
Is not expensive.
Make a profit on each belt and a saving in
cost of strapping and dressing.

Each Belt in separate sealed package, a dozen
Assorted Sizes for \$9.00

PLASTER BELT COMPANY
323½ BROADWAY Audubon, Iowa.

Circulation of this issue over 3000 copies

known experts in Physical Therapy who will be on the program and better because of the nature of the subjects to be discussed.

The Physical Therapy Section will meet from 1 to 5 P. M. on Wednesday, Thursday and Friday.

At the time of writing many of the subjects have not been assigned to the appropriate speakers.

The tentative program thus far definitely arranged for, is as follows:

- (1) Dr. J. Leo Hanson, Philadelphia, Pa.
Why Physical Therapy?
- (2) Dr. F. I. Furry, Denver, Colorado.
Galvanic Therapy.
- (3) Dr. Florence McCoy, Wichita, Kansas.
Colonic Irrigations in the Treatment of Rheumatism.
- (4) Dr. R. R. Norwood, Mineral Wells, Texas.
Physio-Therapy in the Prevention of Cancer.
- (5) Dr. Thomas R. Thorburn, New York City
Electro-Coagulation of Tonsils.
- (6) Dr. H. E. Beckwith, Los Angeles, Calif.
Physical Therapy in the Treatment of Pneumonia.
- (7) Dr. J. Francis Smith, Philadelphia, Pa.
Physical Therapy in the Treatment of Organic Disease of the Nervous System.
- (8) Dr. Marion A. Dick, Philadelphia, Pa.
The Value of Psychotherapy to the General Practitioner,
- (9) Dr. E. G. Drew, Philadelphia, Pa.
Diathermy, its Relation to Surgery.
- (10) Dr. Chas. W. W. Hoffman, Syracuse, N. Y.
The Value of Physical Therapy to the General Practitioner.
- (11) Dr. Catherine Gray Lynch, Paris, France.
Physical Therapy in Europe.

MORE GALVANIC DATA COMING

Although eight pages have been added, the amount of material for this issue is still too great so that the symposium on galvanic technic will be presented with the next issue. If you have not sent in your ideas yet, do so.

Balneology and Hydriatics

IT is the science of balneology that forms the backbone of every German health resort and although balneology is almost as old as history, it is little known, at least outside of Europe. This and hydriatics form good therapeutic agencies.

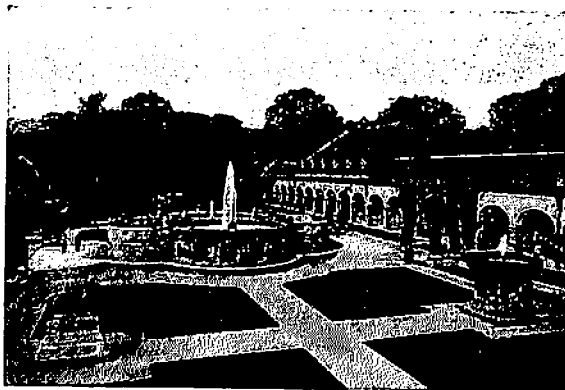
Restlessly gushing forth, ever maintaining their healing properties, never changing their course, always rising and falling minutely—this is the spirit of these waters. For thousands of decades good old dependable mother earth has been supplying generations with these hot, medium tempered or cold health restoring springs.

This was based upon the various kinds of residues these waters yielded such as iron, salt, clay, sulphur, through which substances these springs have taken their course in struggling onward until reaching sunlight. Thus it was possible to determine specific indications of the various spas. While Nauheim for instance is indicated for heart diseases, Wildungen Water is indicated for treatment of diseases of the Urinary system. Aachen and Wiesbaden treat rheumatism and gout; Neuenahr, diabetis and gallstones and Homburg specializes in metabolism. Bad Ems for instance has world fame as the resort for affectations of the respiratory organs. All of these resorts are in a class by themselves. They can boast of maintaining famous physicians specializing in those ailments, in the cure of which the individual resort has established for itself considerable fame. Even though the world knew of no academic chair of balneology at any University, it was in 1878 that the so called Badearzt (Spa Physician) in the German resorts formed the Balneological Society. In 1911 a foundation was established for the promotion of the science of balneology.

America, at about the same time had at Columbia University a chair of balneology which was held by Professor Baruch, but with him, both chair and practically the science died away in this country. As regrettable as this may be, even for Germany, we must admit that she who is leading in the science of balneology has not one special chair of balneology for the promotion of this science, but she succeeded in

harnessing the so called assistant sciences: geology, meteorology, physics, pharmacology, and hygiene before the rapidly advancing chariot of balneological science.

In this way mineral springs in Germany became an important part of therapeutics. In many thousands of cases the doctors find it necessary to interrupt and supplement the home town treatment of a patient by a cure in a watering place. The natural mineral waters are also bottled at the spring and sent all over the world. In Berlin you can drink your natural mineral water prescribed to you in the open air right in the center of the city. Every morning in the summer you can see hundreds of patients who cannot afford a trip to the resort on ac-



The Springs in Nauheim, one of the most attractive of German resorts

count of lack of time sipping their water in the Zoological Garden. You can there have your "Ems Kraenchen Water" or the famous water from the "Helenenquelle" or Bad Wildungen, whatever the physician prescribed.

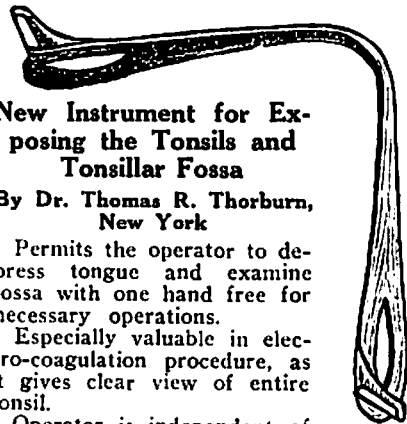
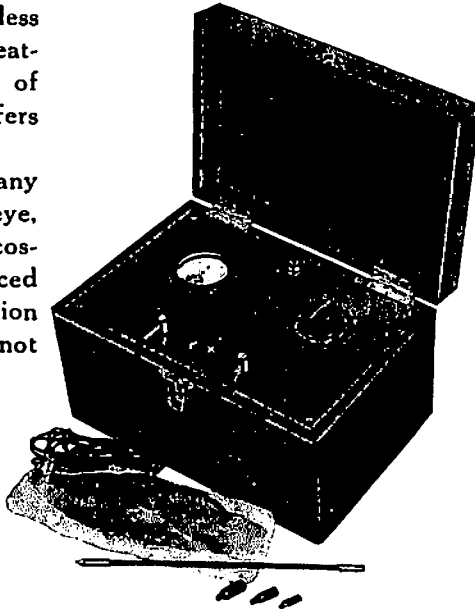
We believe that we can say without exaggeration Germany and especially the authorities of the German spas have probably succeeded better than experts in other countries in perfectly adapting the offerings of nature to the need of patients and we will hand her the laurel for having developed balneology and hydriatics into real sciences.

Don't forget the Pennsylvania State Society Convention at Wilkes-Barre, May 15 and 16.

IONIZATION TREATMENTS

For the practitioner desiring a safe, painless and strictly modern procedure for the treatment of endocervicitis and all other forms of ionization the Fidelity DeLuxe Portable offers a modality of special interest.

Ionization is a method of choice by many leading Osteopaths for ionization work in eye, ear and throat work, in gynecology and in cosmetic cases. For endocervicitis it is placed above cautery and certain forms of coagulation which are unsafe in the hands of the man not fully surgically trained.



New Instrument for Exposing the Tonsils and Tonsillar Fossa

By Dr. Thomas R. Thorburn,
New York

Permits the operator to depress tongue and examine fossa with one hand free for necessary operations.

Especially valuable in electro-coagulation procedure, as it gives clear view of entire tonsil.

Operator is independent of any help from patient or assistant.

No fear of damage from sparking.

In two types. One single end depressor with retractor on each side. The other a double end depressor with one retractor at each end.

Thorburn Combination Pillar Retractor and Tongue Depressor, Single or Double End, \$4.50.

European physicians have used this basic current for many years and its use is growing here. A handsome, compact unit that as a whole will last a life time at a moderate price. Terms if desired.

Special offer and technic of "Copper Ionization in the Treatment of Cervicitis" now available.

WE HAVE ALL FORMS OF INSTRUMENTS AND PHYSICAL MODALITIES FOR THE PHYSICIAN.—WRITE TODAY.

UNITED SURGICAL SUPPLIES

Fidelity Brand

799 EIGHTH AVENUE

NEW YORK, N. Y.

Circulation of this issue over 3000 copies

Council of Physical Therapy

BUREAU OF RESEARCH AND INVESTIGATION

Certain new physical modalities have recently come before the Council of Physical Therapy for test and consideration. Every effort is made to give full and exhaustive tests and nothing is approved unless it meets the highest standards. These particular devices fill several fields in which there has been much interest shown and requests received for reliable modalities. It might be mentioned in passing that only approved companies, apparatus, appliances and adjuncts are admitted to the advertising columns of the journal.

Ionization Outfit.

This is an attractively made and controlled battery device. It is designed especially to carry on the technic of copper ionization of the cervix along the lines of the technic which is explained at some length in this issue and in fact for performing all forms of ionization treatments. It is moderately and fairly priced, and a partial payment basis can be arranged if desired.

Compact and Efficient Colonic Apparatus

There is no question of the value of colonic irrigation to the practitioner of physical therapy the only question being as to the size and cost of the outfit. To those having a large clientele desiring or recommended to this treatment the larger devices are advisable. For those with a fair practice along these lines there is another of moderate size. The one in question, however, is for the practitioner who has a minimum use at this time or who desires a supplemental or portable device which can be used for home treatments. This device can be used as an office equipment or a part taken in the bag for home use with an ordinary wash bowl for the solution and a pressure bulb supplying the necessary force to carry the fluid to the colon. It also makes a good prescription model for certain cases.

European Moist Heat.

European physical therapy centers, notably the London Hospital where over 300,000 clinical patients are treated annually are great believers in the value of moist heat and to meet

this demand a device has been manufactured for distribution in this country. Electric coils controlled by a three heat switch cause medicated water to steam and by means of a special aluminum and cloth receptacle there are conveyed to the nasal passages of the patient. It is also useful for applying moist heat to other ailments. There are two models, the larger professional one for office use and a smaller prescription model that may also be used for the office where this form of physical therapy is comparatively little used but where there is some demand.

By special arrangement there is available to members of the Society and readers of this magazine a special discount of 10 per cent on some of the articles mentioned above as well as certain others advertised in this issue. Just advise the business offices what you desire and we will arrange to have it sent you, notifying you also if this discount applies.

THE PLACE OF GALVANISM

(Continued from Page 64)

To begin with take the large indifferent electrode and place it on the region selected for same. The normal or small electrode is applied to the nerve or to the motor points of the muscles that are to be examined.

Switch on your galvanic machine so that the small electrode is connected to the negative pole. Press the button on the handle of the electrode and let the current run for a minute. Of course you understand that with the chemical current the contraction of a muscle only occurs at the instant of opening or closing your circuit, not when the current is passing.

While very slowly increasing and decreasing strength of current, close and open the circuit several times, until the smallest amount of current is found which will cause a muscular contraction at the instant of *closing* the circuit.

The qualities of the muscular contraction are of very great importance, whether they are slow or sluggish, or short and snappy or spasmodic and continuous.

(Turn to Page 90)

As Others See Us

"The Osteopathic Physical Therapist," marks one of the real advance steps in our profession. The Osteopathic Profession came into being largely as a protest to so much promiscuous drugging and cutting. It has been known as the great anti-drug method of therapy.

"Physical Therapy is another non-drug method of therapy and the two together make one of the most effective combinations for the good of humanity that has yet come into history.

"Every Osteopath should line up with the physical therapists and where he fails in cases, he should refer then to the physiotherapists and then give them the benefit of being cured if possible before surgical procedure is used.

"Nothing can take the place of this new magazine in helping to forward the interests of those among our profession who are interested in treating our cases and interested in getting the greatest results in the shortest possible time and yet in harmony with good sound therapy. Physical Therapy will only serve to make the Osteo-

pathic Physician just that much more of a Physician.

"I feel that Dr. Hanson, who is the President of our Section should be congratulated in lining up the help that has enabled him to put over this magazine. He has done you and I and our patients a great favor.

"I venture to say that thousands of people are going to be benefitted in health because of this magazine and the interest it will awaken in many of our profession. What more can be hoped for."—Dr. Herman E. Beckwith, President, Osteopathic Physiotherapy Association of Southern California.

"I have watched with a great deal of interest the development of "The Osteopathic Physical Therapist" magazine and you, without doubt, deserve a great deal of credit in planning it. If it continues as it started I believe it will fill a very great need."—Dr. Charles R. Wakeling Boston, Mass., President Massachusetts Osteopathic Society.

(Turn to Page 91)

PHILADELPHIA COLLEGE OF OSTEOPATHY

48th and Spruce Streets
Philadelphia, Pa.

Thirty-third Annual Session Begins September 16, 1931
and Ends June 6, 1932

FOUNDED 1899: A CHARTERED INSTITUTION, not conducted for profit. Its graduates are active in osteopathic work in most States and many foreign countries.

FACILITIES: The new college building, including provisions which make this building one of the most complete and modern colleges in this country, was opened in November, 1929. Instruction privileges in the Osteopathic Hospital of Philadelphia afford unusual and superior clinical opportunities.

FACULTY: Eminent osteopathic physicians of national reputation and unusual teaching ability.

ADMISSION: Minimum requirement is the completion of an approved four year high school course.

APPLICATIONS should be made early.

EDWARD A. GREEN, D. O., Registrar.

Circulation of this issue over 3000 copies

Book Reviews

HIGH FREQUENCY PRACTICE (with Appendix) by Burton Baker Grover, M. D. Author of Handbook of Electrotherapy and Epitome of Blood Pressure; President of the Western School of Physical Therapy; President Western Physical Therapy Association 1919-1920; President of the American Physical Therapy Association 1929; Member of the American Medical Editors' and Authors' Association; Honorary Member of Pacific Physical Therapy Association; Fellow of American Medical Association. The Electron Press, Kansas City, Mo. Price \$7.50

This is the sixth edition of Dr. Grover's book which has been brought up to the minute with several new sections added and others thoroughly revised by recognized authorities as Dr. William L. Clark, "Surgical Diathermy"; Dr. A. David Willmoth on "Diathermy in Gynecology" and Dr. Harry Eaton Stewart on "Diathermy in Treatment" and many other too numerous to mention.

This volume is of special interest to the beginner and the skilled practitioner alike for it deals not only with applications but the fundamental principles and effects of the electrical currents used, brief expositions of the various ailments and the suggested technics in each. A new chapter is that which discusses thoroughly the basic essentials of a high frequency machine.

The book is handsomely bound, well printed and copiously illustrated. No Osteopath interested in diathermy, Constructive as well as Destructive should be without it.

An idea of the completeness of the work may be gained by considering the various divisions, some of the chapter headings including: The New Physics; Magnetism: Physics of High Frequency Currents; The High Frequency Machine; the Ear, Nose and Throat; Diseases of the Eye; Medical Diathermy; Electro-surgery; Blood Pressure; Diseases of the Cardiovascular System; Diseases of the Respiratory System; Diseases of the Ear, Nose and Throat; Diseases of the Eye; Diseases of the Nervous System; Diseases of the Skin, Blood and Glands; Diseases of the Genito-Urinary System and Rectum; Diathermy in Gynecology; Diseases of Bones, Joints and Muscles; Diseases of the Liver and Gall Bladder; Infections; Pain. In all of these the pathology is outlined and the approved technic for high frequency treatment given in detail.

The Appendix alone is worth the price of the book for it treats of: New Concept of High Frequency Currents; Tuning the Patient's Circuit; Importance of Resonance in the Patient's Circuit; Capacitance and Inductance; Spark Gap Operation; Form of Wave; Sketches Illustrating Proper Decrement of Oscillation; The Grover Syntonizer; Resonance Detector; Facts and Fancies on Voltage.

After reading and digesting this book there is no reason for not getting the most effective work from a high frequency machine for every phase is so clearly defined that the physician knows in detail the modality with which he works and what forces he is employing to the ultimate benefit of his patient.

We cannot too highly recommend this volume and as an announcement on another page indicates special efforts to have it made available for the members of our Society and the readers of the magazine have been made.

CRIPPLED CHILDREN, THEIR TREATMENT AND ORTHOPEDIC NURSING by Earl D. McBride, B. S., M. D., F. A. C. S. Instructor in Orthopedic Surgery, University of Oklahoma School of Medicine; Attending Orthopedic Surgeon to St. Anthony Hospital; Associate Orthopedic Surgeon to Oklahoma City General and Wesley Hospitals; Visiting Surgeon to W. J. Bryan School for Crippled Children; Chief of Staff of Reconstruction Hospital, Oklahoma City, Okla.—The C. V. Mosby Company, St. Louis, Mo. Price \$3.50.

An interesting and instructive volume and not too technical. It should especially appeal to the Osteopathic profession because it not only covers the treatment of crippled children but acts as a guide in preventative care. Our readers will be especially interested in the chapter devoted to Physical Therapy. The book has 159 illustrations showing cases and technics which are worth the price of the text alone. Osteopaths will make no mistake adding this commendable work to their libraries.

Be sure to attend the Pennsylvania Convention at Wilkes-Barre, May 15 and 16.

CLASSIFIED

Thompson-Plaster Cabinet, high frequency, pump for pressure, suction and vibration. sinusoidal, cautery, diagnostic. diathermy, In best condition. \$75. M. P. Hittner, D. O., 4024 Spruce Street, Philadelphia, Pa.

THE PLACE OF GALVANISM

(Continued from Page 87)

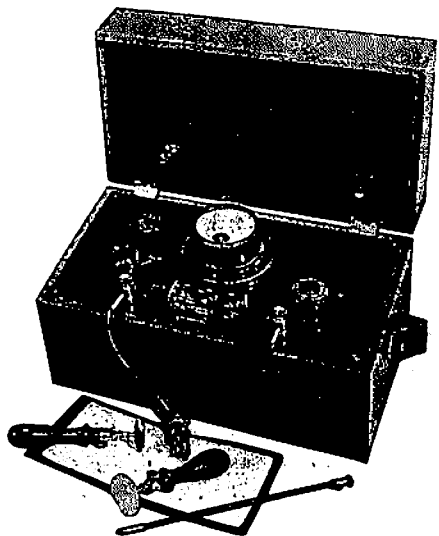
Know the strength of amperage and voltage so that therefore you must have a good milliamperemeter and also a volt meter but at the same time watch the tolerance of the patient so that you can avoid doing harm and produce only beneficial results in the molecular structure of the body tissue.

Get the best galvanic apparatus obtainable which should be approved by the Council of Physical Therapy of the Physical Therapy Research Society of the American Osteopathic Association.

With careful Osteopathic technic and good judgment using the galvanic current when indications call for same it is a decided adjunct. Physically and chemically it is directly opposite at the two poles so that this current must be applied with special discrimination. To get a favorable reaction have proper judgment in application, time of treatment and dosage.

Keep the "contact" always in mind. You must have good contact in the electrodes, good contact and moisture in skin applications. Learn the contraindications. The galvanic current is the greatest adjunct to the Osteopathic physician and surgeon.

Comprehensive Services for Progressive Physicians



IONIZATION UNITS FOR THE INDIVIDUAL NEEDS

Custom Built for Individual Requirements and giving from 0 to 45 or 90 volts as desired.

Fully controlled and accurately metered. Safety switch to protect meter. Can be furnished in portable or wall models. Complete technic on newer forms of ionization, and all features of galvanic therapy included with special references to the practitioner's specialty.

AN APPROVED DIATHERMY FOR SURGICAL TECHNIQUES

Many leading physicians in Philadelphia, "World's Medical Center", have selected the Fischer Model G2 apparatus for their application of the principles of surgical diathermy—electro-coagulation of tonsils and hemorrhoids; for endocervicitis, and various forms of dessication and fulguration.

An excellent modality for medical diathermy as well, for it includes the D'Arsonval currents and high voltage windings for auto-condensation. A complete unit for every type of work.

Based on years of experience we recommend this type apparatus and can demonstrate to the progressive physician a system for its use which will make it the most profitable feature of office equipment.

A complete array of models for all needs.

Representatives for the complete Fischer and other leading lines.

SUPERIOR SERVICE

Regular examination, cleaning and adjusting of all physical therapy machines is essential to their functioning properly. We supply this by trained experts at a nominal cost.

Quick and guaranteed repair service on any make or model of physical therapy equipment.

Guaranteed mercury quartz burner repairs at a saving of a third.

Authorized sales and service for the Burdick Ultra-violet, Zoalite and other products. We can meet your every need. May We?

ENGLISH ELECTRIC

6300 ALLMAN STREET

Philadelphia, Pa.

We Sell, Buy, Repair and Service all kinds of Physical Therapy Equipment. Specialists on X-Ray and Static Machines

Circulation of this issue over 3000 copies

AS OTHERS SEE US

(Continued from Page 88)

"We were very glad to receive a copy of the January issue of 'The Osteopathic Physical Therapist' for our approval. The subject was brought up and your letter read at the February first meeting of the East Tennessee society.

"I believe this journal fills a need among the publications of the profession, and I am glad to find that it is commendable, both in form and subject matter."—Dr. H. W. Roberts, Morristown, Tenn., President East Tennessee Osteopathic Society.

"I wish to congratulate you and your associates on this publication of 'The Osteopathic Physical Therapist' and also on the organization.

"Physio-therapy belongs to the Osteopathic Profession. The fact that the older schools of medicine have adopted mechanical therapeutics in recent years, is only a recognition of the early teachings of Dr. Andrew T. Still.

"This branch of medicine has been a hobby of mine for years. In my early practice I was sometimes criticised for not being just a plain ten fingered osteopath. Some ten or twelve years ago I had the pleasure of sitting in a Council of General Medicine in which was discussed that the schools of general medicine were to appropriate mechanical therapeutics and begin teaching it immediately.

"I wish to assure you that it will give me pleasure to announce and call attention to this organization during our Section in Proctology at the National Meeting in Seattle. To Ambulant Proctology and Physio-therapy in conservative medicine and the American Osteopathic Association are due much credit for bringing to the attention of the world the results which have been obtained for the afflicted public."—Dr. R. R. Norwood, The Norwood Osteopathic Clinic, Mineral Wells, Texas and President North Texas District Osteopathic Association.

"I have read 'The Osteopathic Physical Therapist' and find it very practical and interesting. The magazine should be in the office of every Osteopath as it deals with a branch of

therapy that we all need to know more about."—Dr. Ottis L. Dickey, Joplin, Mo., President Southwest Missouri Osteopathic Association.

"We wish to congratulate you on your 'Physical Therapist' and especially congratulate you on your article 'Treatment of Rheumatism.' I think both very fine and hope 'Uncle Sam' don't skip my issues.—Dr. Robert O. Kitting, Belleville, Pa.

"Have just finished reading Vol. 1 No. 1 of the O. P. T. and want to say that I feel very much elated over the addition to our Osteopathic journals.

"The table of contents for a first number is splendidly done not too technical nor too elementary—in fact extremely well balanced—Your European friends have 'stood by' nobly. Hope your future numbers will hold to the splendid standard you have set in the first number."—Dr. Herman F. Goetz, 235 Frisco Bldg., St. Louis, Mo.

"I am very well pleased with 'The Osteopathic Physical Therapist'. I think the new journal is a good thing and should be supported"—Dr. Carl E. Seastrand, Des Moines, Iowa.

INFLUENZA and the Adrenals

It has been suggested that there are minor degrees of hypoadrenalism, characterized by lack of vascular tone, vasomotor instability, and low blood-pressure.. This is possible, since we can realize the strain which is thrown on the sympathetic-adrenal apparatus in responding to prolonged mental and physical strain or to infections.—W. Langdon Brown, "The Endocrines in General Medicine," page 74.

Influenza seems to throw a most unusual strain on the adrenals. Adrenal support, in the form of Adreno-Spermin Co. (Harrower), will, in the majority of cases, materially shorten convalescence, raising the lowered blood pressure to normal, and helping to overcome the feeling of extreme weakness. The usual dose is one sanitablet t.i.d. In acute cases give two, t. i. d. and reenforce the oral medication by intramuscular injections of Sol. Adreno-Spermin Co. (Harrower), 1 cc. daily or every other day.

The Harrower Laboratory, Inc.
Glendale, California

Circulation of this issue over 3000 copies

New Technic Available to Our Readers

So much interest has been occasioned by the paper on "Triple Distilled Water Injection as a Therapeutic Measure" a part of which appeared in the January issue and which was later presented before the Eastern Convention in March that this has been enlarged with complete data, blood count charts, case histories, dosages, etc., and printed in handy pocket size available to members of the profession and readers of this magazine for \$2.00, which sum includes a two years' subscription to this journal, which we are told is alone worth considerably more. Society members and others who are now subscribers are urged to transfer this new one to some friend interested in physical therapy matters who will appreciate the publication and as our circulation grows so will the magazine become a larger and more efficient force for the development of the profession.

DESTINY

The spent old year
Is off the stage;
And now the New
Year has the page—
A mighty role
The sum of all
Experience.
On rolls the ball
The tape unwinding
Day after day.
Why strive to see
What kind of grist
Will come to me
For *future* grinding?
It is always *now*
In the infinite plan:
Eternally now

To act the man
Within the binding.

Life is a play
From first to last.
All amateurs
A sorry cast;
For enter, exit.
Who is wise?
Our horoscope
Within us lies
For life's unveiling.
Deep in the blue
Of the soul of me,
Is the milky way
Of destiny,
Chart of my sailing.
Invisible
Our prompters are,
And hidden is
Our guiding star
Unseen, unailing.

"On with the play!"
Old, old stuff,
But still it goes.
"Lay on Macduff."
Learning our part,
Just and unjust,
A Heaven to win,—
But, dust to dust.
Speaking of dying,
End of the trail,—
Early or late
All records close.
Locked is the gate,
Effort defying.
I am what I am—
My feet to my head.
The stage may be set,
I find my own bed,
And there I'll be lying.

Caroline E. Murphy.

On to Seattle and the Land of Shining Mountains.

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CLINICAL SESSIONS TO FEATURE ACTIVITIES AT CONVENTIONS

JOHN N. HINES, D. O., Secretary

With one session meeting with success, that held at Syracuse, N. Y., and requests constantly being received for information on various technics, the plans of the Society to have special clinical sessions for members, both as a function of the Society alone and also in conjunction with or following various Osteopathic gatherings, arrangements to this end are going forward.

One of these is planned for May 16th at Wilkes Barre, Penna., when the Pennsylvania Osteopathic Association will end a two day session which is focusing attention of the profession on the anthracite metropolis. A similar session will be held during the time of the Seattle convention and probably with various state and district gatherings. Members interested should write for details.

In general these sessions will feature explanation of the technic and actual clinical demonstration in various phases of physical therapy

technic. The subjects which appear to be attracting the most interest of the profession and which will be featured, with several officers or council members in charge, include the following: treatment of pneumonia, angina pectoris, hypertrophy of the prostate, chronic urethritis, tabes, sinusitis, etc., with diathermy. Treatment of amenorrhea, endocervicitis, etc., with galvanic current. The various forms of sinusoidal currents which have proven popular for nerve and muscle regeneration, simple drainage of the gall bladder, etc.

Ultra-violet clinical procedure to enable the physician to formulate his technic according to the nature of the pathology presenting itself. Ionization doses of X-rays for the treatment of obscure and complex ailments. Triple distilled water injected intravenously and its therapeutic value. Surgical diathermy, sterilization and enucleation of diseased tonsils by electro-coagulation and ambulant surgical diathermy technic.

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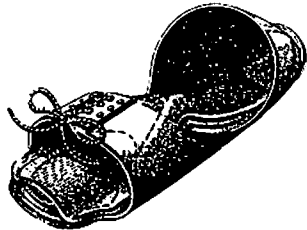
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POSTURE AND HYGENIE OF THE FEET

(Continued from Page 66)

ing muscular spasms, resulting in rigidity and followed by a lowering of the dome, by bony changes and so called flatfoot as a final result.

This has in general four degrees of deviation from the normal—the oncoming, the more complete, the rigid and the osseous. There are, however, numerous varieties of incomplete flattening of the dome of the foot, due to weakness of the supporting muscles and ligaments. Low volt current treatment is the modality of choice in these in addition to our manipulations and in the hands of one skilled in the anatomy of the foot as in the Physician, who recognizes the cause of the distorted function, can be definitely relieved.

The Galvanic Current

An application of galvanic current is of value for the restoration of nutrition and muscular tone to the weakened nerves and muscles but should not be expected to take place of supportive measures when they are needed. Care should be exercised in making a proper application of the electrodes to properly stimulate the muscles. The isolated action of the tibialis anterior is the cause of the lifting of the fore part of the foot and the motion takes place in both the ankle and tarsal joints. The lifting of the foot puts extra tension on the flexor muscle beneath the foot so that at the same time the inner side of the main arch of the foot is straightened out and the sole turned inward, while the final joint of the great toe is depressed or flexed.

Maintaining the position of the inner arch of the foot and keeping it from spreading is the peroneus longus. Its action is to depress the great toe and draw it outward and at the same time increase the curvature on the inner side of the principal arch of the foot.

These muscles together with the gastrocnemius, work together in all movements in which the weight is borne by the feet and their combined and proper action is necessary for the normal workings of these extremities. The tibialis posterior is another important muscle, the action of which pulls directly backward on the scapoid and cuneiform bones.

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The Wave Currents can be used in addition to the Galvanic when desired and as thought necessary.

To supplement the forms of office treatment enumerated, some form of appliance that will compel the patient to aid in his recovery by correcting conditions and bringing into play the proper functioning of the neglected muscles has long been needed and has been developed.

Such a support to be ideal must be one that does not take the work off the small muscles of the feet and the larger muscles of the legs. It is one that can properly and easily be adjusted to the individual condition, and readjusted as the increasing work of the muscles tends to correct the condition. The average orthopedic device is practically rigid and makes no allowance for changed conditions. It must be such as to stabilize the foot and ankle and protect the toes and place the arches in proper position to receive the weight of the body.

The ideal orthopedic device seems to be an adjustable splint of soft, flexible material which may be worn in various degrees of effectiveness depending on the condition, exerting pressure and force where needed and as a protective covering while so doing.

In my practice I am recommending and using a device which seems to fit all these requirements. It is the "Syra-Tex Orthopedic Sandal" which is worn in a regular shoe, over or under the stocking. It is adaptable to aid weak ankles, fallen arches, rotation of heels and misplaced bones. It gives relief by preventing pressure on callouses, bony protuberances and other painful deformities.

Posture is corrected by normalized foot action by the equalizing, exercising and improvement of muscle tension. Made of a chamois-like material which is washable, durable and which cannot slip, it allows the weight bearing mechanism—arches—to withstand strain without changing the center of gravity of the body.

In view therefore, of the vast need for foot corrective measures for general health as well as to cure specific trouble it seems a duty to the physician, as the man of all men best qualified to understand and adjust such conditions, to become more fully alive to the position which they and the profession as a whole should enjoy in the orthopedic world.

In The Mail Bag

This department is being conducted by the Council of Physical Therapy from the offices of the OSTEOPATHIC PHYSICAL THERAPEUTIST, 807 East Allegheny Avenue, Philadelphia, Pa. To avoid all unnecessary delays, all hints, questions and answers should be addressed there. Correspondence on any phase of your problems invited.

The inquiries from members of the Society and readers of the magazine during the past three months were mainly on four subjects.

The first of these was for further data regarding triple distilled water injection. This has now been prepared in complete form as announced in another column.

The second was in regards to galvanic uses. The articles of Dr. Esser and Dr. Hanson and the symposium following the former treatise cover these in the main.

Problems on electrocoagulation of tonsils and surgical diathermy in general are covered by Dr. Thorburn.

Inquiries concerning what is known as "sympatico therapy", or "asurotherapy", a plan of stimulating the nasal nerves to bring about cures of certain ailments have been received in large numbers. While a great mass of data has been collected concerning these proposed therapies and their practitioners and sponsors this investigation is not complete and further announcement will be made.

In view of these facts this department is curtailed for this issue but will be ready to give replies to any and all questions that may be received between now and July.

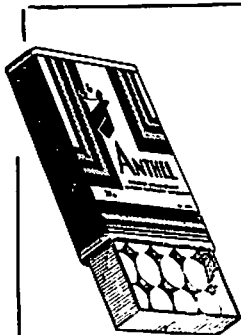


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TREATMENT OF DISEASED CERVICES

(Continued from Page 74)

Disadvantages

Probably the only disadvantage that can be mentioned is, that it requires a modality that is expensive, and unless one would be doing considerable work, the investment would be rather high. Again, although it is considered practically safe and free from post-operative hemorrhages, the fact remains that like electro-coagulation of tonsils, hemorrhage is possible, unless the one attempting this method is surgically trained, he is working at a disadvantage.

Interesting thoughts and technic appear in papers which were given before the International Congress of Physical Therapy at Liege, Belgium. They include one on "The Treatment of the Cervix Uteri by Physical Therapy as a Prophylaxis for Cancer," given by Dr. Arthur L. Brown, Winchester, Mass.

Dr. Brown said in part:

"Chronic endocervicitis is the most prevalent and familiar objective manifestation among gynecological disorders. It constitutes a clinical entity of pathologic potentialities which may menace the integrity of the entire gynecic system.

"Physiologically the cervical canal presents nothing more than a passive communicating channel between the vagina and the uterine cavity proper. The cervical mucosa is composed of deeply penetrating racemose glands, which simply secrete mucous. The cervical mucosa evinces a marked susceptibility to infection, while the corporeal endometrium, contrary to orthodox conception, is practically immune. Strumdorf sums it aptly by calling it the tonsil of the uterus.

"The sterility of women with a conical cervix, a cervical flexion or a pin-hole os is never due to the cervical malformation as such, but to any existing endocervicitis. An os that offers sufficient egress for millions of blood-cells during every menstruation will readily afford ingress to a spermatozoon whose diameter measures less than of a single red corpuscle. We constantly find fecundity in cases of pin-hole os, and ster-

ility in widely gaping lacerated cervices when the latter are infected.

"In adult females Menge estimates that ninety-five per cent of chronic gonorrhoeal infections are located within the cervix. While the gonococcus is by far the most frequent and provocative organism in chronic endocervicitis, streptococcic, staphylococcic and colon bacillus infections are not at all infrequent findings in the order named.

"Chronic endocervicitis is primarily and essentially an infection of the deeply situated terminal tufts of the endocervical muciparous glands. These glandular sacculi harbor the infecting organisms for years or a lifetime. Their disintention from duct occlusions may honeycomb the cervical tissues with so-called Nabothian cysts, or becoming purulent riddle the cervix with chronic miliary abscesses.

"To cure chronic endocervicitis, we must remove the entire infected area of the endocervical mucosa.

"With the mortality facts and the technique I am about to describe, I am strongly impressed with the idea that this fearful mortality can be very much reduced, and particularly so during the child-bearing period by the process of fasciculation of traumatic injuries due to child birth."

The Technique

"A patient is placed on the gynecological table in lithotomy position, the cervix exposed through a bivalve speculum. The vaginal cavity and the end of the cervix is treated by sterile sponges and the mucous plug is removed by saturated solution of bicarbonate of soda. An application is then made by 1 to 500 metaphen. A 10 per cent solution of cocaine is then applied to the entire cervical canal from the external to the internal os. Then a small layer of sterile cotton saturated by the same solution and a small opening for the applicator is placed against the cervix. This is allowed to remain five minutes. Any ordinary electrode with a well-insulated handle giving you an angle of at least 65 to 70 degrees in which to place the platinum wire electrode (which is about the size of a lead pencil) can be used. The reophores are then applied to the coagulating terminals of any diathermy equipment. The current is regulated



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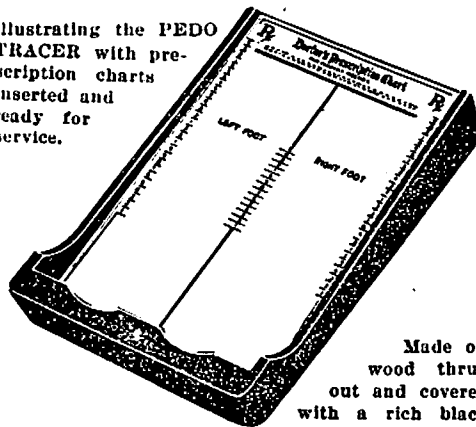
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so as to give a slow coagulating effect on a piece of raw meat. The electrode is inserted in the external canal at one-fourth to one-half inch at a time and the entire mucous membrane down to the muscular tissue is completely destroyed. This process is continued spasmodically and controlled by a foot switch until you reach the internal os which is about one and one-half inches from the external os. In other words, this glandular tissue varies from four to five millimeters in thickness and must be completely destroyed.

"After complete coagulation is established, use a small (tiny) fenestrated Kelley curette and remove gently the necrotic tissue, leaving a small layer of coagulated tissue for the protection of the vital structures to prevent secondary hemorrhage. If perchance the cervix shows by the Cameron transillumination method any cystic degeneration in the way of enlargement of Nabothian glands, we use a small epilating needle attached to the cutting current and insert this into the muscular layer at intervals of from three-eighths to one-half inch apart, describing a circular course parallel to the crater estab-

lished by coagulation. The cervix is then bathed with the solution of 1 to 2000 metaphen and the patient is dismissed with the instructions to report in one week. She is then examined and metaphen in proportions previously described is then applied. She is requested to report at one week intervals for three successive weeks at which time we begin our intra-vaginal diathermy, using the usual vaginal electrode within the cavity and a metal electrode, 5 by 6 inches, placed above the pubis on the abdomen using 1000 to 1200 milliamperes of current for twenty minutes.

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Recently a new procedure has been advanced which, it is claimed, will supersede other forms of instrumentation in the treatment of endocervicitis. Reports from Professor Cherry at the New York Post-graduate Hospital, Department of Gynecology, report a series of over 1,000 cases wherein the new "Bi-polar Coagulation Technique" was employed for the coagulation of endo-cervical glands.

Dr. Cherry's findings in this connection are likewise supported by Doctor Henry Falk, Chief of the Gynecological Department of the Harlem Hospital of New York, who has organized a Special Clinic for the investigation of this particular technique.

Essentially the instrument is self-contained in that there are two active terminals within the instrument itself,—thus dispensing with the indifferent electrode, and the variable factors of patient resistance, occurring when the remote indifferent electrode was employed. The active tip of the instrument is five millimeters in diameter and about one and one-eighth inches in length, into which two metal plates are inlaid at opposite sides,—the plates being two millimeters in width.

The chief advantages claimed for this newer bi-polar coagulation over other forms is that uniform destruction of the endocervical glands is accomplished throughout the entire length of the canal, at one operation; second, the degree of destruction can be pre-determined in advance of the operation; third, no anesthesia is necessary and it is a painless procedure; fourth, the danger of post-operative hemorrhage is reduced to a minimum; fifth, the elimination of the possibility of stenosis; sixth, earlier recovery with proliferation of epithelium re-generating from the internal os outward to the end that there is a replacement of tissue which to all appearances approaches the original normal state.

Don't forget the Pennsylvania State Society Convention at Wilkes-Barre, May 15 and 16.

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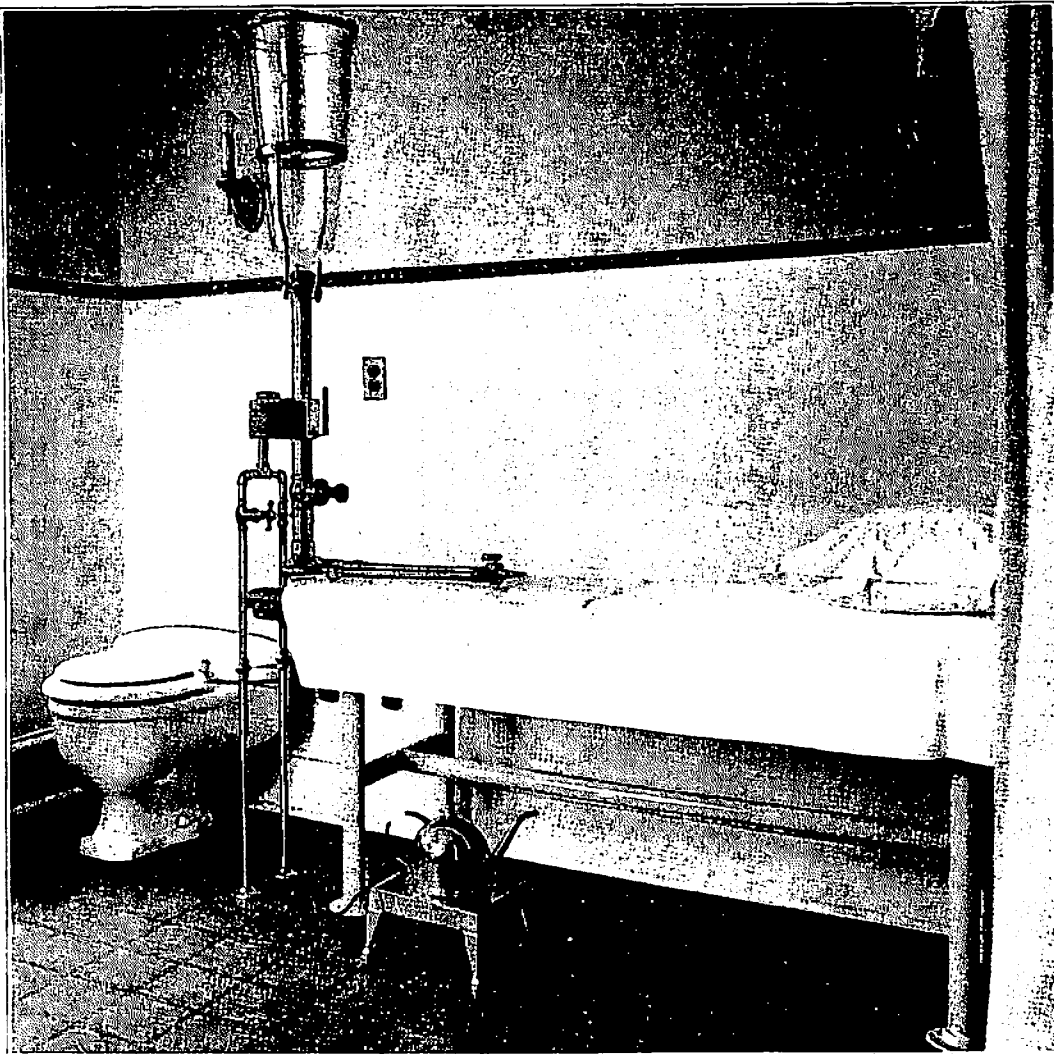
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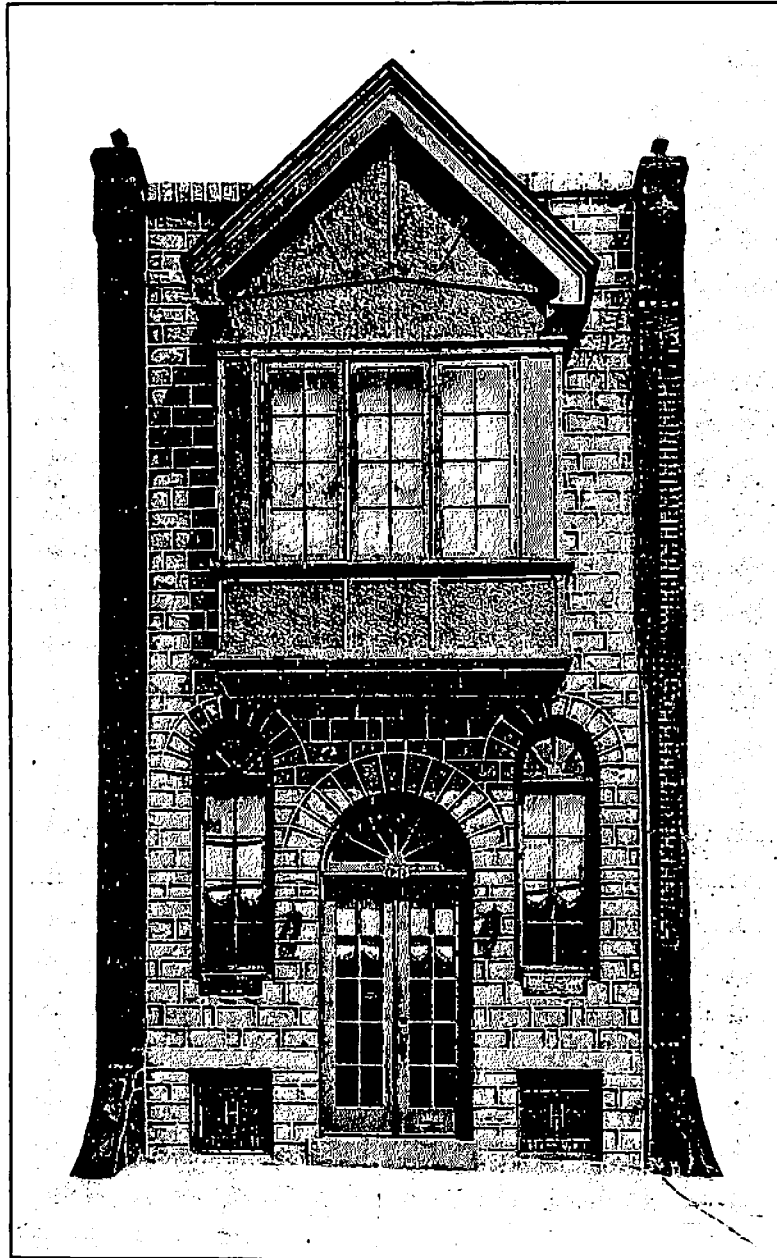
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