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Weather Influences*

EUGENE M. COFFEE, D. O.

The one universal, non-escapable influence or condition is the weather. Have you ever thought of that? I do not refer to climate, but to the good and bad weather conditions we find in all climates. Recently the subject of the influence of the different weather conditions has been put upon somewhat scientific basis by the gathering together of a large number of statistics, much of the work having been done by Ed- win Grant Dexter, Ph. D., of the University of Illinois. All physicians and most of the laity know that certain weather conditions influence certain diseases, such as rheumatism, asthma, etc., etc.; but few people know that all men, women and children, sick and well, are affected by the weather.

Let us first prove the statement that the weather does influence us, and has done so from the beginning of life. Primitive man did not bother with non-essentials, therefore, whatever he had we may consider he essentially needed. One of his possessions was a vast store of weather prophecies.

One of the earliest forms of these prophecies used, and one which has survived to a certain extent to the present day, is that in which animals were thought to be able to forecast storms, or even the conditions to be expected for a whole season. The foundation for these prophecies was the fact that wild animals had to be able to forestell coming changes, because their very lives often depended upon their escaping from a certain locality before the storms came. So their instincts, or intuitions, became highly developed, and they were able and are able to-day, to scent a storm afar off.

Men, especially in the earlier history of the race, had often to flee from the elements, and so took every precaution to gain time. One of these precautions took the form of watching the animals and noting the effect which subtle weather changes had upon them—changes too subtle for the grosser organism of man to detect. Those taking advantage of these signs were seldom led astray. Thus arose the animal weather prophecies and thus is proved the fact that the weather has an influence upon the lower animals at least. Later, these animal prophecies became corrupted by the poetic (?) tendencies of the Seventeenth Century and truth discovered by centuries of observation and experience was often sacrificed to rhyme and rhythm.

The fact that mankind had to watch out for weather changes is also proved by the vast amount of “skyey” logic handed down, though this, too, is considerably corrupted. The chief items of prophecy were grouped around the moon, and many of these were founded upon a logical basis, example of which is found in the following old verse by Virgil:

“When Luna first her scattered fears recalls, If with blunt horns she holds the dusky air, Seamen and swain predict abundant shower.”

The “blunt horns” being the evidence of moisture in the upper strata of the atmosphere. Also the following Fourteenth Century ballad:

“Late, late yestere’en, I saw the new moon With the old one in his arm, And I fear, I fear, my master dear, That we shall come to harm.”

The double moon being due, likewise, to moisture in the air; at least we hope the moil-towe was not in the poet.

Longfellow says:

“I pray thee, put into yonder port For I fear the hurricane. Last night the moon had a golden ring, And to-night no moon we see.”

The wind also was used as a weather prognostician, as shown by the following relic, blamed on Isaac Walton:

“When the wind is in the north, The skillful fisher goes not forth; When the wind is in the east ’Tis neither good for man nor beast; When the wind is in the south, It blows the fly in the fishes’ mouth; When the wind is in the west, Then it is the very best.”

These poetical predictions contain a certain amount of truth in them and are valuable in the present paper because showing the general influence which intensified weather conditions had upon man and his anxiety to forecast such conditions.

Certain days, such as Candlemas Day, St. Swithin’s Day, etc., were supposed to have an influence upon the season following. This supposition was without scientific basis.

Having shown that man has always been anxious to foretell which way the wind would blow, let us consider...
some of the statistics gathered, giving simply the gross results, without going into processes or details. First, the general effect of heat upon men and women, as shown particularly in the record of assault and battery cases, these cases being chosen because they occur most frequently as the result of the conditions of the day and therefore can be taken as indications of the effect of that day’s weather. The number of crimes committed is shown upon a chart (Fig. 1), having a line of expectancy, marked zero, and then falling below this line or rising above it according to the amount of crime.

We see that during the cold months of January, February and March the number of crimes committed by men is below the line of expectancy. During May and June there is a steady rise, and the highest point is reached in the hot month of July. Then the men gather their powers of self restraint together and the line steadily decreases to the cold months’ level. An interesting fact shown by the statistics is that, while the number of these cases committed by women are fewer in the cold months than are those by men, as soon as the hot weather comes the feminine sex loses all control and their line of crime goes up to and beyond that of the men, continuing higher and higher, to August, showing that they do not so quickly regain their equilibrium as the men. There is then a decrease to the cold months, where the line falls below that of the men. This record illustrates the greater susceptibility of women to weather influences.

Our second record, and one of particular interest to teachers and pupils, is that showing the results of certain forms of weather at all times of the year upon school children. These records apply likewise to college students of older age and of both sexes, because, if you who are students will pardon me, I wish to say I have found little difference in the conduct of children and adults when arrayed in the classification of students. The records taken are for deportment, and general brightness or attention to the lessons in hand. The classes of weather chosen are as follows: Hot, cold, windy, calm, stormy, humid (muggy, sticky), cloudy, and clear. We see that on a hot day the attention and deportment of the children is far below what it should be. (Witness the beginning of a school year, and when the year is drawing to a close.) On a cold day the line goes up to a high point, showing that this is a good day for study and deportment, if combined with a calm, clear day. The next classification, windy, shows poor work. Then we have the calm day, which, as mentioned, combined with cold and clarity, makes for good work. The next three, stormy, humid, and cloudy, show a low line and have been proved to be poor days for work. The last classification, clear, shows the highest line, though this would be somewhat neutralized by combination with heat, but increased by combination with cold and calmness.

A fact to be noticed in connection with this record as compared with the record of crime is that both show hot weather to have a deteriorating effect, but in adults a further record shows that humid, or muggy weather does not make for increase of badness, as in children. This is attributed to the fact that adults feel mean on these humid days but have not the reserve strength necessary to put their feelings in concrete form; on the other hand, children have more reserve force and just let go.

Our third class of data is of hospital visits by outpatients. This shows that the number of visits during the cold months of January, February and March is low, but the number of visits for the months of April, May and June sink still lower; then the number increases in the hot months of July and August, then sinks again in September, October, November and December. This would seem to show that there is more sickness in the summer months than in the winter, but these records must be considered differently. The average out-patient of the hospital clinics is poor; often living at a distance from the hospital, and dependent upon the street cars for transportation. During the cold months the number that can get out is low; those having to stay at home depending upon home remedies or local physicians; in the rainy and damp months of spring the number getting to the hospital is still smaller, showing, rather than decreased sickness an increase of sickness and less ability to travel. In the clear months of summer more patients can get out and consequently more take advantage of the free treatment.

To summarize these records and some not mentioned: Atmospheric conditions which are registered by a low barometer are productive of the various manifestations of active disorder tabulated under the heads of crime, deportment and insanity. Sickness is also increased by the same condition, while suicide is very excessive during atmospheric pressure somewhat below the normal.

From the reading of the various record-charts, certain forms of weather have received the name anabolic; other forms katabolic. These terms do not mean that these are physiological processes which take place in the body owing to the weather, but are used to denote the general effect upon the vitality and actions of human beings. Anabolic weather, therefore, speaking generally, is that which is hot, windy, fair, low in humidity. Reasons for so reading the charts: Children bad, men in fights, on hot days—vitality high; children bad on windy days—wind blows away poisonous gases, again making vitality high. Katabolic weather is that with low temperature, high barometric conditions, calms, rainy and cloudy days, and high humidities.

Now, applying these terms to sick people is somewhat difficult, because an anabolic day might be very beneficial to certain cases, but deterrent to others, because some cases might not be able to stand too much stimulus such as would come from an anabolic day. A simile is found in the feeding of too much oxygen to a fire, causing too rapid oxidation. On the other hand, a katabolic day might be beneficial to cases requiring a low, restful day.

These deductions are made from facts as gathered, and may be somewhat at variance with an empirical thought; that is, statistics often show a condition different from what we would expect.

Again, these facts, as stated, are general and we must work out for ourselves just what kind of weather,
anabolic or katabolic, is best suited for each individual. So far, there are no extensive statistics gathered which show the effect of these conditions upon each set of diseases, and until we have these facts in hand from some source, we must trust to the empirical application and this, as shown, is often at variance with the facts.

An interesting field of research is opened here for some doctor to start careful records of his own, tabulating each disease he treats and noting for long intervals just which sort of weather is the best suited for each case. All conditions must be taken into account—habitat, duration of disease, etc., etc., but the one all-prevailing influence after all, is the weather.

Low Death-Rate in Philadelphia.

The death-rate for the city of Philadelphia for the year 1909 was 15.85 for each 100,000 of population, being the lowest in the city's history. In 1908 the death-rate was 17.16. The total number of deaths in 1909 was 24,814. A large share of the reduction was due to precautions taken to prevent the spread of communicable diseases. The number of deaths from diphtheria increased from 473 in 1908 to 514 in 1909. The death-rate from typhoid fever was reduced from 35.5 in 1908 to 22 in 1909. There were fewer deaths also from tuberculosis, pneumonia, and scarlet fever. Infant mortality was also reduced.

Pellagra.

Siler and Nichols state that of 2,150 inmates at the Peoria institution, the majority of whom have been almshouse and asylum inmates for many years, 175 were pellagrous during the summer of 1909. No physicians, attendants, or employees were affected. About seventy per cent. of cases had suffered from previous attacks and pellagra had been prevalent at least four years. The average of cases was fifty years; the sex distribution was about equal. Attacks were mild (skin symptoms, mild digestive tract symptoms without constitutional reaction) and severe (marked skin and digestive tract symptoms with pronounced toxæmia). A diagnosis of pellagra is not warranted in absence of skin symptoms. The symmetry of skin lesions was a most striking feature. When bleb formation occurred the death rate was high. Digestive tract symptoms were not present in all cases. In some cases diarrhea and stomatitis could be attributed to bad teeth, and infection with amebæ and flagelletes, but in other cases, the constitutional symptoms pointed to some additional specific poison. Patellar and plantar reflexes

Mid-Year Class Graduates.

The January Class, 1910, held its commencement exercises, Jan. 14th, at 8 P. M., in the College Hall. In spite of the inclement weather the hall was crowded with friends of the graduates.

The students in the Class of January, 1910, came in a body to this college a year and a half ago from the Southern School of Osteopathy at Franklin, Ky. Although this class spent the first three semesters of its college course in the Southern School of Osteopathy, nevertheless, its members were soon at home among the students of the P. C. O. Indeed, this class, through its concerted effort to at all times do the best it could, was held in high esteem by the faculty as well as the student body.

At the commencement exercises Dr. Dufur presided. The invocation was given by Rev. E. F. Randolph, pastor of Trinity M. E. Church; the doctorate address was delivered by Dr. Earle S. Willard, professor of therapeutics; and the degrees were conferred by Dr. Chas. J. Muttart, dean of the faculty.

After the graduating exercises were over the orchestra played the old Southern melody, "I'm Gwine Back to Dixie." This was greeted with applause, for, in reality, the graduates are all to locate for practice in the South, as follows:

Dr. Therman, Atlanta, Ga.
Dr. Therman, Atlanta, Ga.
Dr. Gould, Deland, Fla.
Dr. Houghton, Charlotte, N. C.
Dr. Britton, Estill Springs, Tenn.

Vital Statistics for New York City.

Statistics were issued by the health Department of New York City, January 1, which showed that the city's birth rate is decreasing. In the last year there were 41,483 marriages, an increase of 3,068 over 1908, with 123,433 births, a decrease of 3,429 under the previous year. The figures also showed that the total number of deaths during 1909 in the city was 74,105, as against 73,073 in 1908, an increase of only 1,023. There was a decrease in the death rate to 16.23, the lowest in the history of the city. In 1908 the death rate was 16.52, the second lowest in the history of the city. The mortality statistics showed an increase in deaths from whooping cough, cancer, acute bronchitis, bronchial pneumonia, and Bright's disease. The percentage of deaths from typhoid fever and measles remained about stationary, while from scarlet fever, diphtheria, influenza, all forms of tuberculosis, organic heart disease, accidents, suicides, and homicides they decreased.

Recognizing the Woman Physician.

We quote the following from a very interesting London dispatch recently printed in the New York Sun: "Women medical students obtained further recognition by the Royal College of Surgeons this week. It had already decided to admit them for examinations for college diplomas in January, and in view of that determination the council agreed to recognize the women's
Pernicious Anemia.

Definition: We may define pernicious anemia as an extremely grave disease of the blood and of the body generally. In it the blood deterioration is usually characterized by (1) a very great reduction in the number of red corpuscles; the number of red corpuscles per cubic millimeter during the course of a typical case of pernicious anemia usually falls below one million; by (2) the appearance in the blood of megaloblasts or large nucleated red corpuscles; by (3) a color-index greater than 1; and by (4) the absence of a chronic increase in the number of leucocytes. It differs clinically from certain other usually fatal anemias in the absence of general lymphatic involvement.

Etiology and Pathogenesis: A notion is prevalent that pernicious anemia can be contracted by healthy-blooded persons through accident or from random causes. This seems to me to be an irrational view. As I see it, it is more reasonable to believe that pernicious anemia develops only in those who have a congenital or acquired tendency to be anemic. Of course, not every person with a constitutional weakness of the blood-generating-and-regulating mechanism develops pernicious anemia; for many anemically inclined people through proper food, proper hygiene, and proper mental and physical exercise, literally outgrow all constitutional weakness of the hematopoietic (i.e., blood making) organs. Or, it may be that the individual does not outgrow the anemic tendency and still does not develop pernicious anemia; because by leading a regular life he may prevent any excessive demand upon his vitality. But wherever the anemic tendency or specific weakness in the blood-generating-and-regulating organs is present, and long-continued and profoundly debilitating demands are made upon the vitality, a grave form of anemia is the inevitable result. For it goes without saying that pernicious anemia can be brought about only through the operation of pernicious causes. In point of fact, the specific nature of every anemic condition depends not only upon the age, sex and constitution of the patient, but likewise upon the nature, duration and severity of the disturbing factor or factors which finally bring to a crisis the blood deterioration.

To summarize the etiology of the anemias:

As we shall see later, in simple anemia there may or may not be a constitutional anemic tendency. If there is this tendency, any slight disturbance of the general health that in a robust person would have only a transient effect upon the organism—results in simple anemia. If there is not a tendency to be anemic, a vital disturbance of the blood-generating-and-regulating mechanism is necessary to bring about simple anemia, e.g., the vital disturbance of such diseases as cancer, gastric ulcer, and Bright’s disease, which invariably bring about simple anemia.

We have seen that in cirrhosis there must always be a constitutional anemic tendency back of the immediate vital disturbance that precipitates the blood deterioration, and,

We have seen that in pernicious anemia, as in chlorosis, the patient must have a congenital or acquired tendency to be anemic.

However, in chlorosis, the specific form of blood deterioration is determined largely by a natural or physiological weakening of the blood-generating-and-regulating apparatus, i.e., a temporary weakening while the menstrual cycle is being established; but in pernicious anemia, some profoundly disturbing and long-continued cause must be imposed upon the organism in order to bring about this grave blood deterioration.

As to the exciting causes of pernicious anemia, the following seem to hold an important place: (1) Mental shock; (2) improper use and care of the body; for example, (a) prolonged and immoderate lactation, or (b) neglect of the teeth, resulting in pyorrhea alveolaris; (3) purulent foci other than pyorrhea alveolaris; (4) repeated parturition during general ill health; (5) syphilis; (6) malaria; (7) septiciemia; (8) atrophy of the gastric glands; (9) gastric ulcer; (10) invasion of the intestines by the parasite called the bothriocephalus latus; (11) nitrobenzol poisoning.

To conclude, any factor which chronically poisons the blood, if the poison is sufficiently virulent, and if the constitutional tendency to be anemic is well marked, results in pernicious anemia. This conclusion is in accordance with the investigations of Sajous, who says, “Pernicious anemia is due to the presence in the blood of any poisonous substance generated directly or indirectly through morbid physical conditions, and to the irritating influence of this poison upon the test-organ (i.e., the anterior pituitary body, located at the base of the brain.) The adeno-thyroid center (i.e., the anterior pituitary body or test-organ) being stimulated, a sufficient excess of the auto-antitoxin is present in the blood to destroy the red corpuscles more or less actively, i.e., to cause hemolysis.”

Here, then, we see that the excess of auto-antitoxin or adrenoxidase free in the blood literally burns up the red cells. This excess of adrenoxidase in the blood—by virtue of its contractile effect upon all muscles—first excites general vaso-constriction. But since the disease is insidious in its onset and chronic in its course, the muscular layer of the vessel walls is soon overstimulated and exhausted. The result is general vascular dilatation.

Symptoms: The following manifestations of physical disorder when they occur in pernicious anemia, are, according to Sajous, due to general vascular relaxation, brought about, as before explained, through exhaustion, i.e., lowered metabolism in the vessel walls.
(1) Rapid, large, soft and often jerky pulse; (2) visible pulsation and throbbing of the arteries and veins in various cutaneous structures; (3) venous hum in the neck; (4) purpuric eruption; (5) retinal hemorrhage; (6) edema of the ankles, face or lungs; (7) general anasarca.

The following symptoms, when present in pernicious anemia, are generally ascribed to destruction of the red corpuscles resulting in faulty oxidation: (1) frequent sighing and dyspnoea upon exertion; (2) vertigo and fainting; (3) retention or often an accumulation of fat; (4) numbness, noticed first in the extremities; (5) absence of tendon reflexes; (6) paralysis; (7) a sense of weariness and weakness or profound prostration; (8) extreme pallor of face.

As to the gastric and intestinal disorders which usually coexist with pernicious anemia, Sajous says, "There is indisposition to eat and a disgust for food, rather than true anorexia. Indigestion, nausea, vomiting and diarrhoea are frequently observed. The gastric juice is generally deficient in hydrochloric acid.

The activity of all the gastric functions, muscular and secretory, is primarily lowered owing to the inadequate supply of adrenozidase, which destruction of the red cells entails. The peristaltic action of the walls of the stomach being imperfect, the blood undergoes correspondingly deficient preparatory digestion, a morbid process aggravated by the fact that pepsinogen, nucleo-protein and adrenoxidase, the three active factors of gastric juice, are not secreted in sufficient quantities. The deficiency of hydrochloric acid shows that such is the case. The concurrent relaxation of the cardiac and pyloric muscular fibres allows the imperfectly digested food to penetrate the intestines, where it meets correspondingly impaired muscular and secretory functions. The succus entericus is deficient in auto-antitoxin, hence the presence of gastro-intestinal disorders."

Urinalysis: The urine is often dark in color, said to be due to the presence in the urine of an excess of urobilin, a derivative of disintegrated hemoglobin. The excretion of uric acid is increased. The specific gravity of the urine is usually low, about 1.010 or 1.015.

Characteristic Clinical Course: The course of a typical case of pernicious anemia is described by Musser and Howard as follows: "The first indication of the patient's illness is the occurrence of debility, pronounced on exertion, with the coincidence of breathlessness and possibly cardiac palpitation. These increase in severity; the complexion is seen to be changed, the bloodlessness of the external parts is made manifest, the appetite is lost, digestion is impaired, hemorrhages occur, the sight fails, subjective noises in the head are complained of. As the disease progresses, languor becomes more and more decided. Dyspnoea is extreme, fainting grows common; while indifference to physical or mental acts, as well as incapacity to perform them, is most noticeable. The 'air hunger' which the patient has renders the ebb of life intolerable,—and its close is marked by agonizing efforts to carry on respiration. Or the end is marked by a low delirium, passing into somnolence and then fatal coma. At times death takes place suddenly from cardiac failure or from hemorrhage in the brain."

Pathologic Anatomy of Pernicious Anemia: (1) Abnormal changes in the bone marrow are frequently found post mortem; these changes are now believed to be secondary in origin and not—as once held—the cause of the reduction in the number of red cells in the blood; (2) degeneration of the posterior and lateral columns of the cord are sometimes found, and are attributed to the toxic action of the blood; (3) atrophy and sclerosis of the intestinal and gastric mucosa are occasionally met with at autopsy; (4) fatty degeneration of the heart, liver and kidneys is observed at times in the cadaver; (6) abnormal increase of iron pigment in the liver, spleen and kidneys is almost always found after death; this excess of iron, it is generally held, is from broken down red corpuscles; (7) the straw color or lemon-yellow tint of the skin of the whole body is a striking feature of almost every corpse.

Deterioration of the blood is a constant and characteristic pathological condition during the advanced stages of the disease. In the earlier stages of the disease, the red corpuscles are reduced to one or two million per cubic millimeter of blood; later, as before stated, they usually number less than one million. Many of the red cells become greatly enlarged and are called megalocytes. Some are irregular in shape and are called poikilocytes. Others are smaller than normal and are called microcytes. Nucleated red corpuscles are always present; those of normal size are called normoblasts and those of large size are called megaloblasts.

The leucocytes are reduced in number. "The leucocyte count, except in the event of complications, roughly parallels that of the erythrocytes, falling coincidentally with the oligocytia and rising again as the erythrocytes increase." 11

The percentage of hemoglobin in the blood as a whole, as before explained, is very greatly reduced; however, the individual red cell contains a greater amount of hemoglobin than normal.

Pathological Physiology: The abnormal destruction of red cells is the most important perverted physiological feature of the disease. This cell destruction occurs principally in the portal circulation.

Diagnosis: This is made from an examination of the blood, although the appearance and general physical condition of the patient is in itself distinctive in this form of anemia.

Aside from the distinctive changes observed under the microscope, the blood drop has a peculiar appearance to the naked eye. The drop emerges slowly from the puncture, in fact, at times it is impossible to secure a drop of blood by pricking the finger tips. In appearance the blood drop is usually pale and hydremic. The blood coagulates more slowly than in health and its alkalinity is very greatly reduced.

To repeat: The appearance of the patient is more or less characteristic, viz., an extreme pallor or lemon-yellow tint of the skin, the expression vacant, an absence of emaciation, and a profound prostration.

1 The color-index in any blood analysis is established in this way: The percentage of hemoglobin in toto, as determined by the hemoglobinometer, is divided by the percentage of red cor-
Heredity and the Doctors.

LOUISA BURNS, M. S., D. O.

(Reprinted from The Herald of Osteopathy.)

The most thoughtful people of all the world are now considering the future of the race. Not only are physicians of all schools of therapy studying this question, not only are educators pondering the mental aspects of heredity, not only are lawmakers devising means of limiting the inheritance of criminal tendencies; but also sociologists, in their study of the history and development of the races, criminologists, in their study of the pathology of morality, all these and others are daily adding to the sum of our knowledge of this subject. The problems of heredity have not been solved, by any means, but the researches of such men as Lombroso, de Vries, Burbank, and dozens of others of more or less fame are demonstrating the possibilities of its solution. And while we do not yet fully understand the laws governing inheritance, we have at least learned that there are such laws and that they are immutable as are any natural laws.

Thanks to the investigations already made, we now know that the health of the race depends as much upon right living as does the health of the individual. It seems pretty well proved that the development of the race, like that of the individual, may safely be assumed to progress in the right manner so long as no abnormal condition prevents. In other words, the normal attributes,—strength of mind and body, mutual kindliness, earnestness of purpose, and all those qualities which are generally recognized as being characteristic of the highest physical and moral development,—are what the biologist calls “dominant traits,” that is, qualities which are most likely to persist in inheritance. Thus, throughout the ages, the ultimate persistence of the noblest traits is assured. Now in trying to secure the greatest measure of strength and comfort to the individual, we simply remove the conditions which interfere with his normal activities; so, in seeking the highest development of the race we can only remove those conditions which interfere with the normal selections and survivals by means of which the predominance of the noblest traits is assured.

For the most part, the things which seriously injure the race in inheritance are poisoning and starvation. Perhaps we should add to this the interference with natural selection due to abnormal and unwise social customs, such as the intermarriages among certain families of so-called high estate, but these factors probably are of very little moment to the race as a whole, however much they may affect the history of certain families and nations.

By starvation is meant the lack of the requirements of life, such as food, water, air, and the like. The constant lack of these things, not sufficient to cause death but only pronounced enough to interfere with normal development, is one very potent cause of racial deterioration. This is illustrated by the history of peasant families in some countries, and of the dwellers in the unrighteous slums of our own cities. The elimination

Pellagra.

(Continued from page 5, column 1.)

were abnormal in about three-fourths of the cases, usually increased. It was impossible to determine the extent of mental disturbance attributable to pellagra, as all patients were insane before the disease was recognized. No suicidal tendencies developed. Mild cases recovered without therapeutic aid. Severe cases were not much benefited by Fowler’s solution, atoxyl, or thyroid tablets. Feces; 84.8 per cent. cases showed protozoal infection (amebae, flagellate and encysted forms). These protozoal infections account in part for the intestinal symptoms and are believed to be a predisposing factor. In eighteen autopsies, well marked ulcerations of the colon were found in twelve cases, and folliculitis occurred in all. No other organ showed any constant or striking alteration. Cultures of blood, spinal fluid, and spleen pulp were uniformly negative. The disease impressed the author as an intoxication rather than an infection. Not more than two ounces of corn were eaten a day; no evidence was obtained of the use of spoiled corn. The possibility of an intoxication from bacterial action on corn products in a damaged intestine is considered the most promising field of study.—New York Medical Journal, Jan. 22, 1910.

puseles, taking 5,000,000 as the standard or 100%; the quotient is the color-index.

2 Cabot in the Reference Handbook of the Medical Sciences, Vol. I, page 388, says of the etiology of pernicious anemia, “This is obscure. . . . In fact, all that can be said is that under certain circumstances and influences the disease develops more frequently than under others, without our being able to give a reason. Again he says Modern Clinical Medicine published by D. Appleton & Co., 1906, page 311.” “Why apparently identical causes may in some instances produce the common simple anemia and in others the comparatively rare progressive pernicious anemia we do not as yet know.”

3 Modern Clinical Medicine, page 311.

4 Da Costa: Clinical Hematology.


This lowered metabolism not only in the vascular muscles but in all body tissues as well is due to the fact that the red corpuscles, which act as storage cells for the adrenoxidase and as a means of transporting oxygen to the tissues, are very greatly reduced in number, through pathological destruction in the blood. For, although there is a superabundance of free adrenoxidase in the blood, this abnormal increase fails to compensate for the great reduction in the number of red corpuscles. In other words, all body tissues suffer from faulty oxidation in spite of the fact that there is an abundance of oxygen in the blood; because the blood spasm, alone, i. e., without the red corpuscles cannot supply sufficient oxygen to the tissues of the body.

7 Sajous: Loc. Cit.

8 Hill; Text Book of Chemistry, 1903, page 44. “Urobilin is increased wherever destruction of red corpuscles is augmented, as in fevers generally, internal hemorrhages, heart and liver disease, typhoid and septic conditions, scurvy, homophilia, and progressive pernicious anemia.”


10 Da Costa: Clinical Hematology.

(TO BE CONTINUED.)
of this source of injury to the race must be accomplished partly by the social reformer and partly by the physician.

The poisoning of the race by drugs is a more serious matter. The poisoning of the race by disease is one of the most serious problems of the age. Alcohol poisoning and disease poisoning together produce a pitiable large proportion of the degenerates and the inefficient of the race. Most disease poisoning is due to alcohol poisoning, either directly or indirectly.

The feeling of a need for stimulants is aroused in many ways. Not the least important and well traveled road to drunkenness, morphinism, and other drug habits, leads through a doctor's office. Not only are individuals rendered subject to drug habits by the use of drugs during illness, but the persistent administration of drugs during early life has appreciably affected the development of the race. Among any number of people there are naturally some who are more able to endure the effects of drugs than others. Those able to endure drugs are not essentially more worthy of perpetuating their kind than others. But those who are not able to endure violent dosing die very early in the life and death struggle with pill and bottle. During the century or so just past those who were adapted by physiological peculiarities to the use of drugs lived fairly comfortably and left descendants who naturally inherited more or less of the ability to endure drugs, and also more or less of the weaknesses of mind and body which encouraged them to use unnatural stimulants, narcotics or purgatives. In this strange condition we have the laws making for the survival of beauty and strength superseded by an artificial selection making for the survival of individuals with increased ability to endure drugs, and an increased weakness which practically compelled dosing. The latter day drugs, made from powerful extracts of plants, the coal-tar derivatives, with their almost demoniac potency of insidious attack upon heart and brain, must certainly tell in even a more effective manner upon the future of the race. This manner of the wholesale poisoning of a race by drugs is one which should receive immediate attention.

Now the treatment of disease by rational methods has in it nothing of danger to the race. Nothing but good to the next generation can result from the relief of human suffering by removing the cause of the suffering. Osteopathic methods begin this day to provide for the coming generations an ancestry composed of men and women whose bodies were nourished by good blood, flowing freely, bodies whose every part was properly related with every part, bodies governed by clean and well fed brains,—such an ancestry as this will make possible for these coming people lives of such sanity and happiness, such powers of mind and body as we of to-day can scarcely imagine.

Not only by such methods is the individual life made better, not only does he recover more perfectly and more quickly by rational methods of treatment than by the drug methods, not only is he thus free from tendencies to the use of abnormal stimulants, but in treatment by these methods the natural laws governing the development of the race are left unimpeded, there is no artificial selection imposed upon the race, and racial characteristics which are of the noblest and strongest types are thus perpetuated. Because these things are true, the principles which are the foundation of osteopathy are destined to survival. Because people who receive rational treatment when they are sick are most apt to live, because people who are not dosed with vile drugs live longest lives and sanest lives, and impress most strongly their own personality upon the lives of their fellowmen, because the children of those whose bodies are not poisoned by abnormal stimulants and narcotics begin life with the stoutest bodies and the clearest brains, for all these reasons the principles now called osteopathic are destined not only to secure the highest development of human kind, but at the same time and in the same way to secure for themselves a lease of life which must be persistent as long as human life is dependent upon human bodies.

There is much question concerning the limits of the hereditary diseases. There is no question that many diseases formerly called hereditary are not properly so-called. Much that we ordinarily call inherited is merely a matter of education, or of transmission, as by infection, or is the result of the fact that the members of the same family usually are subject to the same habits of living, eating, working, and so on. On the other hand, there is no doubt that there are certain traits, certain weaknesses, certain factors of strength, certain structural conditions of the body, perhaps certain physiological characteristics, which are inherited. These conditions, inasmuch as they may be responsible for certain diseases, are sometimes called inherited diseases. But if any diseases, as such, are inherited, their number is certainly very small.

People usually think that diseases which are inherited, or to which there is an inherited tendency, are not curable. This is very much a mistake. Weaknesses which are really the result of inheritance need not be permitted to injure in the least any one's life, provided rational methods of combating the weakness are employed.

If any one is so unfortunate as to suffer from inherited weakness of any kind, it is needful that he should recognize the need of certain precautions. If he has the flat chest, for example, which so frequently is associated with pulmonary weakness, he should not be permitted to engage in any employment which keeps him closely housed, without outdoor exercise. But he may live as useful and happy a life as anybody, if he will only live it largely out of doors, or in the country. So, in any weakened condition, if one will only recognize the condition, and adapt his life to that, he may not only live his life out in comfort, but he may be so wise and orderly in his habits as to be able to surpass his neighbors in length and strength and pleasure of living. For those who are unusually strong are very apt to do foolish things, and thus to lose more time from illness than those who see the need of using their bodies sensibly.

The osteopathic measures needed in the care of those who are less strong than people usually are, because of hereditary conditions, depend upon exactly

(Continued on page 14, column 1.)
Medical Men Advocate Our Methods.

In the last issue of the Journal we called attention to the fact that there is an ever increasing tendency in the medical profession to incorporate into their own system of therapeutics the theories and technique original with osteopathy. And, moreover, that the medical men who advocate osteopathic procedures are not always willing to credit to osteopathy the original discovery of the therapeutic measures in question. We print in this issue, as we did in the last, an article from a current medical publication to prove the statements we make. The following facts have been known and the therapeutic measures practiced in the osteopathic profession for a quarter of a century. And yet, there is nowhere in the article any mention whatsoever made of this fact: on the contrary, the theories and practical suggestions are offered as being original discoveries made within the medical profession:

THE SACRO ILIAC JOINT.

F. H. Albee carefully dissected fifty specimens and found in each instance a well-marked joint with synovial membrane and cavity, and strong, well-formed capsule, as constant in its size and relation as any other joint in the body. Before opening, many of the joints were injected with an aqueous solution of methylene blue, which colored the synovial membrane so that it could be seen to distend and retract all along the anterior-inferior aspect of the joint when motion was elicited. This latter could be brought about and measured in every specimen except one in which there had been an osteoarthritis and the anterior portion of the joint had been obliterated from this cause. Under favorable circumstances this joint will stand much abuse, as in case of a symphysiotomy, but it is liable to the affections of other joints and in case of infection the prognosis is often serious; first, because it is liable to be a metastasis from some other part, and, second, because of the danger of spontaneous drainage forward into the pelvis, owing to the thinness of the capsule anteriorly. It may also become relaxed and cause uncomfortable symptoms by too long recumbency, as well as trauma. His conclusions are given as follows: "1. sacroiliac articulation has all the elements of a joint and therefore has a similar pathology. 2. It has motion and plays an important role in labor. 3. Its variation, according to individual, age, or sex, is very slight. 4. Its anatomy is such that drainage into the pelvis is apt to occur, and, therefore, in the event of infection, early posterior drainage is often indicated. 5. Its affections are, undoubtedly, the cause of many obscure and unexplained backaches and persistent sciaticas. 6. The important ligaments of this joint are so placed that the sacrum and the ilium swing open, in the event of a symphysiotomy, as described above, and little permanent damage results, even if the pubic separation has been great enough to rupture the unimportant anterior-inferior part of the capsule. 7. The relaxation of this articulation should be guarded against by support of the lumbar spine with pillows, etc., in cases of protracted post-operative convalescence. Undoubtedly, many can recall instances of nature's warning, in the form of a convalescent's backache, which the nurse so readily relieved by merely placing a pillow under the lumbar spine."—Medical Record, October 30th.

RECOGNIZING THE WOMAN PHYSICIAN.

(Continued from page 5, column 2.)

medical schools in London and Edinburgh. It also approved regulations affording women greater facilities for study in the college museum.

It will thus be seen that in Great Britain the woman physician is really only beginning to secure recognition. How different here in the United States—and especially how different in the osteopathic profession. Ever since Dr. A. T. Still, after a wonderful record of personal curing work, began to teach his methods to others—ever since that time the woman student has been received on a basis of full equality with man.

Nor has the profession had any cause to regret this full recognition of the woman student—for much splendid curative work has been accomplished by women graduates.

Osteopathy, in this as in health matters, has simply stood for the rights of woman—for of course you know that one of our strongest tenets is that every woman is entitled to health through natural means. The science of osteopathy has without a doubt done more for women—through saving of suffering and through safe and sane health restoration—than all other agencies during the last two decades: and it has often been this good work on behalf of women sufferers that has caused other women to take up the study of the science.

They have simply felt that here was the field in which they could do the most good—and have acted upon the thought.—The Osteopathic Advocate, Feb., 1910.
The Philadelphia College and Infirmary of Osteopathy

To the aspiring man or woman who is looking forward to a career of real helpfulness, and who wishes to dedicate his or her energies to the healing art, there is no more promising field open than the practice of osteopathy.

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NOTE TO STUDENTS.

Students will confer a favor on the management of the JOURNAL if they will consult frequently with their class editors, handing in any notes or items of interest that may come under their personal observation. In this way we hope to make this department which will be of interest and value to every student, as well as to the "folks at home."

Editor's Notes.

Well, fellow students, the holidays are over, and it is now up to us to buckle down to the last half of the college year with renewed energy, and to get busy and show the faculty that we are ready for anything that comes our way in line with renewed energy, and to get busy and show the faculty that we are ready for anything that comes our way in line of school duties. The final examinations for the close of the semester are near at hand, and will all be held within the next two or three weeks. So it behooves us to be ready for them, and to meet them with a smile.

There is one thing we would like, however, and which we think is but fair. That is, that the professors give us at least a day or two notice before springing an examination. We hardly think it fair to put a class through an examination without giving the students at least a day or two for home review, even if some of the professors do think that students should always be ready. They should remember that the students have other studies to keep up with, besides that in which they are particularly interested.

The students who were fortunate enough to get into the clinic at the Medico-Chirurgical hospital, when Dr. Thomas Jonnesco, of Budapest, demonstrated the use of his stovinestrychnin combination as an anesthetic, feel that they enjoyed a great privilege. The thanks of the school are due the faculty for declaring classes off for the afternoon in order to permit us to attend this instructive demonstration.

Well, folks, the Osteopathic Hospital has its first baby. It came on Christmas eve, just as if Santa Claus knew that a Christmas present was needed to make the Hospital's success assured. Mother and child are doing well just now, and Mrs. Brown, the head nurse, is just so tickled that she is telling everybody about it. And since then three more babies have arrived.

Ralph Flint helped Mrs. Brown and her daughter arrange a fine Christmas tree for the baby. It is finely decorated and makes a beautiful appearance.

Business at the hospital is booming. Ever since the opening write-up in the daily papers, patients have been coming so fast that it is very hard to find accommodations for them, and additional hospital room is badly needed. Wouldn't it be fine if the next house could be obtained by the management, and added to the present hospital. Philanthropists, please note.

The seniors who are attending the hospital, have all the cases they can attend to, and some of them have really more than they can do. There are a few, however, who should get a little ginger, and not be afraid of taking on another case or two.

The benefit for our hospital held at the Broad street theater on December 13, was a success in all but the weather. It was the most miserable night that one could imagine, and it seemed as if the elements had joined our medical brethren in trying to down osteopathy.

But despite the wind and rain, there was a good turnout, and those who went enjoyed every minute of the time. Louis Mann, in "The Man Who Stood Still," was the attraction, and it was very enjoyable. Our thanks are due the student committee, especially Dr. Reed and Mr. Conger, who arranged the affair, and attended to the most of the details. Incidentally, it may be remarked, that the hospital benefitted about $140 by the affair.

The student fund for the proposed new hospital building is growing rapidly, and in fact it is the largest fund we know of at present for that purpose. Each week the ladies who serve lunches turn in something near $20 to the fund, and then that committee is working and will have something new to spring early in semester. Watch for it, folks.

Notes of the Freshman Class.

The class has its first loss to report. Brother Cleveland, during December, lost his mother. Suitable resolutions were passed by the class and forwarded to him, and he may feel sure he has the heartfelt sympathy of the entire class, both collectively and individually. The resolution is as follows:

"Mr. Edward W. Cleveland,

"Elmina, N. Y.

"By unanimous will of the Class of 1912 of the Philadelphia College of Osteopathy, it was resolved:

"That we extend to you in your great grief the deepest and most heartfelt sympathy of each member of that body.

"That in this time of extreme sorrow and great loss to yourself, we beg to share your sufferings, and trust to an all-wise God that whatever is, is for the best."

First accident is also reported. President Arbuckle flirted with a test tube of H3SO4, (sulphuric acid) and found it was hot stuff. Tough luck, old chap.

The theater party was a grand success financially, and everyone enjoyed the performance. As to the weather, the less said the better.

At the Christmas tree festivities, the Knockers' Club was certainly out in full bloom. Either write plainly or give Santa Claus a pair of "specs" next year. Then he can read the cards without outside aid.

Someone, some day, will trip over the platform in the Freshman room if they do not lift their feet and look where they are going.

We welcome that new Freshman Class heartily. Hope it will be a big one.

If a Senior Co-ed asks you to squeeze a lemon, would you ask her name or run away?

Despite the wind and rain, there was a good turnout, and those who went enjoyed every minute of the time. Louis Mann, in "The Man Who Stood Still," was the attraction, and it was very enjoyable. Our thanks are due the student committee, especially Dr. Reed and Mr. Conger, who arranged the affair, and attended to the most of the details. Incidentally, it may be remarked, that the hospital benefitted about $140 by the affair.

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News of the Junior Class.

"Home for the Holidays" was the title of a song which proved very popular with our classmates towards the latter part of the month. Phil Holliday was one of them. He spent the Christmas vacation with his family and "Ethel" in Quebec. Philadelphia couldn't hold Miss Dromm, so she took a trip up to Binghamton, N. Y., for the holidays.

Alexander and Abblott went to their homes in the Sunny Southland, and Drew, our class president, spent the vacation period at his home in Burlington, Vt., where the sleighing was excellent and the skating all that could be desired.

In fact, everybody who could get home did so, and they found there was no need for reemerging than any treatment they could have learned in the study of Osteopathy.

Speaking of skating, Dr. Conger said there seemed to be nothing that would brace him up and make him feel so well after hard study as a good "skate." Wonder what he meant?

A few of our number recently took a run over to New York to attend a banquet of the "Iota Tau Sigma." All had a jin' dandy time, but did you notice how long it took to Baer to get over it? He seemed to be happy for days after.

The Christmas entertainment of the Neuron society was very much enjoyed, and each of us received our little knock in the present passed out to us by dear old Santa Claus. Freddie Baer, who was never known before to turn down a sandwich, said one Santa gave him was just beyond his limit. It was made of the greater part of a Vienna loaf, filled and decorated with nice young sourdough and accompanying it was this verse—

Freddie's been eating since he was born,
He's always on the job.
We're afraid to give him an ear of corn,
For fear he'll eat the cob.

Many other presents were amusing in their absurdity, but our space is too limited to enumerate them.

It is said to be a good stunt to give the seniors the front seats in Dr. Pennock's lectures (and they are justly entitled to them) but when the time came for exam. in Toxicology, did you notice how long it took to Baer to get over it? He seemed to be happy for days after. It was made of the greater part of a Vienna loaf, filled and decorated with nice young sourdough and accompanying it was this verse—

Dissection is progressing nicely, and Dr. Coffee thinks that 1909 is the best class he ever taught. He hasn't said so, but we know that's what he thinks.

Senior Notes.

The Senior intellect, as represented by the editor, is in a state of innocuous desuetude, due to the sudden release from class and hospital duty, incident upon the holiday season.

This must be our excuse from working back to an excerpt from last month's "Junior News," To wit:—"From the day of our entrance as freshmen, we have been taught to reverence a Senior ... ; but, when a Senior, in Toxicology class, attempts to make the Prof. believe that the epiglottis is in the stomach, it can but shake our faith."

No dear Juniors, the query was not as to the situation of the epiglottis, but of the glottis—and arose from a momentary confounding of the glottis with the gullet—by a famishing man.

Let this explanation restore unto you, your lost "faith."

The Spectacular in the Healing Arts.

( Herald of Osteopathy, October, 1900.)

It is said of some doctors that they never treat an ordinary case; all of their patients suffer with some frightful malady or have a peculiarly virulent type of disease—all this that their fame may be the greater if the patient recovers, or that there may be no blame if he does not. However this may be, it is a fact that the reputation of many a doctor has been enhanced by the fact that the protracted and complicated illness of some patient has resulted in at least partial recovery, when, in truth, their own methods have been largely responsible for the unusually long illness, the complications, and the fact that recovery was not complete.

On the other hand, in cases equally severe, the osteopath, who, working hand in hand with nature, overcomes muscular contractions, takes the pressure off of nerves, equalizes the circulation thus avoiding local congestions and other complications, and brings his patient to a speedy recovery, by the very fact that complications are avoided, often fails to receive credit for successfully handling a serious case.

There is a natural tendency to applaud the skillful surgeon who performs a delicate and difficult operation in a desperate case and prevents the death or prolongs the life of the patient. And who is there who would withhold applause under such circumstances? In certain cases the work of the surgeon is highly necessary and cannot be dispensed with. However, his operations are usually widely known and owing to the nature of the case his fame is heralded abroad, and many times the real worth of his service is greatly exaggerated.

In striking contrast to this the work of the osteopath often appears. A patient comes to him suffering with some obscure malady that has baffled the efforts of his medical adviser. The osteopath finds in some structural derangement the cause of his symptoms. Some nerve impingement or some obstructed vessel has produced a condition which if unrelieved, will sooner or later drive the patient to the surgeon's able. Quietly, carefully, for possibly several months, treatment is given; the lesions are corrected; the patient is restored to health. Nothing spectacular about this. The patient's friends do not know, and usually the patient himself does not realize the value of the service that has been rendered.

Yet prevention is better than cure. When we say prevention we mean more than that a particular illness may be avoided. Though osteopathy often does this, for a perfectly adjusted body, with all its organs functioning properly, is better able to resist disease. But when disease does find lodgment in the body the nature and effect of osteopathic treatment is such that complications are far less likely to occur during its course and distressing sequelae are by no means so likely to follow its termination.

When a surgical operation is performed and the patient does not die the public is informed that the operation was successful. What the public does not realize and appreciate are the facts that tissues have been divided, nerves and vessels severed, and possibly a limb or an organ has been removed. Rarely is the patient fully restored to health. As some one has said: "A bird with a broken wing can never soar as high as one that was never injured."

How infinitely better is osteopathy which, in a fair proportion of cases, precludes the necessity for operations. Thus the danger of the anesthetic, the shock of the operation, the weary days of suffering following, the loss of time, the surgeon's fee, the hospital expense, are all avoided—and the patient has a whole body.
Surely, when people generally awaken—and they are rapidly awakening—to the fact that the old adage “an ounce of prevention is worth a pound of cure” expresses a great and practical truth when applied to the healing art, then osteopathy will have fully come into its own and will be rated at its real worth. This is not to imply that osteopathy has not as great curative value as other systems, or greater, even in apparently hopeless cases, for such implications would be far from the truth.

Osteopathy has made remarkably rapid growth in popular favor and has had its share of marvelous cures; indeed it has often proven effective as a last resort and has restored many who have been regarded as incurable. But its achievements of transcendent importance are accomplished in the more valuable, if less spectacular, field of prevention.

HEREDITY AND THE DOCTORS.
(Continued from page 9, column 2.)

the same principles which are employed in the care of ordinary people. The lungs which are well fed with pure blood, flowing freely, which are filled with good air, need fear no infection, no matter how many ancestors died of tuberculosis. The brain which is fed with clean, well aired blood, flowing freely, which has been educated wisely, will do the best work of which it is capable.

It is true that the organs which are absent, from birth, can never be replaced. But the bodily structures which are present can do the best work possible only if they are well fed with good, clean, well oxygenated blood, flowing freely under good pressure. Only when there is an absolute deformity of body or brain should any congenital condition be considered incurable. When there is only what is popularly called an inherited disease, every effort should be made to secure for the person every help which can be given to secure for him the good blood, the clear air, the wise training which may make him able to live a useful and happy life. And of all the help which can be given, perhaps there is none of more importance than the advice of a careful physician, who can make a careful examination of the body of the patient, can give whatever corrective measures may be needed, and can advise concerning the best habits of life, the best educational methods, and the best means of training him to self-help, and to self-support.

Not any one has a perfect inheritance. Very few people even seem to have perfect bodies for a few years. But under all conditions, however splendid any one’s physique, or however heavy one’s burdens of inherited weakness or deformity, the human body does the best work of which it is capable only when fed with sensible food, good water and pure air, only when its every part is properly related to its every other part.

Christmas Gifts for Dr. Flack.

Dr. Flack received two Christmas gifts, both of which he prizes highly. One was a ten-pound baby boy; the other was a gold watch fob with diamond setting. The latter gift was presented to him by the members of the Class of June, 1909, in grateful acknowledgment of the special interest which he manifested by quizzing and otherwise preparing them for their State Board examination.

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Bulletin No. 1

Anatomical Department

DR. MUTTART,
Head of Department

DR. COFFEE,
Associate Professor

DR. BEALE,
Professor of Microscopical Anatomy

DR. FLACK,
Professor of Applied Anatomy and of Pathological Anatomy

DR. RICHARDSON,
Quiz-Master in Freshman Anatomy and Demonstrator in Dissection

Dr. Muttart's lectures in Freshman Anatomy have covered, during the past semester, the gross anatomy of one-half of the structure of the body. During the coming semester of this school year he will lecture on the remaining bodily structures. Although the subject is entirely new to the students they manifest a keen interest in the work and appear to appreciate the important position which anatomy holds in the osteopathic curriculum.

Dr. Coffee has lectured and quizzed the Junior Class during the past semester upon the visceral anatomy of the body. His course extends throughout the entire freshman year. This course is made very interesting and practical from the fact that the quizzes and lectures upon each organ are given at the same time that the class is dissecting the organ in the cadaver.

Dr. Flack teaches pathology to the Junior Class by means of lectures, quizzes, microscopical slides, stereopticon views, and diseased organs and structures removed post mortem. The course extends throughout two semesters. He lectures also to the Senior Class on applied anatomy. This latter subject is one of the practical ones in the osteopathic curriculum and is studied throughout two semesters.

Dr. Richardson's class in dissection this year includes not only the Junior Class, but also the Senior A Class, making a total of 45 students. Each student is required to dissect one-half of a body. Six hours a week for twenty weeks is the actual time given to this work. Dr. Richardson devotes 3 hours per week throughout the year to quizzing the freshman students on anatomy.

Microscopical anatomy is taught throughout the freshman year. The histology of the whole body is studied. Dr. Beale first lectures on the subject before the class as a whole and then divides the class into four sections, fourteen in each section, one student to a microscope, and demonstrates to them on mounted slides the minute anatomy of the body.