

**The Osteopathic Physical Therapist**

**Vol. 2 No. 1**

**October 1931**

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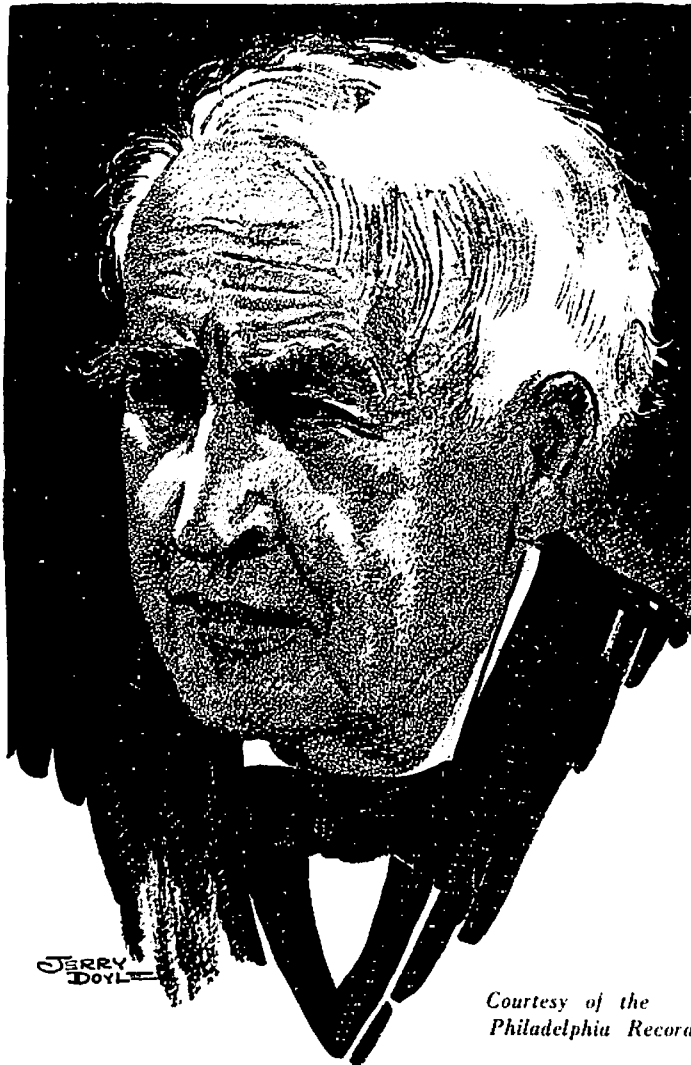
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# THE OSTEOPATHIC PHYSICAL THERAPEUTIST

VOL. 2

OCTOBER, 1931

No. 1



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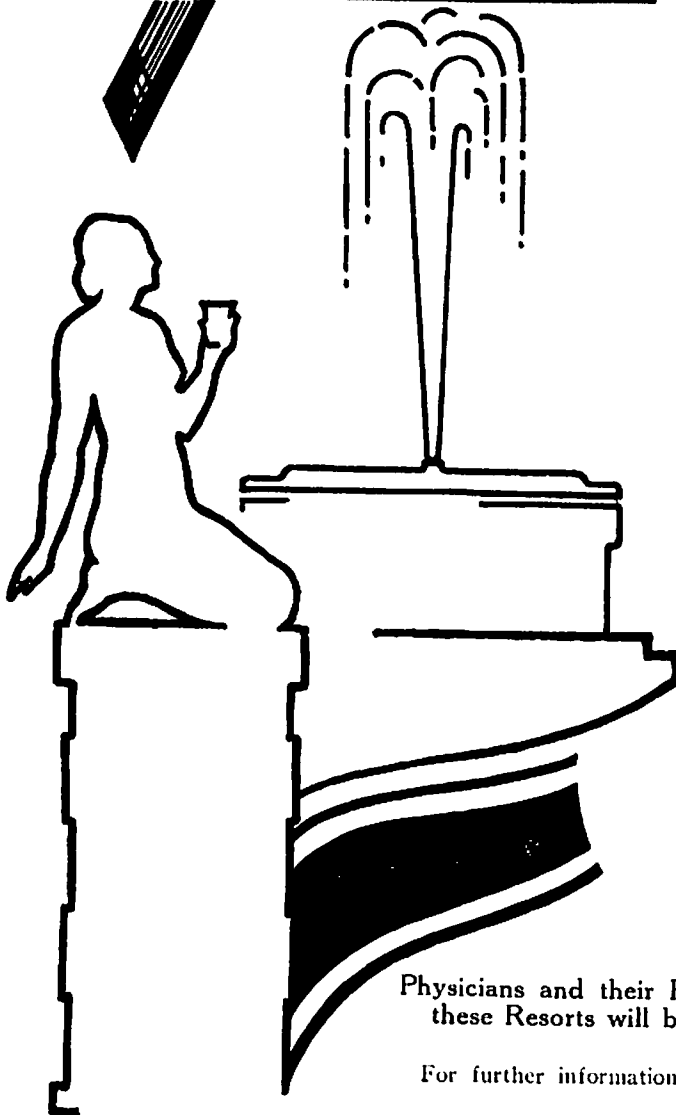
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## TABLE OF CONTENTS

|  |    |
|--|----|
| Editorial .....  | 2  |
| Factors to Consider in Tonsil Enucleation .....                  | 3  |
| By C. PAUL SNYDER<br>J. L. HANSON                                |    |
| Physiotherapy in the Treatment of Skin Cancer..                  | 5  |
| By R. R. NORWOOD   |    |
| Physical Methods of Advantage in Anterior<br>Poliomyelitis ..... | 7  |
| By C. EARL MILLER  |    |
| "Sympatico Therapy"—A Collection of Data and<br>Reports .....    | 9  |
| Colonic Irrigations Effective in Rheumatism....                  | 11 |
| By FLORENCE L. McCOY   |    |
| Facts to Consider .....  | 13 |
| THE EDITOR   |    |
| What Price German Health Resorts? .....                          | 15 |
| By H. OSTERMANN  |    |
| Physical Therapy Digest .....                                    | 17 |
| Modern Nomenclature .....  | 19 |
| By F. HOWARD HUMPHRIS  |    |

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A Publication of interest to all in the healing professions  
concerned with the best and latest information in the great  
field of Physical Therapy.

## EDITORIAL

### Pharmacology and Facts

**T**IMES change and customs follow the times.

This has been the message of this journal, ever since it came into existence, addressed to the Osteopathic profession.

It is a pregnant warning that comes from the Seattle Convention, delivered by Dr. Warren B. Davis, past president of the A. O. A.

"Today," says Dr. Davis, "Osteopathy is being absorbed and used by the 'allopaths' more than any of us realize. While they refuse to admit any of the merits of Osteopathy, they not only recognize them but they employ many of our methods by their own infringement. But, in the broadest sense, we should feel complimented and be glad that the 'allopathic' school is using our system, because we know that it means greater relief to suffering humanity."

So far that may not sound very much like a warning, but Dr. Davis goes further.

"The more a physician knows about drugs, the less he uses them," he continues. "The more a physician knows about Osteopathy the more he uses it... In early history our colleges graduated Osteopathic specialists. They were straight Osteopaths, their belief was in Osteopathy; they practiced Osteopathy and they proved their system of healing by clinical results." Can we say truthfully that our colleges teach the same today? Do our colleges major in Osteopathy? Assuming that they haven't, have they to any extent caused a wane? "Will our legislative battles in the years to come as a whole be successful in granting the Osteopath in all states the right to practice without limitations?"

And then, this final word of warning:

"Teach pharmacology in our colleges so that our physicians may have a knowledge of the nature and action of drugs and teach Os-

teopathy in such a way that the Osteopathic physician may know that he has the most effective system of therapy in all the world."

This is all true. It is further, if we may be forgiven for the slang expression, "right up our alley." We have for years contended that the physician of the future—and the not-too-distant-future at that—will be the physician who has at his command not one system of treating the sick, but all systems; who will minister to the suffering not by one method only, but who will have behind him the accumulated knowledge of doctors of all schools.

By all means, let the Osteopathic colleges establish chairs of pharmacology. By all means let Osteopaths learn the materia medica, or anything else that may help them in their work of aiding. Let the Osteopathic student, now in training or soon to come into training, learn all he can in order that his profession shall attain as high a standard as possible.

But those are the Osteopaths of the future? What of the Osteopaths of today?

They are finding, as Dr. Davis says, that the medical practitioners, more and more, are adopting Osteopathy. They are finding that they, in turn, are restricted to a limited practice in many parts of the country; that they cannot adopt the methods of the medical men, as the medical men can adopt theirs.

The answer to this puzzle is to be found in Physical Therapy. Many of us have realized long since that the work to be done with our ten fingers is necessarily limited by the human equation. Many of us have discovered that Physical Therapy is nothing more nor less than Osteopathy, accomplished by machinery instead of by hand.

(Turn to Page 24)

## Factors to Consider in Tonsil Enucleation

With the question of tonsil removal, and the various methods advanced, being stressed for the benefit of members of the healing professions unusual interest centers in all information connected with the procedure. Electro-coagulation is a method of increasing choice but the physician who attempts it should bear many things in mind, especially those stressed in the appended techniques.

### PIECE MEAL REMOVAL BY BY-POLAR COAGULATION

By J. L. Hanson, D. O., M. D.  
Philadelphia, Pa.

**I**N discussing tonsillectomy by diathermy we are doing nothing more than following the progress of mankind.

In proof thereof let me briefly call your attention to a few of the numerous methods used during the past two thousand years. Back in the Eighteenth century, an Italian named Moscati, tried scissor dissection, but criticism from older and more conservative surgeons kept others from giving it a trial. Earlier in the same century the crude wire legature, the antecedent of our present day snare operation became very popular and was universally used.

Celsus, the first finger dissector, nearly two thousand years ago gave one of the finest accounts of tonsillectomy, but was severely criticised because he advocated the removal of tonsils with a knife. Fabricius condemned the knife because of the danger of hemorrhage. Paulus Egenita recommended the use of a hook and bistoury, but for the same reason of hemorrhage it was discarded. Then cautery attempted to solve the problem but met with little favor.

Following this, acid caustics came into vogue and was used for centuries. The legature method in 1830 was introduced in America. This was slow torture and consisted of encircling the tonsil with a silver wire which was drawn tight and left in place to be tightened daily until after four or five days the tonsil was severed. The procedure you can appreciate was painful—so painful that it soon fell into disuse.

As late as 1828, Dr. Alexander E. Hosack, of  
(Page 4 Column 1)

### TONSIL RECONSTRUCTION AS A PRE-OPERATIVE MEASURE

By C. Paul Snyder, D. O.  
Philadelphia, Pa.

**T**HE wide acceptance of electro-coagulation as a means of removing diseased tonsils in a selective group of adult cases has aroused much discussion as to the proper technic of approaching or initiating this procedure. Methods vary, partly because of the previous experience of the individual, and because of ideas gleaned from instructors.

In my practice removal of tonsils by coagulation has been individualistic from the beginning. There is a reason for this. For many years I have been treating tonsils by the method known as Tonsil Reconstruction. This treatment to normalize the tonsil has been highly successful and satisfactory in more than eighty per cent of the cases treated. However, there is a selective group of cases in which removal by coagulation is advisable.

As a result of having reconstructed many hundreds of cases of tonsils and because of carefully and thoroughly exposing the tonsil in order to fully determine its pathology, and to normalize it by evacuation of pus, etc., I was at once struck with the desirability, the merits and the necessity, in many cases, of reconstruction methods as a pre-coagulation measure. Indeed, I should not know how else to proceed.

It has been my privilege to be the first to call the attention of my colleagues and the profession generally to the desirability of Tonsil Reconstruction as a pre-operative measure.

This pre-operative measure enables the operator to see and know just what he is doing, and it secures for the patient a much less painful reaction to coagulation.

(Page 4 Column 2)

### Piece Meal Coagulations

New York, performed tonsillectomy, by knife dissection using a technique he had seen in France. The procedure was quickly done and associated with only a small amount of hemorrhage. The method was condemned as very dangerous.

For a long time the profession has recognized that there is no operation which has so many serious complications when they happen as has surgical tonsillectomy. They are all well known to the physician and rapidly becoming known to the public at large, especially so such complications as hemorrhage, shock, pneumonia, lung abscesses, embolism and other attending dangers always present from general anaesthetics.

Numerous and leading medical authorities have emphasized the importance of the etiological relationship of the removal of infected tonsils to pneumonia and lung abscess and point out that it occurs more frequently than is generally believed and may occur as late as two months after the operation.

In the Bordeaux Clinic, France, they proudly "brag" that they never have lung abscess to follow tonsillectomy, and it is maintained that this is because they operate only with local anesthesia on adults. To George Portmann, of the Bordeaux Clinic, belongs the credit for introducing the removal of diseased tonsils by the bi-polar diathermy method in 1914. This method has since been greatly perfected by Gregg A. Dillinger, of Pittsburgh, until today the work of these pioneers has been brought to a peak by other investigators, resulting in a routine practice by numerous authorities throughout the country.

For the need of such an operation there can be no doubt, even though we only should treat by this method such of those patients having hemophilia, tuberculosis, nephritis, heart lesions, syphilis, etc., as well as those adults with diseased tonsils who refuse surgery, through fear of hospitalization, loss of time or other reasons.

#### *Children With Diseased Tonsils.*

Frequently we are asked what to do with children suffering from diseased tonsils? In my own experience I have found that children past  
(Turn to Page 28)

### Tonsil Reconstruction

Many doctors are claiming that tonsil coagulation is practically painless. It can only be so when very carefully done, and the purpose of this article and others that have preceded it is to encourage others to apply pre-operative measures before proceeding to coagulate the tonsils.

In adolescence and adulthood the tonsil is not removed, as a rule, unless it is diseased. This being the case, it is well to consider the usual types of pathology found in the tonsils.

Some diseased tonsils are soft and mushy; others, because of repeated inflammations, are adherent to the plica, and the pillars are, for the same reason, adhered to the plica and the tonsil. In other cases the tonsil, due to recurring inflammatory attacks, has developed fibrous or connective tissue bands, which render it less easily accessible, and these bands often cover up diseased lymphoid tissue. The uninitiated may easily be deceived by this type of tonsil.

In some tonsils all of the pathological conditions mentioned may co-exist. Inflammation of the tonsil in many cases results in decreased mobility of the pillar, due largely to the fact that the pillar has become adherent to the tonsil, and due to thickening as a result of chronic infection in the tonsil. The pillars may be drawn over and adhered to the tonsil, almost concealing it, and producing the so-called oyster shell tonsil.

Where the pillars are adherent it is not possible to get at the tonsil for purposes of coagulation without damaging, sometimes destroying, the pillars. Hence the necessity of separating the tonsil from the pillars before proceeding to coagulate.

The tonsil is pear-shaped, with the small end at the bottom. We call this lower pole the tail. The pillars come together in triangular folds above and below the body of the tonsil, forming by their crossing folds, the upper and lower tonsillar poles. Because of the overlapping of the anterior and posterior pillars in forming the upper pole of the tonsil, there frequently is considerable lymphoid tissue in this area up and beneath the pillars. Failure to separate the  
(Turn to Page 16)

## Physiotherapy in the Treatment of Skin Cancer

By R. R. NORWOOD, D. O.

Mineral Wells, Texas

IT has been shown by the combined reports of State and National Health Boards and statistics from life insurance companies, that as many people past 40 years of age die from cancer as from the combined diseases of pneumonia, tuberculosis and typhoid fever.

We, as physicians, with the responsibility of guarding the health of the nation should give thought and study to this disease. From year to year the death rate of pneumonia, tuberculosis and typhoid fever has been lowered, as a result of persistent educational programs by physicians, state boards of health and city and community organizations.

For centuries it has been implanted in the minds of the public that skin lesions should not receive any form of treatment as a cancer might be produced and it is this form of education that has caused a steady increase in the deaths from cancer as indicated by present statistics.

California alone reports 6,518 deaths from cancer in 1929 which is an average of 18 per day, through a large majority of these were not native born. Many states in the union are taking active steps for the control of cancer and it is a national issue in many countries. Sweden is sponsoring a nation wide campaign for the control of cancer and has established a national hospital for the treatment of this disease. The American Society for the Control of Cancer, established in 1913, annually distributes large quantities of literature which contain valuable information. The offices of the American Medical Association, 535 N. Dearborn Street, Chicago and the American Osteopathic Association, 430 N. Michigan Avenue, Chicago, are contributing valuable information in the form of pamphlets, educating the public that 99 or even 100 per cent of skin cancers might have been prevented.

In spite of the annual Cancer Week programs and the millions of small educational tracts on the prevention of cancer; we still have practicing physicians with State License, who advise their patients to permit no form of treatment for skin lesions for fear of causing cancer.

Surgery has made rapid advances and Roentgenologists are becoming more proficient but since cancer is increasing with such rapidity, our efforts to reach the public with the truth about the disease have surely not been effective.

### *How Cancer Begins*

The tissues, of which the body is composed, are made up of myriads of different kinds of cells, each to perform a specific function. From infancy to adult life, the body grows proportionally by a multiplication of cells. In early life the cell structures are usually well organized and under perfect control. As adult life and old age is reached, it is not uncommon for cells in one or more parts of the body, especially in the skin which is most liable to injury, to fall out of balance and go wrong. As evidence of this facts, moles, warts and also injuries, mechanical and chemical, which do not heal properly, take on an abnormal growth, though they are quite small at the beginning and they may cease to grow and remain without apparent change for many months or years. At the age of forty it is not uncommon to find these little early defects taking on a slow, continuous growth, especially when located where they are frequently irritated. As time grows on, the lawless cells of which these growths are composed, multiply in proportion to the nourishment received from the surrounding normal tissue, but since they are unorganized, there is a limit beyond which they cannot go.

The size of the tumor will always depend mainly upon the nature of the growth and its location. If the abnormal cells continue to be well nourished, the tumor may grow to an enormous size. As frequently happens, however, the surrounding normal tissues may fail to supply the necessary nutrition and the most distant cells, usually those at the center of the growth or at the periphery, begin to die and disintegrate, and the discharge has a characteristic disagreeable odor. At any time during the life of the cancer, cells may be dislodged and carried



through the blood or lymph streams to distant parts. This is most apt to occur at or after the stage of disintegration. Cancers do not have roots, nor does water cause a questionable area to develop around a cancer, but for the lack of soap and water, cancers are often formed. The surrounding tissues are invaded through the multiplication and extension of new cancer cells. Distant tissues are affected through the transportation of cancer cells. When such transported cells find a suitable soil they grow and develop into a secondary cancer in all essentials, exactly like the growth from which they came.

Every destructive skin cancer had a very small beginning. The blonde, with thin skin, is more susceptible to skin diseases than the thick skinned brunette and therefore more liable to develop a cancer.

Societies agree that there are a number of accepted technics for this complete removal of questionable tissue in its early stages. This treatment is usually described as an "operation" and while I do not object to this description, it is a mistake to advise patients that the technic for precancerous dermatoses is an "operation". For example: a physician observes the presence of a dangerous lesion and advises an operation, the patient immediately thinks of a gowned surgeon with a tray of instruments and attended by two or more nurses. Such a picture for one afflicted with a seemingly harmless skin lesion that has given him no trouble as yet, causes him to postpone this very much needed service and we are again reminded of the statement where cancer is concerned; "He who hesitates is lost". If physicians were expert advertisers they would use a substitute for the word "operation" which is the course of treatment prescribed for the prevention of skin cancer in all educational literature.

Some years ago I sat in one of the best and most reputable Surgical Clinics of the Southwest and observed a case with a questionable lesion being considered after all methods of examination, including biopsy, was made. Diagnosis of cancer was rendered and the surgeon removed the questionable tissue by cautery, no other instrument was used during the operation nor were sutures required. The patient made a

quick recovery and has enjoyed the best of health for the past five years. This is one of the many accepted technics which completely destroys all tissues, lymph and blood channels of which the lesion is composed and is really an operation, but the service would be more easily sold, had it been described as a method of coagulation or fulguration.

Much time could be devoted to classification of moles, warts, senile keratoses, nevi, pigmentosum, scars of old burns, fistula, also lesions of the nature of Bowen's and Paget's diseases and leukoplakia. Leukoplakia, next to the nevi, is one of the most common precancerous dermatoses. It is said that the great majority of growths are but potential cancers and early advice of a physician is imperative, though treatment of a large number of these cases in the early stages, is the same. The choice of the various technics for positive removal is left to the physician, though age of patient and time of existing lesion may govern the technic, but the most important part of the treatment is to so interest and educate the patient that he will consult a physician on the very slightest appearance of abnormal tissue. The most effective means of education is the distribution of small pamphlets which may be prepared or secured at a very nominal fee from many Health Bureaus.

The accepted armamentarium for the removal of skin lesions are Surgery, Surgical Diathermy, X-Ray, Radium, Fulguration, Galvanic Cautery and Solar Rays. Surgical Diathermy, Fulguration and Solar Rays are most popular for the removal of questionable tissue in its early stages. There are many high frequency machines which provide an excellent current and most operators prefer the smallest current the machine will produce for skin lesions. Topical anesthesia may not be used with high frequency machines but is successfully used with any of the various makes of lens especially designed for producing a positive escharotic by the sun's rays when properly focused. Regardless of the apparatus selected to produce the escharotic, the operator must have a positive knowledge of the amount of abnormal tissue

(Turn to Page 22)

## Physical Methods of Advantage in Anterior Poliomyelitis

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

**E**FFECTIVE as may be Osteopathic manipulation, particularly of the spinal area, in a vast number of diseases there remains one, and this one of the most serious,—Anterior Poliomyelitis—in which it is contra-indicated, when the ailment is in the acute stage.

In view of the recent epidemic in certain sections of the country this disease is now very much in the mind of the practitioner to whom it may be welcome news that the armanent of physical therapy has something to offer.

In view of the fact, known to all members of the profession, that the spinal cord is flexible in this condition, the intraspinal pressure is already increased and the bending of the spinal cord would increase this pressure. What is necessary is to institute drainage which decreases the pressure and relieves the toxemias on the delicate nerve cells of the cord, which are already in a state of congestion due to the inflammation caused by the infection.

Anterior poliomyelitis has the peculiarity that it attacks chiefly the anterior horn cells of the spinal cord from which the motor nerves have their origin but there is no interference with the nerves of sensation. The disease is one of the most dreaded, for it attacks particularly the child and while the death rate is comparatively low the innocent child is usually permanently paralyzed and often deformed for the remainder of his life.

Much research work has been done in an effort to isolate the germ or to determine the virus of the disease but to date the results are not marked and dependable information is lacking. Research laboratories have also failed to produce a real specific cure.

Thousands of cases are "cured" each year, however. Those children crippled by the disease are living proof of such a "cure" as they are no longer affected by the disease—the infection having been cured. However, they do suffer from the damage done to the delicate nerve cen-

ters of the spinal cord and this damage was caused during the acute inflammatory period.

In looking for a "cure" then we should examine the reactions and results in such cases. The remedy in these cases may be said to have been the "spontaneous" or natural cure. And how did Nature function in this?

In the first place it must be remembered that during the acute stage there is congestion and inflammation of the anterior horn cells of the spinal cord. There are also fluids that are highly toxic and destructive to the nerve cells. If these cells are to be saved the pressure of this toxic fluid must be relieved and fresh toxic free fluids supplied to rebuild the cells which have been affected.

Some force within the body itself brings this result. The key to the entire phenomenon can be stated in one word—absorption. The word drainage also explains this process. Before any fresh fluids can be carried to the diseased cells, the waste fluids must be carried away. Nature provides this in the mechanical movements of the thorax and abdomen during the natural process of breathing. By the mechanical movements of the respiratory act, positive and negative pressures are created alternately between the thorax and abdomen. It is this force that the lymph and venous blood is carried back to the heart, thus draining all the distant parts of waste material. This waste material from the infected cells of the cord contains the specific toxins and constitutes the toxic complex, which is then drawn into the general circulation. There occurs what might well be termed auto-vaccination of the patient's blood with toxins which were in the spinal cord. The toxic complex is then carried by the blood to the other parts of the body—to the spleen, liver, bone marrow and the like—where the cells have a special affinity for the toxins; these cells are then aroused to specific reaction and produce the specific antibodies or antitoxin. These are

produced in excess, some are retained by the cells and others are cast off.

These antibodies or antitoxins are then drained into the blood stream by the same respiratory movements as are the toxins. The toxins and antibodies are thus brought together in the blood stream and a defensive reaction is the result. Reactions which occur in the blood are to be desired and are therapeutic in character, while reactions which occur in the cells may be destructive to the cells. These therapeutic actions in the blood result in the neutralization of toxins and the destruction of the invading bacteria. This, then, constitutes the "spontaneous cure". The fatal cases are those in which the toxins overwhelmed patients before sufficient time had elapsed for the necessary reactions to bring about the cure.

Sad indeed is the fate of many so called "cured" cases of infantile paralysis for many are destined to be crippled for the remainder of their lives because of injury to the spinal cord cells during the active or acute stage. The condition which follows is in proportion to the injury or destruction of the cells of the spinal cord.

The spontaneous cure is nature's method of overcoming diseases which are caused by bacterial infection and it is this wonderful power which has kept the race from extinction.

But in this, as in many other cases, some help to nature may mark the difference in result. The key to the spontaneous cure is the absorption of toxins by the drainage of fluids from the spinal cord through the mechanical methods of breathing. This can be assisted by the manual methods but a physical therapeutic device is often more advantageous. This we have in the medium of the lymph pump

Through this a procedure is established by alternate pressure and release upon the thorax of the patient just below the clavicals and near the sternum over the terminal points of the thoracic and lymphatic ducts.

A rhythmical motion of the thorax and abdomen is maintained. As the thorax is depressed the ducts release their fluids into the veins and when the pressure is released they again fill with fluids. These movements are similiar to

the natural movements of respiration except that they are increased in force and in number. The force is just sufficient to overcome the resistance and the rate is regulated according to the condition of the patient.

By the movements of the apparatus the circulation of the venous blood and lymph is greatly increased, the infected area is rapidly drained of its waste material and is supplied with fresh fluids to rebuild. The toxic complex is rapidly completed, forced into the general circulation and the blood stream surcharged with this complex.

In other words there is an intravenous inoculation or autovaccination of the patients with the toxins which are present in the body and the defensive mechanism of the body takes on the burden, determining specifically the toxins present and producing specific antibodies directly against the antigen which is the toxic complex.

Therefore we have the therapeutic reactions of the blood stream which consist of neutralization of the toxins, together with the destruction of the bacteria in the body and the presence of excess antibodies in the blood stream and in the cells; this constitutes the specific immunization of the body or in other words, the specific cure.

The advantages of this treatment for anterior poliomyelitis fall into eight main divisions:

1. It is specific. The body makes its own specific bacterial diagnosis as well as its own specific antibody defense. There is no need for laboratory diagnosis or laboratory prepared treatment.

2. It is natural. No foreign substance is added to the body either in drug or serum form but it is a concentration of the natural method.

3. It causes an early defence. The body defence is made effective early in the disease before the toxins have accumulated in overwhelming quantities and while the patient has sufficient strength to withstand the anaphylactic reactions.

4. The treatment directly relieves the lymphatic and venous stasis and restores the circulation to the spinal cord thus preventing pressure, atrophy and fatty degeneration.

5. The treatment restores the nutritive equilibrium.

(Turn to Page 22)

## "Sympatico Therapy"

A Collection of Data Concerning the Practice and Practitioners

A short time ago, Associated Press wires carried a dispatch from Mexico City, Mexico, telling how a New York woman was injured during an attack on a boarding house in that city. The attack was aimed by Mexican students against Dr. Pedro Gomez Llucca, of the Argentine, and the incident again focused interest upon this South American practitioner, his proposed form of therapy and what its relation has been to the profession.

In answer to many inquiries which have been received over a period of about seven months, information—which has been carefully collected during that period—is here presented to show the general opinion of physicians and others concerning Dr. Gomez Llucca and his system of healing called "sympatico therapy."

In general this falls into two divisions—the activities of Dr. Llucca in the United States and the opinion of the healing professions generally concerning his method and that upon which it was, according to information, based. This basic method is called "Asuerotherapy;" its most prominent proponent in modern days is Dr. Fernando Asuero of San Sebastian, Spain.

Dr. Llucca first came into some prominence through an article in *La Prensa*, a Spanish newspaper issued in New York City under date of Nov. 19, 1930. Translated in part for "The New York Academy of Medicine," the article said:

"A doctor called Pedro Gomez Llucca or Flueca from the Argentine has opened in La Case de Galicia, New York City, a clinic for the treatment by 'simpatico terapia,' a method which has been a sensation in South America and which is now brought to New York, . . . Dr. Llucca spoke a little concerning his work before beginning to operate, explaining various aspects of his career and his attitude toward the opposition which he received from his professional colleagues in the Argentine."

*La Prensa* has, since that time, our information states, refrained from giving the Asuero

treatment further publicity. Motion pictures showed Dr. Fennando Asuero in his clinic at San Sebastian and afterwards arriving in Buenos Ayres, where he became associated with Dr. Llucca; this was understood to be the beginning of the activity in the Argentine capital.

Further activity in New York is covered by a communication to this journal from the Division of Legal Medicine of the Department of Health, of New York City. It states in part:

"Recently there arrived in New York several Argentinians and these immediately burst into print advertising extravagantly and misleadingly. The advertising of Gomez Llucca held him as a 'Famous Argentine Surgeon.' He may be famous in the Argentine, but he is notorious for his advertising in New York. In a way, these individuals are not to be blamed for the advertising, but the Spanish papers ought to be taken in hand for the way they heralded this piece of news, thereby offering opportunity for the Spanish people to be defrauded by the payment of excessive fees to the individual.

"I am informed that he charged as high as \$20 for a single treatment and \$50 for a series. He, of course, is operating illegally in the City of New York and has been so informed. He held out to treat a case of Pernicious Anemia and guaranteed a cure for \$250, for his consultation and treatment, and \$100 for each succeeding one. A partial payment was made and treatment undertaken but without results, and a legal action, I now understand, is under way looking towards redress. Also a physician with whom he was operating has been cited to appear before our Grievance Committee to explain his relations with an unlicensed physician."

Under date of March 13th, Dr. Harold Rypins, Secretary of the New York State Board of Medical Examiners advises:

"I beg to advise you that I ordered him

to discontinue to practice medicine in New York State for the reason that he does not possess a medical license in this State. I have had no personal experience with the so-called endonasal reflex-therapy which Dr. Lluocca is sponsoring. Some time ago, however, I had occasion to investigate this therapy and brought about the discontinuance of such practice by two unlicensed Argentines named Dr. Busico and Dr. Harpman, at which time it was difficult for me to come to any other conclusion in reference to it but that it was a medical panacea with little scientific basis."

A short time prior to this action in New York State Dr. Lluocca endeavored to secure Osteopathic endorsement in other sections. He visited Washington early in January for a demonstration. Later his activities were for the most part in Philadelphia, where he has held various demonstrations and secured quite an extensive amount of local publicity.

First official action in connection with the matter was begun in February, 1931, in Philadelphia. Announcement was made of special meeting of the Philadelphia County Osteopathic Society to which members were invited to bring patients. The announcement stated:

"Dr. Pedro Gomez-Lluocca will demonstrate clinically a new technic which he has developed for the treatment of arthritis, rheumatism, sciatica, lumbago, deafness, mutism, insomnia, certain sorts of paralysis and all sorts of pain.

"Dr. Gomez is a physician of the highest repute in South America. He was graduated from Cordoba Medical School, and is now Professor of Surgery in the University of Rosario. He conducts his Sympathetic Therapy clinics in eight South American cities. For three months he has been conducting a clinic at the Galicia Sporting Club in New York City.

"Several members of the faculty of the Osteopathic College, who have seen Dr. Gomez work, have been impressed by the results of his treatment that they think the whole profession should have the opportunity of learning about it at first hand."

This meeting was held at the auditorium of the Philadelphia College. As a result of the demonstration a committee was appointed to examine, consider and report as to what attitude should be taken toward Dr. Lluocca and his work

General publicity for this work was rather flattering to the South American visitor and seemed, in the general mind, to link him with the Osteopathic profession.

The Philadelphia Record for February 22, 1931, says in part:

"Sympatico therapy; the treatment of various ailments through stimulation of the sympathetic nervous system centered in the nasal passages, is to receive a thorough going test at the Philadelphia College and Hospital of Osteopathy.

"Announcement was made last night that a demonstration of the treatment brought to America several months ago by Dr. Pedro Gomez Lluocca, of Buenos Ayres, will be conducted at the hospital, 48th and Spruce Streets, on Tuesday. At that time the officers and members of the Philadelphia County Osteopathic Society and of the faculty of the college will decide whether they will officially approve 'sympatico therapy.'

"'Dr. Gomez Lluocca particularly wants patients who have been found incurable,' it was said by Dr. E. G. Vergara, a member of the college faculty. 'For purposes of his demonstration he desires to treat, where possible, persons who are unable to walk. The more 'stretcher cases' that register the better he will be pleased.'"

The West Philadelphia Times, under date of Feb. 19th, states:

"Dr. Pedro Gomez Lluocca, a regular practicing allopathic physician of Argentine, South America, will give an official demonstration of a new method of curing disease before members of the Philadelphia County Osteopathic Physicians Society in the auditorium of the College of Osteopathy, Forty-eighth and Spruce Street Tuesday evening.

"This demonstration will be to ascertain  
(Turn to Page 31)

## Colonic Irrigation Effective In Rheumatism Control

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

**I**N writing this brief article it is not our desire to describe and classify rheumatism. That can be found in any authority. All that we hope to do is to call the attention to those listening in to the importance of an understanding of the real cause of a greater number of cases of rheumatism of whatever class.

While we do not consider that five years experience in the handling of cases heretofore deemed hopeless forms a basis for posing as a criterion, any more than "two swallows make a Summer." we feel justified in urging our professional friends to make a thorough trial of the "catherization of the colon" in order to overcome the "direct" cause of rheumatism.

Throughout the old world there is a movement for the organization of a society, International, for the study and treatment of rheumatism, according to the Archives of Physical Therapy of 1931. In England alone, there has been paid in insurance in 1927 approximately \$20,000,000.00 for the benefit of arthritics. In England there are six spas which during the past five years have treated 13,224 cases of chronic arthritis. In Sweden, there are four hospitals which treat annually 800 cases of chronic arthritis. There are a number of spas in Germany which treat alone rheumatic patients. All these institutions report favorable results.

In this country the facilities for rheumatism are far too inadequate. No public health department has as yet attacked the problem. The laity should be stimulated to seek advice at an earlier period and a spirit of hopefulness rather than despair should be encouraged.

In reply to a questionnaire issued to the chairman of the State Board of Health of each and every state and territory of the Union, we find as a nation we are giving no attention to this condition which is the cause of so much suffering and loss of activity, as well as expense.

North Carolina, Oregon, Montana and New

York give a tabulation, incidental to the census of communicable diseases, of rheumatism without taking any steps to investigate it. However, in the State of Massachusetts, in making their survey of communicable diseases and a report on the appalling death rate of tuberculosis and cancer, the State has found it has an appalling burden in handling the cases of rheumatism within its boundaries, for there is a long continued inactivity of the patient, the necessity for some one constantly in attendance. according to Health Commissioner Dr. George H. Bigelow of Massachusetts, describing the treatment as the **GREATEST DISEASE PROBLEM** confronting the Commonwealth.

He has recommended the spending of \$1,500,000 in a hospital, clinic research and a state-wide educational program. He states it is a major health problem. A canvass shows there are 150,000 cases costing a loss of \$8,000,000 a year in wages, not to mention the humanitarian side of the question, and a death to every 758 cases. This estimate is of cases over 40 years of age. If this is the condition in one state it is a comparative condition in 48 states.

Massachusetts has 4,249,614 inhabitants, and .0325 per cent have rheumatism and of the 122,775,046 inhabitants at this rate there would be in the United States 3,980,188 cases of chronic rheumatism all over the age of forty. The 150,000 cases cost in Massachusetts in wages loss alone \$8,000,000, or \$53.33 p.c. At this rate the wage loss to the United States is \$202,296,693.33 per year. All on account of infections developed within the body, and the greater part within the intestinal canal. Hence we are safe in saying rheumatism is costing us as a state and as a nation far more than any other disease even though communicable, owing to the long duration of the disease.

Take these estimates with the proverbial grain of salt, as our critics will, there is an appalling problem still before us. According to Dr. Bige-

low the greater number of these cases are not under treatment. 46.1 per cent said a doctor, could not help them and 12.5 gave economic reasons for not being under treatment.

Therefore with this in thought we reviewed some two thousand cases which in thirty years past have come under our observation, to whom we, as well as many other physicians of whatever school, have stated "This a condition of the colon. You have sacrificed your teeth, tonsils and gall bladder. Your cystoscopic examination has told you negatively, it now remains a matter of diet." Even from that viewpoint on the strictest diet, or even facts, there has been but little change in conditions. These people have been wage earners and wish to again become so, or others wish to continue so.

After many years with the assistance of the colon tube enemata we have done the best we could to cleanse the intestinal tract only to find the rheumatic case remaining unaided. The colon tube did not reach the ascending colon and the cecum, the seat of the trouble.

When we found the catherization of the colon with a fifty-two inch tube possible, and undertook the work, we were astonished at the immediate change which took place in our patients—a clearing of the skin, a change in general symptoms, the ability to sleep, eat, and digestion, but the most gratifying of all were the cases of suffering from rheumatism. This change is the slowest of all and follows the ones just mentioned, but it is a permanent change, and while we do not promise to do more than arrest the disease, it is permanently arrested and the patient is able to move about in comfort and get back into the world's activities. In arthritic cases we are not able to absorb the deformities, but the pain is overcome and the patient becomes stronger in every way. As the treatments continue the patient improves.

Kellogg's advice is to change the intestinal flora. Schellberg's is to cleanse and reconstruct the intestines and change the flora, and he furthermore has patented and introduced the equipment by which the work may be done, and we are frank to state that the cases of rheumatism one and all respond in proportion to the length of time of past suffering.

With each and every irrigation having a different medication, and for the rheumatic cases there are combinations which apply for that disease alone, which is used at the end of the catherization. From the youngest case, a boy five years of age, to the oldest, a woman about seventy, received immediate relief.

We who have spent much time along the avenues of therapy can agree with Bassler, leading gastro-enterologist of New York City, who states "when all has been said about apical, tonsillar, sinus, prostate, female pelvic organs, and other commonly recognized sources of focal infections, the intestinal canal overlays them all in importance." Dr. Mummery of St. Mark's hospital attributed failure of the liver and kidney, as well as many cases of arthritis to intestinal toxemia. He said "some of the most interesting and important cases of autotoxemia are those in which there are associated joint lesions of the nature of semi-acute or chronic arthritis. I believe that many of the crippling cases of arthritis that we see from time to time are due to poisons formed in the large bowel."

Professor Mantle held that chronic rheumatism may be the result of absorption of poisons from the colon.

Dr. Douglas Wilson believed intestinal toxemia to be a cause of rheumatism and had cut short many attacks of gout by thorough lavage of the colon.

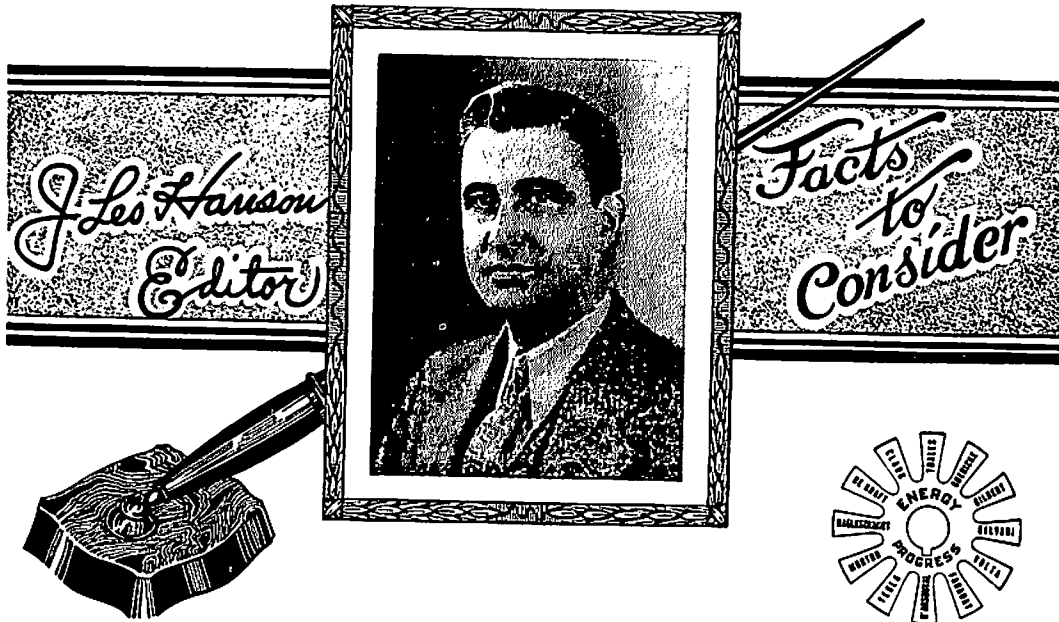
Mutch found chiefly streptococci, often abnormal forms of colon bacilli and in a few cases staphylococci as centers of intestinal infection in 200 cases of arthritis.

Sir Artbuthnot Lane and his followers are of the opinion that intestinal toxemias delayed in the colon form cause for rheumatoid arthritis as well as many other diseases.

Alabee of New York City, overcame a stubborn case of arthritis in himself by intestinal lavage alone.

The full catherization of the colon is not accomplished in one fell swoop. Inch by inch we advance, cleansing and reconstructing as we go and if we do not accomplish our goal in the first, second or third attempt, we will again try until we have reached the ascending colon and syphoned off the contents of the cecum and

(Turn to Page 25)



**D**O you know that the six known vitamins are all absolutely necessary to your health and well being? Do you know that all these important health elements but one are obtained in most ordinary meals?

That one—Sunshine vitamin D—the vitamin that helps build strong bones, sound even teeth and happier health cannot be found in sufficient quantity in any table food.

For your health and that of your patients, better consider the advantages of an ultra-violet generator in your office.

**O**PPORTUNITIES in Physical Therapy have never been more inviting than they are today.

The modern Osteopath has been quick to grasp the opportunity because their patients are realizing that physical measures excell all others in the treatment and “cure” of diseases which demand modern treatment.

From carefully planned advertising announcements manufacturers have increased their sales volume, with the result that recognized Physical Therapy apparatuses are so priced that they are now within the scope of the most modest physician’s financial budget.

For the Doctor who is not using Physical Therapy in cooperation with his usual practice advertisers in this journal offer a wealth of information.

For the Doctor the Council of Physical Therapy offer their assistance in choosing a suitable and recognized modality and if you are a member of the Society you’ll quickly appreciate the savings that can be affected by purchasing on their recommendation.

*What are you going to do about it?*

**S**TANDING alone has led many doctors into bankruptcy. It is a commonly accepted fact that the financial remuneration among physicians is lower than any other profession. This will probably always be the case so long as so many doctors enter the field with no other asset than a diploma and a “big idea” born of an intense, even if not justifiable enthusiasm and a “zeal” not according to knowledge.

The recent graduate and many older practitioners can prevent financial loss. It may be well to say that if he values success he should take all precautions to see that basic condi-



tions are right before he takes the final plunge.

Here among others are some of the things which go a long way toward success in practice and the more of these points the physician has in his favor the more apt he will be to succeed.

1. Rendering a service which make it adaptable for his office and home practice.
2. Installing a modality which will render a service with certain outstanding features.
3. A carefully thought out plan which will serve successfully.
4. Competent counsel to outline the practice and plan to the satisfaction and safety of both doctor and patient.
5. Assistance of capital or backing to carry on until the tide turns favorably.
6. Recommendations of stable and dependable manufacturers for the articles to be installed in ones office.
7. A profit on each modality installed in the office, which will cover all costs and a fair margin of profit plus a slight leeway for uncertainties.
8. A policy of trying out and proving all things and not plunging.

The doctor as a first step towards making a decision as to installing physical appliances in his office should ask himself is there anything about the modality that will lead me to believe it could be successfully used in my practice?

Is the modality better, will it serve my purpose better, can it be used at lower price than competing ones or is it superior to them in appearance, finish, style, beauty, utility, durability, construction, etc.?

Will it save time, money and labor?

There is one way to find the correct answer to these and many other questions too numerous to mention and that is not to rely on your own judgment or knowledge of the situation, but to make a thorough investigation of the market and the successful physicians using certain modalities or consult the

Council of Physical Therapy of the Society who will gladly offer you their combined knowledge and experience.

IN the last issue of this journal the advantages were set forth as to "Copper Ionization" of the cervix for cervicitis and such gratifying reports are forthcoming from physicians in various sections that we strongly urge those not familiar with the procedure to familiarize themselves with it. The technique is yours for the asking.

#### WHAT THE JOURNAL STANDS FOR

A publication that should always fight for progress and reform, never tolerate injustice or corruption, always oppose privileged classes and professional plunderers, never lack sympathy with the unfortunate practitioner, always remain devoted to professional welfare, never be merely satisfied with merely presenting news. Always be drastically independent, never be afraid to attack wrong, whether by predatory plutocracy or predatory poverty.

THE past summer "triple distilled water" proved its effectiveness in the treatment of "Hay Fever."

Soon Hyperesthetic Rhinitis patients will demand relief from the physicians, as well as those sufferers from toxemias of micro-organismal, allergic and metabolic origin. Chief among these are pertussis, asthma, influenza, pneumonia, vomiting of pregnancy, carbuncles and boils, arthritic and rheumatic conditions. Why not investigate this non-specific adjunct as a therapeutic measure. It does not detract from our Osteopathic procedure but promotes in wider circles a knowledge of how pathological conditions can be healed with remarkable results.

TO the doctor who wishes to increase his yearly earnings at least One Thousand  
(Turn to Page 24)

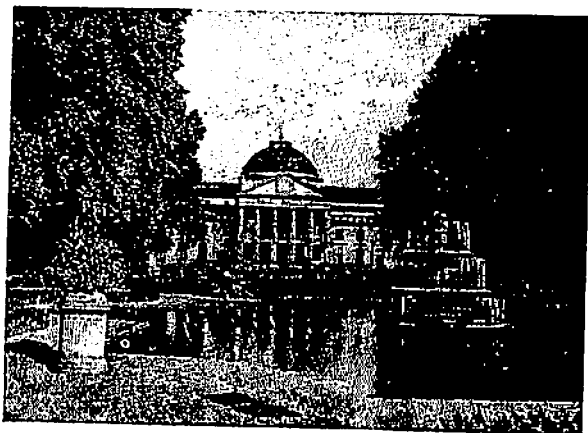
## What Price German Health Resorts?

By H. OSTERMANN

Spa Products and German Health Resort Information Office, New York City

**T**O the man of moderate means, a sojourn at a health resort is often of more importance than it is to his more favored neighbor for his continued health and efficiency are his most valuable assets.

The summer vacation at a camp in the mountains, at the shore or other resort helps but these do not often give that renewal of body and mind so necessary to keep pace with the strenuous pace of today.



THE KURHAUS AT WIESBADEN

Unfortunately this is the normal way for the average man in this beloved country of ours.

Rarely anyone of small means ever thinks of going to resorts where something systematical might be done for his health and towards preparing for another grinding year of hard work. He is unaware of the fact that through good music, sports and social events his mind too receives the needed uplift. Saratoga, Hot Springs, Miami, barely enter his thoughts for fear of the cost; still less do the resorts abroad.

Yet it can be had.

Across the Atlantic in German Resorts full board and room can be had for as little as \$2.00, \$3.00 or \$4.00 per day. Add about 30 cents per day for admission to the symphony concerts, reading rooms, social halls and sport grounds, then perhaps another 30 cents for the

drinking of and bathing in the mineral waters. By that you have the entire health resort with all it stands for.

No word need be lost about the good that will result from such a vacation; no word either about the high standing of those German Spas, the seriousness and sincerity with which both, administration and medical profession go about their work in these places. No word need finally be lost about the beauty, charm, cleanliness and interesting life in the places referred to.

But a word must be said about the trip over, as—after all—it is not just a “bus ride” or a “flying affair.”

But since all steamship lines have provided for the so-called—Tourist-Third-Class, where such good travel companions, as teachers, ministers, students and folks alike, will be found—the journey can be made for \$180.—(Round Trip). Such an ocean voyage of about nine days (one way) is recreation in itself and as the figures show not an unapproachable item either.

When now making up the total, it will come down to this: Allow about \$3.00 per day for the sojourn. This for a period of about 25 days means a total of \$75;—allowing another full Dollar for every day brings it up to \$100,—added to it the ocean trip of \$180,—and perhaps \$20— extra for tips, etc., the sea voyage:



THE BATH HOUSE AT BAD HOMBURG

totals \$200. This means a grand total of \$300, for six weeks of vacation of which the better half is spent in tonic resort life, and the smaller half on the wide ocean.

Even if we increase this amount by the big percentage of one-third, i. e. to \$400, we barely get beyond the average "poor man's" salary for one month and a half. It will appear then that he can afford a vacation of this kind at least every second or third year and if spent in a way as suggested, the average executive caring for the welfare of his staff and caring for having strong and happy people around him, will certainly be glad to extend the vacation time somewhat if necessary. Therefore there can be no doubt that a trip across and a sojourn at a German resort is absolutely within reach of even "The poor man." Resort-life and Spa Recreation IS within his reach.

## TONSIL RECONSTRUCTION

(Continued from Page 4)

pillars, or to free up this lymphoid tissue in the upper pole of the tonsil, may result, when coagulation is attempted, in sealing this tissue under the folds of the pillars. The entire body of the tonsil may be removed and there may seem to be a clean field, but if the poles are not carefully cleaned out, particularly the upper pole just described, there will result a walled off focus of infection that may be very troublesome and that will not be easy to discover.

This leads me to remark that much coagulation of tonsils is being done by doctors who are not accustomed to looking into the oral cavity except in a casual way. These doctors are not familiar with the field they essay to operate upon. How is it possible for them to do high class work? How can they avoid injury to tissues other than the tonsil?

To circumcise the tonsil that is, to separate it from the plica and the pillars, where adherent, renders it much more accessible and enables the operator to coagulate the tonsil without injury to the pillars. Moreover, in the pre-operative procedure, the pus is evacuated, the tonsil is dehydrated. In a few days to a week it loses from one-third to one-half its size. The reac-

tion to coagulation by a tonsil treated thus is much less severe than where this has not been done, and the dangers of hemorrhage are reduced to the minimum.

The proper selection of cases for removal of tonsils by coagulation is important. Regular surgical procedure is more desirable in young children, or young people where there is much lymphoid tissue in the tonsil and postnasal spaces.

Suitable cases for coagulation are older people who, because of some physical or mental incapacity, are not good surgical risks. More and more people in fair or good health are having their tonsils removed by coagulation because of the advantages it offers.

Physical perversions that make surgical operation unsafe and that may, in most cases, be treated safely and successfully by coagulation are: Bleeders, acute and chronic kidney inflammations, certain cardiac diseases and thyroid disease.

The advantages of coagulation are: It saves hospital charges, anesthetist's charges, etc. It does away with the terrible soreness and discomfort following operation. It does away with post-operative hemorrhage. There is no loss of time from work. There is no sequel such as lost voice or injured vocal mechanism, which occurs at times under surgical measures. It does away with a bill for after care, which is not at all unusual under surgery.

The disadvantages of coagulation are: The length of time it requires to complete the operation. This objection, except in rare instances, is more apparent than real. It effects the doctor as well as the patient.

The patient should have a clear understanding as to the probable length of time it will require to complete the removal of the tonsil by coagulation; he should know what it will cost him, and what he should do in order to experience the minimum of discomfort. It is the doctor's duty to see that his patient understands these things.

### AS OTHERS SEE US

"I don't want to miss a single copy"—Dr. J. M. Shellenberger, York, Pa.

## Physical Therapy Digest

This issue begins the presentation of a new feature, a digest of some of the outstanding articles and techniques by leaders of thought in all parts of the world on the best in physical therapy. It is intended to make this a permanent plan and to amplify the section with future issues. Readers interested in securing the complete articles mentioned here are requested to write to the editorial offices of this magazine.

### *Treatment of Burns*

Physical measures have proved of value in the preparation of extensive burned areas for skin grafting according to research of Dr. Peck, outlined in "The Archives of Physical Therapy, X-Ray and Radium." The procedure calls for the employment of continuous heat from an oven baker containing five tungsten bulbs, operating at from 25 to 60 watts each and ultra-violet radiations.

The baker is suspended over the patient and the air is maintained about the parts at a temperature of about 100 degrees F. A moist dressing is used to keep the surface free from accumulations of fibrin and pus and to prepare the burned area for ultra-violet irradiation. The ultra-violet radiation must be prescribed with great care to prevent overdosage and consequent destruction of new granulation tissue. Best results are gained by an initial exposure of 150 per cent of the erythema dose. The second and third exposures are reduced in time and further irradiation carried out with about 70 per cent of the erythema dose. The field is usually ready for skin grafting under this regime in about two weeks. Ultra-violet radiation is begun again six days after the grafts are placed, in order to prevent infection and loss of grafts. This together with the heat and saline dressings, fosters rapid epithelization, which the author has often observed to progress as rapidly as one millimeter in 24 hours.

### *Quantitative Measurement of Diathermy Dosage*

Dosage in the administration of diathermy to a certain part has been measured by the current which traverses the tissue as shown by the milliamperemeter and by the heat tolerance of the tissues. In "Radiology" Dr. Hemingway suggest a better method of determining dosage by the employment of a thermocouple voltmeter together with a thermocouple ammeter. He reports experiments on the heat production by diathermy currents in tissue which show that the heat imparted to the tissue can be computed from the effective high frequency voltage drop across the tissue and the diathermy current. The voltage drop can be accurately measured with a voltmeter having a thin resistance

wire which heats a thermocouple junction which in turn is connected with a sensitive D. C. Galvanometer. The heat energy imparted to a patient by diathermy may be calculated in calories from the formula: Heat Energy =  $0.24 \text{ E I T}$  calories, where E is the voltage drop, I the diathermy current in amperes and T the duration of the treatment. The Voltmeter method of measuring diathermy dosage is very practical clinically, since the only way that the usual diathermy machine has to be modified is by the insertion of a portable thermocouple voltmeter parallel with the patient.

### *More Effective Heliotherapy*

Pigment hinders progress in heliotherapy treatments, in the opinion of Dr. Charles Brody in an article in "Strahlentherapie". He states that temporary improvement is often nullified because treatment has been carried on without interruption for too long a time. The susceptibility of the body to ultra-violet effects is lessened by the prolonged treatment and the pigment. Pigment alone is no indication of the progress of the case, in the opinion of Dr. Brody, and may produce undesirable results if produced too quickly. He recommends interrupted treatment, reduction of the single dose at intervals, and a new series of treatments after depigmentation has occurred. His work combines the use of mercury vapor and carbon arc lamps as well as heliotherapy.

### *Effects of Cold Red Light*

Clinical tests conducted by Drs. Cramer and Frechner, outlined in "Strahlentherapie" show that cold red light while hardly absorbed by the skin effects the deeper tissues and result in nonspecific stimulation. They are of the opinion that this form of ray should be applied more extensively than is common at present.

### *Electrosurgery Development*

In an interesting article in "Physical Therapeutics" Dr. Edward N. Kime traces the development of electrosurgery from the old days of cauterization to the modern methods through refinements of the best in cutting currents. The later years have brought the greatest developments beginning with the experiments of Drs. Morton and Snow and following through these of the European leaders and the activity of those men of prominence allied with the American Physical Therapy Association.

An interesting feature of the article is the description of the uses of sodium amytal as an anesthetic. His conclusions epitomize the article:

"Electrosurgery has developed largely because of pioneer work performed by members of the American Physical Therapy Association.

"Electrosurgery requires not only the ordinary operative skill and surgical judgment but also an intimate knowledge of the underlying principles involved. Not only is there absolute necessity for the provision of a suitable apparatus capable of delivering both damped and undamped oscillations in sufficient power and flexibility of control, but likewise there must be utilized in proper manner at the time and place indicated by the variable factors involved as to anatomy, physiology and pathology.

"There is much needed work to be done in the standardization of nomenclature and technique, as well as much in education of the profession of the importance of meticulous consideration of the why as well as the how in electrosurgical technique.

"Refinements in technique and anesthesia, as well as in control of operative, electrosurgical and radiological procedures, are problems of the present and the future.

"Biopsy control of therapeutics is essential in the treatment of neoplasms and infective granulomata, but the biopsy should be performed by a safe electrosurgical technique and with common sense interpretation, not a small part of which is based upon the clinical course of the disease."

#### *Physical Therapy in Cardiac Disease*

Diathermy in mild cases of angina pectoris often produces lasting relief, according to Dr. Jacob Gutman in "Archives of Physical Therapy, X-Ray and Radium". The repeated use of diathermy and autocondensation for prolonged periods gives great satisfaction. Treatment of essential hypertension is often unsatisfactory. Sweating in the electrical cabinets gives great satisfaction whenever hypertension is associated with obesity, blood nitrogen retention or renal dysfunction. Attention must be given to exercise and hygiene, to the limitations of protein and perhaps of chlorides in some cases, and to the elimination of all excesses in food, coffee, tobacco and stimulants. In cardiac cases the current of diathermy may be from 800 to 1200 milliamperes, beginning with about 500 milliamperes for ten minutes and reaching 1000 to 1200 milliamperes for half an hour at later treatments.

Effective on cell nutrition and excitomotor is the use of alternating waves of galvanic current as explained by Drs. A. Laquarriers, J. Loudier and Jandel in "Journal de Radiologie et d'Electrologie." The alternations of the current are controllable and may be rendered so slow that no muscle effect results from the application and may be so rapid that the excitomotor can be suppressed. Regulation of the interval to about 30 seconds between two impulses allows a muscle a considerable period of rest, while that of actual work is limited to a fraction of a second. The rest period affords opportunity for extensive irrigation and for removal of the products of effort before a fresh contraction expels the nutritive fluid, and during this period the continuous passage of the constant current is favorably influence nutrition in the way that Remak

long ago showed relieves muscular fatigue. It is the regulation of the interval between impulses that is conspicuously effected by the apparatus the authors describe. The conditions in which they cite cases include both paralysis, muscle atrophy from disuse, and infantile paralysis, hemiplegia, obesity, radial paralysis following fracture and incontinence of urine.

#### *Electricity in Chronic Rheumatism*

Use of an actinic lamp, affording a full solar spectrum, has been used in the treatment of chronic rheumatism with considerable success, Dr. H. Daussett states in an article in the same magazine. It is of such intensity as to be insupportable if fixed but flashes rapidly over the surface of the dorsolumbar region to produce an intense erythema. In five or six minutes an intense redness occurs extending for several inches on each side of the vertebral column. In two days desquamation follows and the measure may be repeated within a few days. It has effected sedation and even regression when a previous course of medication has been without result and the only ill effect is the pruritus produced.

#### *Diathermy in Otolaryngology*

Both medical and surgical currents were used in various treatments reviewed by Dr. George B. Rice in "The Eye, Ear, Nose and Throat Monthly". He used diathermy in all forms of deafness due to inflammatory conditions of the middle ear followed acute suppurative or non suppurative inflammation. Other forms did not yield to this treatment. Tin electrodes are used about two by one and one half inches and one is applied to the ear or mastoid and the other to the cheek on the opposite side just beneath the malar prominence. Current is turned on to tolerance and continued for from ten to thirty minutes. Close contact is necessary. Pencil like electrodes wound with cotton and saturated with a normal saline solution are also used. Improvement is noticed in from six to eight treatments. As improvement increases the time between treatments should be increased. Massage by sinusoidal currents or by the use of the otoconcussor or electrovibrating apparatus is advised. Surgical sinusoidal is used for three to five minutes after diathermy.

In acute and chronic laryngitis of singers diathermy is used by placing small tinfoil electrodes, fitted to each side of the larynx over the thyroid cartilages and applying a current as strong as can be comfortably born from 10 or 15 minutes to 30 minutes. Then employ slow sinusoidal for five minutes and rapid for three to five minutes to counteract the relaxation caused by diathermy. Diathermy is used in pansinusitis, acute and chronic, unless pus is present. In chronic cases it is an adjunct to other measures. In cases of confined pus diathermy is contraindicated. He gives diathermy by direct or indirect methods and intranasal treatments with the vacuum spark or d'Arsonval current in atrophic rhinitis. He treats infected tonsils by fulguration or dessication.

## Modern Nomenclature

By F. HOWARD HUMPHRIS, M. D., F. R. C. P., D. M. R. and E.  
London, England

(Continued from Previous Issue)

**ALPHA RAYS:** When radioactive substances disintegrate, the nucleus of the atom breaks up and emits protons and electrons. These cling together to form an ion of helium gas whose electrical charge is positive. The ion of helium gas is hurled out of the atom with tremendous velocity. A great number of these ions constitute the alpha rays.

**ALTERNATING CURRENT:** A current which periodically flows in opposite directions and in both directions for the same length of time, and whose variations in strength when flowing in either direction take place in the same manner and are equal in amount. When the current has passed from zero to a maximum value in one direction then again to zero, and on to the same maximum value in the opposite direction and again to zero, it is said to have completed a cycle. The number of cycles gone through in one second is termed the frequency of the circuit.

**AMALGAMATION:** The act of effecting the combination of a metal with mercury.

**AMPERAGE:** Strength of the electric current expressed in amperes or milliamperes.

**AMERES:** The unit of the rate of transfer of electric ity. The international ampere is the unvarying electrical current which, when passed through a solution of silver nitrate in accordance with certain specifications deposits silver at the rate of 0.001118 of a gram per second.

**AMPERE HOUR:** A term used to determine the quantity of electricity which would be carried by one ampere in one hour.

**AMPEREMETER or AMMETER:** An instrument calibrated to indicate in amperes the strength of a current flowing in a circuit. For medical purposes the ampere is too large a unit, hence it is divided into a thousand parts or milliamperes. A meter calibrated to read in milliamperes is a milliammeter.

**ANAESTHETIC, ELECTRIC:** Nervous insensibility obtained by electrical means.

**ANAPHORESIS:** The transmission by ionization of electropositive bodies into the tissues, the current being applied from the positive pole.

**ANELECTROTONUS:** The condition of decreased excitability which exists in a nerve when transversed by an ascending current.

**ANGLE OF INCIDENCE:** The angle which a ray striking a reflecting surface makes with a line perpendicular to this surface.

**ANGSTROM UNIT:** Represented AU. is the unit used for measuring wave lengths. AU. is the wave length of the 'softest' X-rays, and is one ten thousand millionths

of a metre, 0,0001 micron or 0,0000001 millimetre. It is so called after Anders Jonas Angstrom, a Swedish physicist, 1814-74. Measured in inches, AU. is equivalent to one two hundred and fifty millionths of an inch.

**ANODE:** The positive pole of an electrical apparatus.

**ANODIC CONTRACTION:** The muscular contraction produced in the neighborhood of the anode either on opening or closing the circuit.

**ANTICATHODE OF X-RAY TUBE:** A tube, usually platinum, supported inside an X-ray tube to receive the cathodic bombardment.

**APERIODIC GALVANOMETER:** A galvanometer whose needle comes to rest without any oscillation.

**ARC LAMP:** The luminous arc or bridge between two poles, carbon, tungsten or other material, when an electric current is sent through them. The luminous properties are due to the incandescence of gaseous particles thrown off from the points forming the gap and intervening gasses which are raised to high temperature by the electric current.

**ARMATURE:** The keeper of magnet. A mass of soft iron kept in contact with both poles of a magnet in order to prevent loss of magnetic forces.

**ARMATURE OF A CONDENSER:** A term applied to the metallic plates or coatings of a condenser or Leyden jar.

**ARMATURE OF HOLTZ MACHINE:** The pieces of paper that are placed on the stationary plate of a Holtz machine.

**ARTIFICIAL SUNLIGHT:** Light produced by electricity and containing the full solar spectrum.

**ASCENDING CURRENTS:** The current applied by placing the positive electrode to the periphery of a nerve, and the negative near the nerve center.

**ASTATIC GALVANOMETER:** A galvanometer provided with a pair of oppositely magnetized needles, so as to be independent of the earth's magnetism.

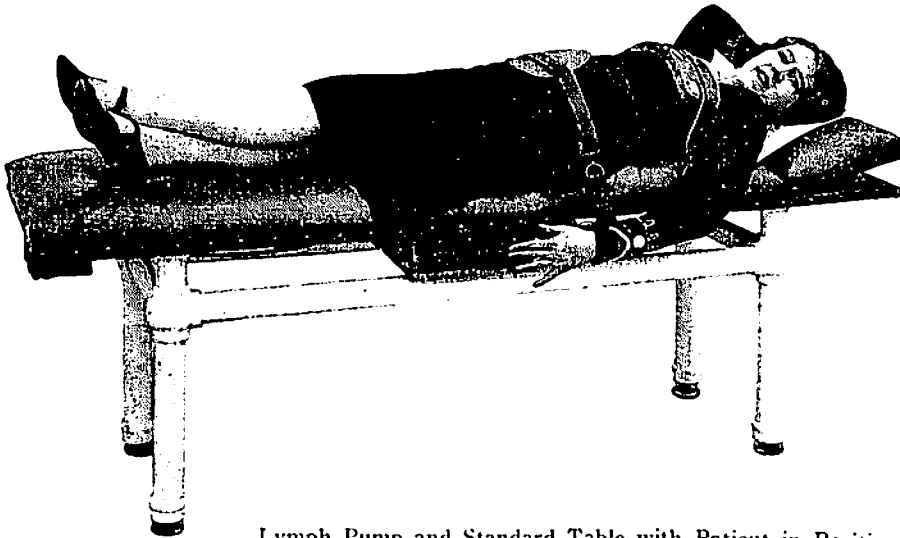
**ASYNCHRONOUS:** Occurring or acting non-simultaneously.

**ATMOSPHERIC ELECTRICITY:** The free electricity which is present in the atmosphere.

**ATOM:** The smallest particle of an element that can exist alone or in combination with like atoms or with atoms of other elements. Some ninety odd different atoms have been recognized which, in combination with one another or others like themselves, make up all of the various types of material that we know. These atoms are no longer believed fundamental entities, being themselves composed of smaller articles called electrons and protons. Dimensions of atoms are of the order of 10.8 centimeters.

(Continued in Next Number)

## PHYSICAL MEASURES SUCCI



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### SOME THERAPEUTIC USES

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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**Relieves Paralysis** and prevents pressure atrophy in apoplexy and infantile paralysis, during the acute or sub-acute stages, by relieving the fluid pressure from the affected areas of the brain and spinal cord. Patients frequently show improvement within thirty minutes.

**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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**Increases Metabolism.** Increases elimination of waste through the kidneys and carbon dioxide through the lungs.

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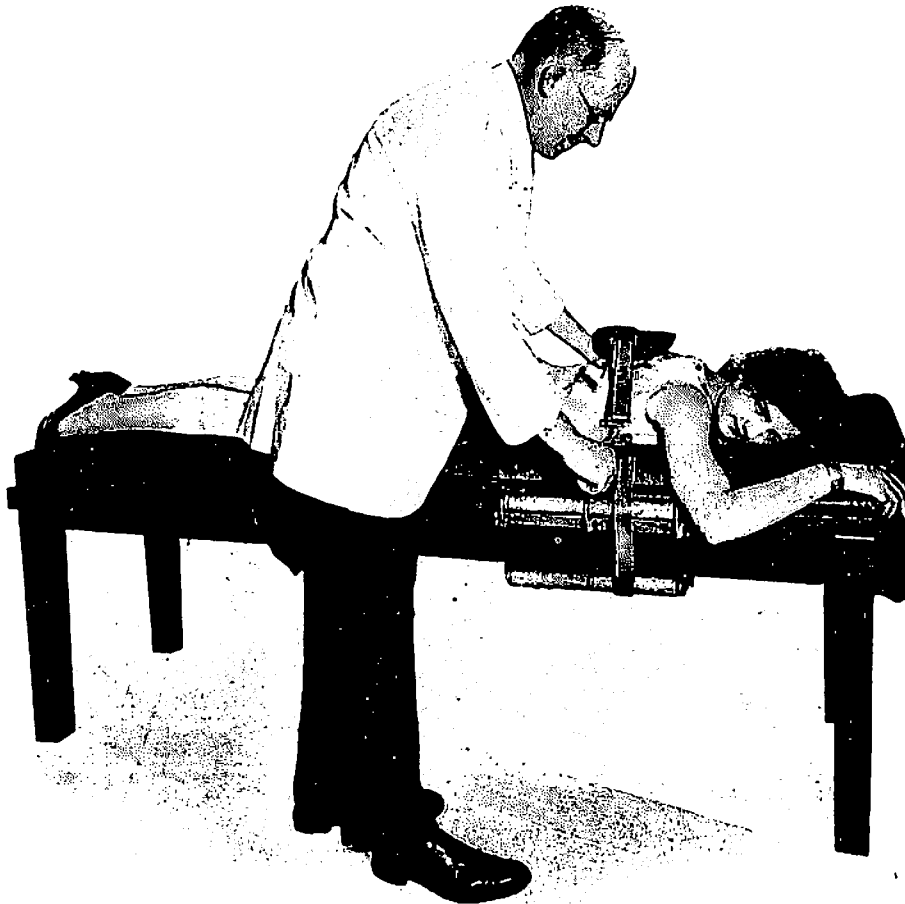
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## PHYSICAL METHODS OF ADVANTAGES IN ANTERIOR POLIOMYELITIS

(Continued from Page 8)

ibrim and saves the cells of the cord by relieving them of toxins.

6. The treatment causes a therapeutic reaction to occur in the blood stream by bringing the antibodies or antitoxins and toxins together.

7. The treatment aids in the elimination of solid and fluid waste through the kidneys and and skin.

8. The more oxygen is taken into the blood. If properly given and through mechanical means it can be given in no other way, no exertion is required on the part of the patient and it may be given regardless of the age or condition of the patient with one contra-indication. No treatment should be given during the time the patient is undergoing a reaction. Not only is it superfluous but at the same time the patient is enjoying the desired effect from the former treatment.

Ten years of practice have shown me the value of this procedure. In acute and sub-acute cases the paralysis has been relieved in thirty minutes. One patient, completely helpless for ten weeks, showed decided improvement before the first treatment was concluded.

No spinal manipulation is used during the acute stage nor is there any manipulation of the paralyzed parts because the circulation can be maintained very effectively by means of the apparatus.

Spinal treatment is instituted at the stage when there is no noticeable improvement during or just following a pump treatment. Failure to show a response to the drainage treatment when a response has been previously obtained is an indication that the congestion and pressure have been relieved.

Cases that are treated early can usually be cured with very little or no paralysis. Cases treated late will be paralyzed just in proportion to the damage which has occurred to the cells of the cord during the period of inflammation.

Cells which are damaged but not destroyed may often be improved provided the circulation to and from those cells is maintained. The improvement to the paralyzed parts is more rapid during the first few months and is less noticeable after six months and even less in one year but some results are obtained even after many years.

## PHYSIOTHERAPY IN THE TREATMENT OF SKIN CANCER

(Continued from Page 6)

involved that should be destroyed. Surgery, X-Ray and Radium are also efficient for small lesions, but it is most often recommended for those cases where there has been much destruction of normal tissue by the growth. It is this neglected case which often results in criticism of an approved and positive technic.

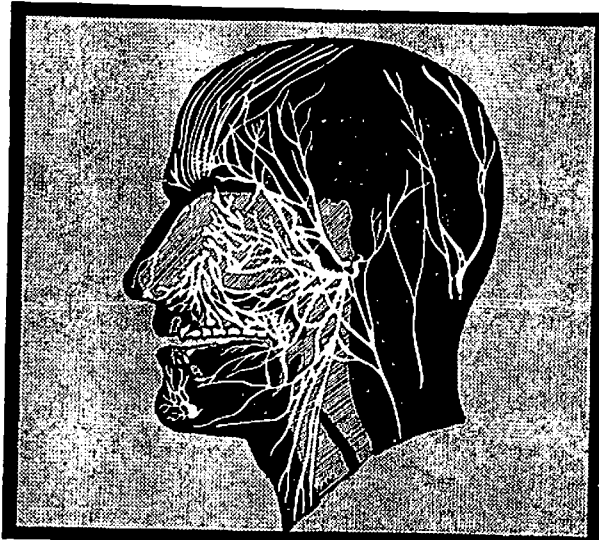
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doubles its palliative value WITHOUT INCREASING THE DOSAGE. . . . gives effective systemic action as well as local soothing and ANTISEPTIC action without the need of gargling. . . .

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## FACTS TO CONSIDER

(Continued from Page 11)

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**P**HYSICIANS and their technicians are now invited to attend special clinics at the Hanson Reconstruction Clinic for newer techniques in the practice of Physical Therapy and Surgical Diathermy. Your only obligation is Life Membership in the Physical Therapy Research Society. Write for particulars.

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**A**S an adjunct in treating acne, eczema, psoriasis and many other skin disorders, probably no better method can be employed than the medicated "sponge" imported by the Balneo Products Co. It has proved its value and worthy of your investigation.

## PHARMACOLOGY

(Continued from Page 2)

The world has turned from the Handicraft Era to the Machine Age. The curative sciences have done likewise. What has really happened in the medical field is, as Dr. Davis indicates, a revolution against drugs—against the introduction of foreign substances into the body mechanism, and in favor of the system that seeks always to maintain that mechanism's structural integrity.

When Dr. Davis says the "Allopaths" are adopting Osteopathy, he really means they are adopting Physical Therapy. Its purpose, in result, they are the same; the medical men use the latter name, the name of the Machine Age.

Let the Osteopath call the method what he will, but let him adopt it. For in this sometimes bitter rivalry that exists among the various schools of the healing arts, the future and the security of the Osteopath lies in the fact that he—because of the basic law of his training—is best fitted to employ the newer, broader science of Physical Therapy.

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About 300 feet from Beach

## COLONIC IRRIGATION

(Continued from Page 12)

thoroughly cleansed it of its contents, thrown to sufficient amount of antiseptic, as the technic of the work outlined, into the cecum, thereby destroying the colon bacilli and their poisoning output. In this manner overcoming the putrifactive poisoning with its acid trypsin, indol, skatol and cholin.

Each Osteopathic lesion which tends to decrease the nerve force essential to the intestinal integrity, thereby causing a stasis of cell life, which in turn develops into a stasis in tissue life, which in turn develops a stasis of the intestinal content, allowing the putrifactive development to take place, throwing the poisons into the blood stream, develops into a potential case of rheumatism.

Each case of incipient constipation, each person who is a prodigious eater, and each person who does not eat a well balanced diet becomes a possible candidate for the putrifactive elements to make them their hosts, and it is the duty of each physician to dwell upon this

thought, and to make himself his brother's keeper insofar as it is possible for him to be, in order that these people when they have reached the age of forty are not the victims of their own carelessness or over indulgence and become a care to the state and to the country at large.

One does not hesitate to ask one on election day "Have you voted?" When you find one electing himself as a possibility for rheumatism why not ask him "Have your bowels moved fully, or, are you enough interested in the outcome of this small daily carelessness to see to it that you do not become a potential arthritic after you reach the age of forty?" The one question is as sensible as the other and it is as much a duty to the country to help overcome these conditions as it is to haul people to the polls to vote on election day.

The way to avoid the condition is apparent in childhood and the way to overcome the disease after the condition is formed and the patient is suffering is through the two-way valve and the catheterization of the cecum.

Your enthusiasm is solicited and your investigation of the work is advised.

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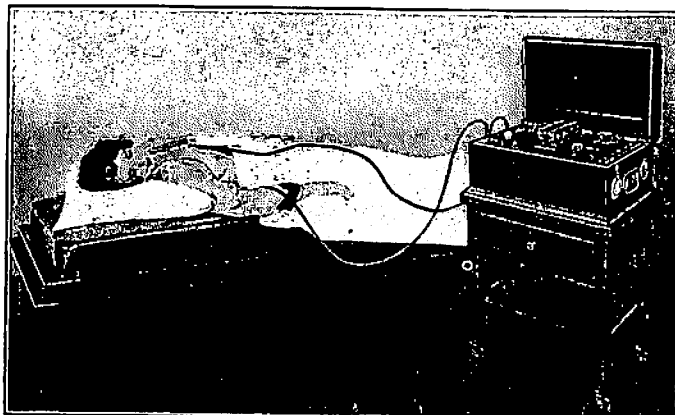
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**Cabinet**—Solid walnut throughout, highly finished, 21 in. by 13 in. by 10 $\frac{1}{2}$  in. Weighs but 55 pounds.

**Safety**—Ground free, shock proof, fully guaranteed.

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## Book Reviews

**CUTANEOUS X-RAY AND RADIUM THERAPY** by Henry H. Hazen, A. M., M. D., Professor of Dermatology, Medical Department of Georgetown University; Professor of Dermatology, Medical Department of Howard University; Member of the American Dermatological Association and American Roentgen Ray Society. The C. V. Mosby Co., St. Louis, Mo. Price \$3.00.

Not only the Roentgenologist will profit by this new and concise text, but the general practitioner will do well by adding this commendable work to his library for by so doing he will at least be able to speak intelligently on the subject of X-Ray and Radium Therapy. The "chaff" has been separated from the "wheat" of the leading English, French, German and American texts.

The book which is well illustrated treats with all phases of the problem, beginning with the history, carrying on through an exposition of the proper equipment, to stabilization and dosage estimation and showing technic. The effect of irradiation upon tissue is given and also forms of treatment for various types of disease and infection covering all of those in which this form of therapy have proved of value.

**PHYSICAL DIAGNOSIS** by Warren P. Elmer, B. S., M. D., associate Professor of Clinical Medicine, Washington University School of Medicine; Assistant Physician to Barnes Hospital; Physician-in-charge Missouri Pacific Hospital; Consulting Physician to Jewish Hospital, St. Louis and W. D. Rose, M. D., Late Associate Professor of Medicine in the University of Arkansas, Little Rock, Arkansas. The C. V. Mosby Co., St. Louis, Mo. Price \$10.00.

In the new work of these authors the text is so arranged that each diagnostic procedure is covered before taking up another. For instance, the inspection of the entire body is discussed before palpation is introduced. The text is divided into two sections:

Part 1 devoted to subject matter which has been found useful in the course on technics of physical examination and normal physical diagnosis.

Part 2 deals with the physical diagnosis of disease.

In addition to the work covered by the text, demonstrations by specialists in eye, ear, nose and throat; mechanism of electrocardiography

as well as demonstrations on radiography and fluorescence are recommended. Special contributions by such leaders in the medical world as Dr. Sidney Schwab (on sensory phenomena and reflexes) Dr. David Barr and Dr. G. O. Brown and Washington University School of Medicine and the Missouri Pacific Hospital (radiographs and photographs) together with over three hundred illustrations go to help make the work a valuable asset to every Osteopath and especially to Osteopathic students.

**GUIDE TO LOCALIZED BI-TERMINAL TONSILLAR COAGULATION** by L. Leo Doane, A. M., M. D., Ph. D., F. A. C. S.; Fellow of the American Medical Association; Fellow of the American Academy of Ophthalmology and Otolaryngology; Fellow of the American Physical Therapy Association; Fellow of the American Congress of Physical Therapy; Honorary Member of the National Society of Physical Therapeutics; Attending Ear, Nose and Throat Surgeon to the Butler County Memorial Hospital, Butler, Pa. Published by Washburn and Co., Butler, Pa. Distributed by the McIntosh Electrical Corp., Chicago, Ill. Price \$3.50.

A monograph designed to call attention to the relation of focal infection to general or systemic disease and in particular to the frequency with which the faucial tonsils are the causative factor in such diseases. The main purpose, however, is to set forth the advantages of electrocoagulation in the removal of infected tonsils and to stress the special instrumentation and technique of the author. It reads like a good story; no one will regret adding it to their library.

**PRACTICAL COLONIC IRRIGATION** by B. R. LeRoy, M. A., M. D., Research Bacteriologist and B. R. LeRoy, Jr., A. B., Research Chemist, with an introduction by Rolland A. Case, M. D. Published by the Vattenborg Systems, Inc. Distributed by the McIntosh Electrical Corp., Chicago. Price \$7.00.

If we are to accept the twenty years of chemical research in the alimentary tract together with his personally or supervised "twenty thousand colonic and transintestinal irrigations without one case that reacted unfavorably" we have here a book which should be in the library of every Osteopathic physician because its contents—Colonic Irrigation, Methods in Use, etc., etc., will give a good foundation for those who wish to discuss intelligently other leading authorities in colonic irrigation whom are only satisfied that proper colonic drainage can only be established by the use of a forty to fifty inch tube.

## PIECE MEAL REMOVAL OF TONSILS

(Continued from Page 4)

the age of seven submit to diathermy treatment. Within the past six months I have treated children as young as six years of age, but I do not believe in the wholesale removal of tonsils in children as practiced today.

Prof. Portmann gave a theory of the function of the tonsil that is well worth our consideration. He believes "that the bacteria collected in the tonsils form a vaccine which goes into the circulation of the child and protects it from toxemias which are constantly getting into the blood stream, thus protecting the child during its development and growth. When having arrived at puberty, the child does not need the protection further, nature has intended that there should be a progressive atrophy of the tonsils. In later years after puberty, this atrophy of the tonsils proves that the tonsil is useful only during childhood. As a general rule infection in children's tonsils, if present, is either on the mucuous membrances or in the very superficial part of the tonsil. Should the child's tonsils be so hypertrophied as to obstruct the throat,

then remove the portion of the tonsil extending beyond the anterior pillar, thus leaving a portion of the tonsil to carry on whatever function nature has intended it to perform.

### *Tons of Tonsils.*

Remember the removal of tonsils in children constitutes a serious problem, and it has been reported that 33 1-3 of all operations performed in our city hospitals today are tonsillec-tomies. If all these tonsils were to be thrown into the "heap pile" it is estimated that their weight would exceed several tons.

Osteopaths fortunately are not prone to accept too lightly the prevailing opinion that probably all children's tonsils should be removed.

### *Diathermy Explained.*

When we speak of diathermy, medical and surgical, in both of which high frequency currents are used, we think of heat. Diathermy produces heat within the tissues within physiological limits, the object being to temporarily increase congestion and promote a local hyperemia which greatly aids local metabolism. The reaction brings a decrease in congestion, with resultant drainage of poisons from the affected

## PHILADELPHIA COLLEGE OF OSTEOPATHY

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Thirty-third Annual Session Begins September 16, 1931  
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**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.

area, all of which is accomplished at a comfortable tolerance of heat.

In considering Surgical Diathermy, or electro coagulation we refer to diathermy currents which are used to heat tissues beyond the physiological limits, so as to produce destruction of tissue. This destruction of tissue is accomplished either by coagulation, desiccation or the electric arc and what we are directly interested here is in the electro coagulation method which is the lower voltage plan of actual contact and shall only consider this procedure as performed today by leaders throughout the world. Neither the anatomy or physiology of the tonsils will be discussed as no one except a physician with surgical training should use the method.

First let me explain that electro coagulation is not a burning procedure, nor is it akin to cautery or allied with galvanism.

The difference between wounds inflicted by a diathermy instrument and those inflicted by the galvano-cautery modality is that the latter carbonizes the tissues without any deep coagulation and the destroyed tissue is in immediate contact with the living tissue, so that in the course of healing the cautery sloughs are apt to induce septic infection of the living tissues by their sides while in diathermy it is the presence of the deep protecting coagulated layer that renders the operation wounds effected by this agency so free from reaction.

In diathermy the current at both electrodes is equal. When the indifferent plate in very large in area as recommended by Dillinger, the increase in temperature there is not noticeable, while at the needle which is the active electrode of choice the current is highly concentrated and in the tonsillar tissue the resistance is centered in such a small area that coagulation takes place. This condition manifests itself visibly around the needle, but the needle, unlike the cautery, remains cold throughout the procedure and all burning is thereby avoided.

#### *Operating Technique*

When applying diathermy to the tonsil, the first considerations are the proper instruments, properly setting the controls of your outfit and the actual application of the current to the tonsils which must be made with great care.

The type of high frequency machine is of great importance—its speed of oscillation should exceed one million per second and its voltage should be low.

The electrodes required are an indifferent and an active one in order to accomplish the bi-polar method.

The anaesthesia is local.

This procedure is strictly an office one, ambulant and practically free from all risk in the hands of those surgically trained and skilled in the technique.

Seat your patient in any kind of an office chair. A large piece of the heaviest block tin 6 in. by 10 in. is applied to the bare skin of the patient's back and connected by an insulated cord to the indifferent outlet of the machine.

Personally I prefer an electrode, which has two self contained small needle points—one representing the active electrode and the other the indifferent electrode. This obviates the necessity of using the 6x10 block tin or other indifferent electrode on another part of the body.

(Turn to Page 33)

### *Non-Surgical Copper Ionization for CERVICITIS and LEUCORRHEA*



Write for reprint No. 12 "Copper Ionization in the treatment of Cervicitis."

A new method of applying the inverse galvanic current to cervical infections. Three or four treatments permanently clear up the most stubborn cases of leucorrhoea. The technique has been perfected by Dr. David Tovey, M. D., F. A. C. S., Clinical Professor of Gynecology at the New York Polyclinic Medical School and Hospital. It is the new non-surgical method of treating cervical infections.

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DOCTORS ARE PRESCRIBING FOR THEIR FOOT CASES IN THIS SAFE, SANE AND STRICTLY PROFESSIONAL MANNER.

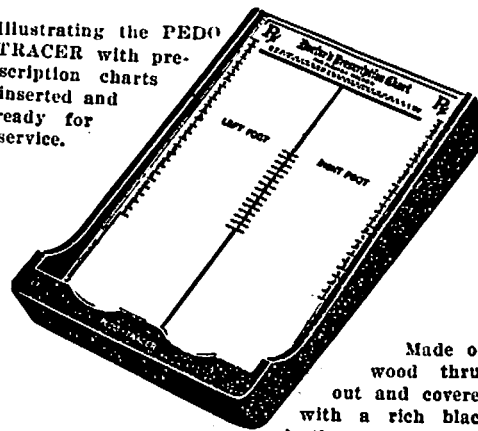
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This Service and the Equipment, including the PEDO TRACER and Prescription Charts, are immediately available to you—without any investment at all. Simply write "Details Wanted" on the back of one of your cards and mail to us for complete details.

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208 NORTH WELLS STREET

Chicago, Ill.

Established 1918

## SYMPATICO THERAPY

(Continued from Page 10)

whether there is any merit in his sympatico-therapy which has been familiarly called by some 'nose tickling.'

"Many remarkable cures are said to have been effected by Dr. Lluocca who is demonstrating the method invented by a Dr. Asuero in Spain several years ago.

"The method is one of stimulation of the sympathetic nerves in the nose according to Dr. A. Abeyta, a physician of the local hospital.

"Dr. Lluocca will hold a series of private clinics at the hospital. He speaks Spanish and has an interpreter. He has no interest in getting any financial returns from his work as he is a wealthy man, it is stated."

At the original meeting, in view of the fact that some members of the profession had heard of the activity and believed that an investigation should be made before public announcement were authorized, the question was raised concerning the certification of credentials. One physician stated that he had seen credentials which were vouched for by the Argentine Consulate in Philadelphia. A member of the hospital staff stated that no effort had been made to check up the credentials.

From that time on until a final report was made by the committee previously referred to some three months later, various articles appeared in the Philadelphia newspapers of which the following, in the Philadelphia Daily News of June 12th, 1931, under the heading "Philadelphia Doctors Astounded by Revolutionary Cures," is typical:

"Recognition as a healer of almost incurable diseases seems just around the corner for Dr. Pedro Gomez Lluocca.

"Branded as a radical in the field of medical science Dr. Gomez Lluocca came to this country from Argentina three months ago and since has given many convincing demonstrations of sympathetic therapy in Philadelphia, New York, Pittsburgh and elsewhere.

"Prominent American physicians have been astounded by his simple treatment for rheumatism, arthritis, sciatica, neuritis,

asthma and kindred diseases.

"Success followed in the wake of the Argentine's first clinic in this country at the College of Osteopathy, 48th and Spruce sts., April 7 last. All of the sufferers here testified that relief was immediate and far more effective than other treatments continued over long periods. Patients in other cities made similar reports.

"The physician came to the United States with no other introduction than his medical degrees received at the University of Valencia, Spain, and the University of Buenos Ayres. He said his sole purpose is to gain official recognition by aiding sufferers through teaching his methods to other physicians."

An unofficial but what was obtained from a reliable member of the committee was this report:

"138 patients treated various ailments, resulting in one supposed 'cure'. This was a case of tortecollis, tremor of the head." Thursday, April 23, 1931.

A demonstration of this work was staged on May 16th in the meeting rooms of the Pennsyl.

## The OLD and the NEW

The recent developments in adrenal cortex therapy have thrown the spot-light on adrenal medication in general. As a result, physicians are prescribing more than ever Adreno-Spermin Co. (Harrower), a preparation that, for nearly fourteen years, has rendered sterling service to the profession in such conditions as asthenia, hypotension, run-down states, neurasthenia, and convalescence following influenza and other acute infections. Adreno-Spermin Co. (Harrower) is being used to a very great extent in every-day conditions. The dose is one sanitablet q.i.d. for some time. Prescribe it in your next suitable case. Put up in ampules and sanitablets.

The adrenal cortex hormone (Adreno-Cortin—Harrower) is used in maximal degrees of hypoadrenia—addisonism and all depletions. Put up in ampules and capsules.

**The Harrower Laboratory, Inc.**  
**Glendale, California**

vania Osteopathic Association just following the closing session.

In view of the apparent conflict in information, the Society instituted certain inquiries. Some of these have already been quoted. Others are to follow. As regards the work of Dr. Lluocca in his own country not a great deal could be learned. Diplomatic correspondence was rather vague from both Argentine and American sources. The most direct report is an official communication from the University of Rosario where Dr. Lluocca was reputed to be "Professor of Surgery." It states:

"Dr. P. Gomez Lluocca was attached to the Department of Urology in our medical school in 1922 for a short time. He was dismissed for unprofessional conduct but eventually was allowed to resign. He does not enjoy a good reputation in the profession owing to his unethical behaviour."

In further efforts to secure some form of endorsement by the Osteopathic profession, infor-

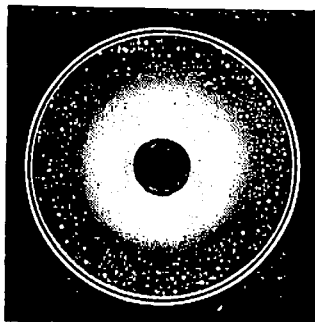
mation shows that articles were submitted to the Journal of the A. O. A. but, on the advice of a special committee, were held for the time.

Since these earlier developments our information is that Dr. Lluocca has been spending the greater part of his time in Philadelphia endeavoring, in association with some members of the profession, to expound his therapy. The most recent press dispatch is as follows:

"Mexico City, Aug. 28—(AP)—Mrs. H. Breicher, of New York was struck with a rock and slightly injured last night when students of the National University Medical School stoned a boarding house in which Dr. Pedro Gomez Lluocca, Argentine specialist, was a guest.

"Mrs. Breicher, also a guest at the house, was standing at a window when the harrage started. Students are demanding the expulsion of Dr. Lluocca who came to Mexico to demonstrate a purported cure for paralysis."

(Turn to Page 39)

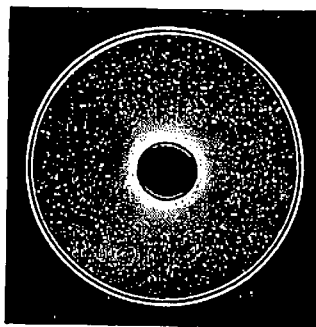


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Penetrating distance 2.0 cm.  
Note large white area free from germs as shown by Agar Cup Plate Test.

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**PECK & STERBA, INC.**

6 West 24th Street

New York City

## PIECE MEAL COAGULATION

(Continued from Page 29)

Several advantages are offered for consideration. They are, uniform destruction of the lymphoid tissue at one treatment. This feature being a highly valuable asset since uniform destruction cannot be accomplished by any other procedure.

The electrode also make it possible to the pre-determination of the extent of destruction which is to be accomplished. Should the indifferent electrode for example, be placed around the body or between the shoulders there is absolutely no way of determining just how much electro-coagulation is going to be brought about in a certain length of time, at a stated milliamperage, or how deep, the current is likely to penetrate because of varying pathological conditions in each individual patient. Coagulation by the method given here can be more easily controlled and the chance of hemorrhage lessened.

Another point in favor of the procedure is the extreme simplicity.

Some advocate special wooden or glass tongue depressors but in my own clinical and private practice where I have made thousands of applications, with their use I have found no advantage but especially I have found that by the use of the Thorburn combination tongue depressor and pillar retractor I am able to eliminate the tonsil and conserve the healthy tissue around it. For if the results of ordinary tonsil removal are to be depended upon, every trace of tonsil tissue must be removed or the symptoms of toxic absorption will continue. The question then arises, is it necessary to destroy the capsule of the tonsil. Strictly speaking, the answer should be "No"! save perhaps with regard to that minute area of the capsule that forms the fluid end of the supre-tonsillar fossa, seeing that it leads to the region in which supre-tonsillar abscess develops.

To some it may seem difficult for an operator to confine his coagulation measures to the tonsil without transgressing its boundaries and no doubt patches of the capsule will perish when the final remnants of the tonsil are sought out and diathermatized, but the control is more easy than might be supposed if the needle is being used. as

one can tell by the feel, when it is plunged into the tissue, before the current is switched on, whether it is lying wholly in the soft substance of the tonsil or has penetrated its harder, tougher connective tissue envelope.

My usual practice is to treat one tonsil at a sitting. In several days the patient returns, the tissue operated upon has disappeared about 50 per cent from the time the tonsil tissue is coagulated. Usually six treatments to each average size tonsil are required to complete the job.

In general one should avoid too extensive coagulation at any sitting and that for two reasons: first, because a large wound is more likely to give rise to discomfort and pain than a small one; second, because in a deep or wide coagulation a large blood vessel may be implicated and it may give rise to serious bleeding during separation of the slough.

The possibility of the last accident, although by no means a common event, should prevent the surgeon from letting his patient out of his reach until all sloughs are separated. There are no doubts, however, that bleeding will remain rare,

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ANGIOMA—Before Sun Light

## THE PATIENT HAD TWO LEGS

On one of them he had several indolent ulcers of many years standing and after trying scores of treatments a surgeon advised amputation of the leg. This was done and the ulcers were "cured".

That is, they were "cured" for the time. Unfortunately the other leg has become affected and is in even worse condition than was the leg that was amputated—being one mass of indolent ulcers and necrotic tissue.

The patient can hardly afford to gamble with his last leg!

Another patient stumbled and fell down stairs, T. B. of the hip joint developed and when treatment failed the joint was removed by a master surgeon.

Later on the knee joint developed the same trouble—and was cut out. A shoulder joint operation on this patient was his fifth and last—he committed suicide.

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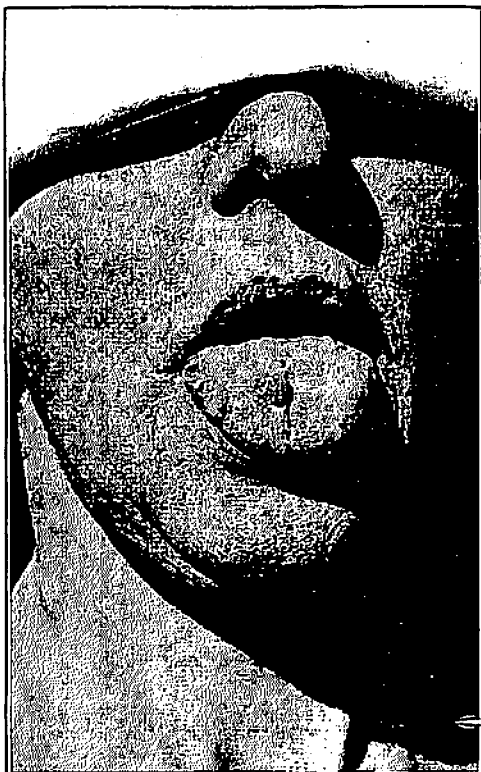
ANGIOMA—After Sun Light  
This patient was treated four years ago, there has not been a recurrence.

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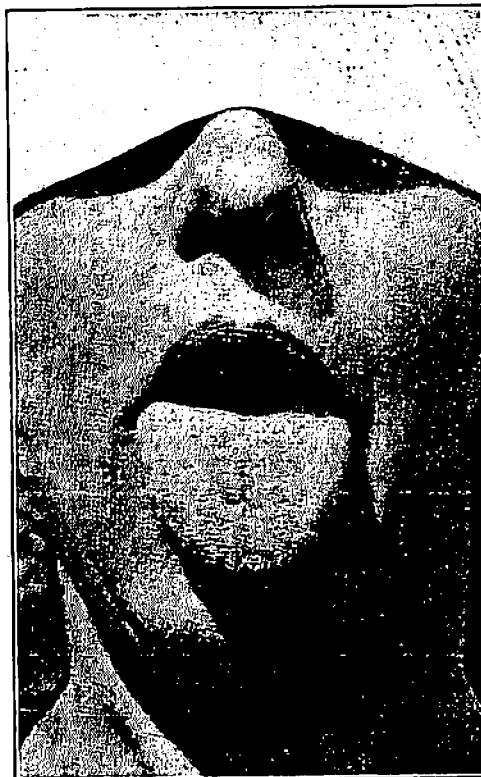
use the lens four months, or less, and return for full refund, if you are not thoroughly satisfied. Nearly one thousand lenses are now in use all over the world and every lens had this same unconditional guarantee.

SUNSHINE consists of a constitutional treatment as perfected by Rollier and his latest text, which gives the technic of SUNSHINE, will be sent to any address



**LEUKOPLAKIA—Before Sun Light**

This patient had four leukoplakias, not the three grouped together. She had consulted 8 doctors and all told her tonsils were removed on "general principles". Following extirpation "her tongue swelled up, sweat blood, and all but choked her to death."



**LEUKOPLAKIA—After Sun Light**

Sun Light removed the lesions and the work was done three years ago—no recurrence. This patient was referred by her brother, who is a physician, and he has offered to give testimony if you wish. His name and address on request.

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Please Note—We never open accounts

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if the operator contents himself with the "Piece-meal" method and restrains his own and his patient being aware of it.

Do not apply the electrode again until the slough has altogether disappeared, then you will have the opportunity of observing the quiet and uneventful process of the tonsil melting away.

So far I have not myself had any experience of serious hemorrhage during separation of sloughs, but I have several times been called to aid others. Usually it can be controlled by the injection of thromboplastin but should bleeding be such in degree as to require arresting, then your usual surgical procedure must be used.

#### *Post Operative Treatment*

Gargles are not advised because they merely bathe the surface for a fraction of a minute at each attempt and hardly exert antiseptic action in the strength of the medicament which will be tolerated by the normal mucosa of the pharynx. Again in many instances it is a painful procedure.

"Gum Chewing" has been found very advantageous—because it stimulates the secretions of

saliva, which being swallowed laves constantly the wounded surface and lubricate the pharyngeal mucosa. It keeps down the membrane formation to a minimum.

It keeps the breath from becoming offensive.

It exercises the muscles of mastication and the chewing lessens the stiffness that may occur, while frequent swallowing keeps the muscles of deglutition supple.

Gum is convenient to carry in the pocket, and so universal is the habit in this country, it can be chewed in public without attracting the slightest attention. Aspergum has been found to have superior merit over the usual chewing gum.

#### *Results*

Using electrocoagulation almost exclusively for the past three years in removing tonsils I have found that by the foregoing method, carried out with care and patience and persistence one can destroy all the tonsil tissue as thoroughly as by surgical dissection and I eliminate it as a septic focus in recurrent tonsillitis and other conditions.

One of the interesting observations in this connection is, that patients quite frequently report improvement in their remote symptoms, such as "rheumatism," neuritis, etc. immediately or soon after the first application of the diathermy. The explanation is probably that the diathermy current sterilizes the tissue of toxic bacteria and so cuts off the supply of toxins.

So much improvement has been noted that at times it is difficult to persuade the patients to pursue treatment to its logical end in complete eradication, however, it should be pointed out to them that the immediate improvement is due to what is only termed a temporary sterilization of the tonsil and if tonsil tissue be left behind it may later become infected and lead to a return of the old symptoms.

#### **IMPORTANT**

Will the physicians doing electric coagulation of tonsils and other physical therapy methods not now listed in our files kindly notify the office as numerous requests from doctors in various sections have been received requesting this information for referred cases.

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For a physician who wants the best Fischer Model G 2 diathermy, brand new. Good reason for disposal. Write Box 101, O. P. T. 807 E. Allegheny Ave., Philadelphia, Pa.

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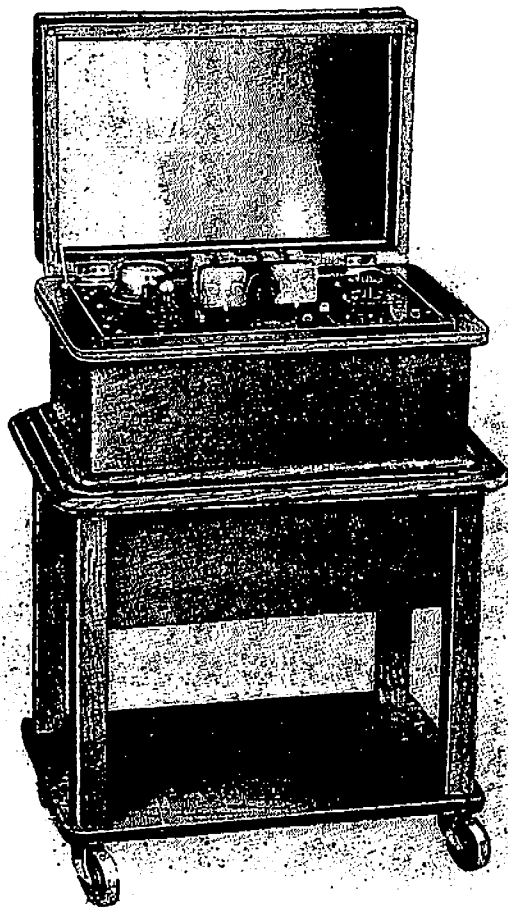
To close an estate, Fischer Model 3 diathermy machine with essential electrodes, value \$425 at \$250 for quick sale. Machine in perfect condition. Terms may be arranged by responsible physician. G. F. Franklin, Real Estate, 118 South 23rd St., Philadelphia, Pa.

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"I have been using Fischer diathermy machines since 1918, starting with but one cabinet, until at present I am using seven diathermy outfits, two portables and five cabinets. Six out of the seven are Fischers. I have always felt that when I throw in a switch on a Fischer machine that I was getting real diathermy, and I back this up experimentally and clinically. The results obtained cannot be better. A physician who builds his physical therapy practice by carefully selecting his cases will be very well repaid, as it fulfills a big gap in therapy, and he will be rendering great service to his community. His patients will soon learn that they are receiving quicker relief, and convalescence both in industrial and other lines of work is greatly shortened."—L. M. O., M. D.

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- Electrocoagulation of Tonsils**
- Electrocoagulation in Endocervicitis**
- Treatment of Hemorrhoids**
- Shrinking of Turbinates**

Especially noteworthy among new diathermy technics are the electrocoagulation of tonsils, electrocoagulation in endocervicitis, treatment of hemorrhoids, and shrinking of turbinates. All these are office procedures ordinarily not requiring hospitalization, and leaving the patients free to follow their interests.

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**SYMPATICO THERAPY**

(Continued from Page 39)

As to the therapy generally, it has been the subject of considerable discussion over a period of years. In addition to those already mentioned, who have advanced it in this country recently, a Dr. Paul Gillet, of France was another who conceived considerable publicity during the past few months.

The Journal of the American Medical Association has frequently commented upon this therapy. Under date of Nov. 9, 1929 it stated.

"Dr. Asuero's system of treatment seems to include nothing more than the cauterization of the sphenopalatine ganglion or of the endings of the trideminal nerve of the nose. In other words, this is essentially an attempt to extend, as a universal system of healing, the method introduced by Sluder in 1908 as a form of treatment for headaches and certain neuroses. . . . Apparently Asuero, in applying his iauterization, gazes fixedly into the eyes of the patient and uses all the forces of his personality."

This editorial explains that the application is such treatment is often temporarily beneficial to patients suffering from nervous hysteria, convincing them that the permanent cures have been effected.

Advises from the Secretary General of the University of Mexico are to the effect that Dr. Llucca ignored the Academy of Medicine and Science in Mexico, using newspapers to commercialize and that he caused trouble in various sections by immediate propaganda. The letter advises:

"The Government has come to consider him an undesirable alien not only at the instance of the Department of Public Health but also of various scientific associations officially recognized by the whole world of science."

Le Monde Medicale, of Paris, has furnished a great amount of information concerning the European opinion of these matters to which reference will be made in a later issue.

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The open mindedness of the Osteopathic physician has been one of the outstanding causes for the growth and development of the profession and now Osteopathy is about to launch another plan, which if carried to the success which its proponents anticipate, will gain further prestige for the profession and be of great aid to the American Osteopathic Foundation.

This plan, which was approved by the leaders of the National Association at Seattle calls for a world health cruise in the name of Osteopathy and for the advancement of the Foundation.

On this cruise will be 400 patients recommended by their physicians and it is hoped to net \$100,000 for the purposes of endowment and research of the Foundation.

It is a plan that should appeal to the members of our Society and the readers of the magazine. Dr. S. V. Roebuck, is president and in active charge.

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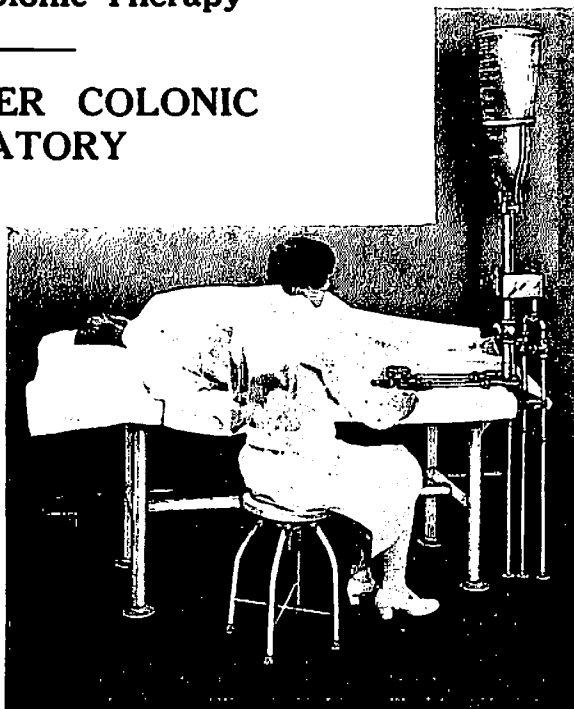
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