

**The College Journal**

**Kansas City College of Osteopathy and Surgery**

**Vol. 12 No. 5**

**May 1928**

Still National Osteopathic Museum ©

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# WANTED — 500 — PROSPECTS

Doctor:

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

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

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

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

Yours for Osteopathy,

KANSAS CITY COLLEGE OF  
OSTEOPATHY AND SURGERY.

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# The College Journal

Published Monthly by the  
Kansas City College of Osteopathy and Surgery  
2105 Independence Boulevard  
KANSAS CITY, MISSOURI

## The CATALOG and our ANNUAL ANNOUNCEMENT.

The next issue of The College Journal will be the 1928-1929 Annual Announcement. The Catalog is published separately. We want these two books in the hands of every prospective student. Practicians should be diligent in sending names of prospective students to the College. We cannot broadcast these issues to names collected at random. To do so entails expense without profitable results. The practician, who personally contacts these young men and young women can and should develop an initial interest. Create a desire on the part of the individual for osteopathic literature. It will then meet with interested reception and be given more than cursory attention. The College Catalog should be in every osteopathic office. If you have mislaid yours or given it away, we will gladly send another or as many as you can use, on request.

KANSAS CITY COLLEGE OF OSTEOPATHY AND  
SURGERY

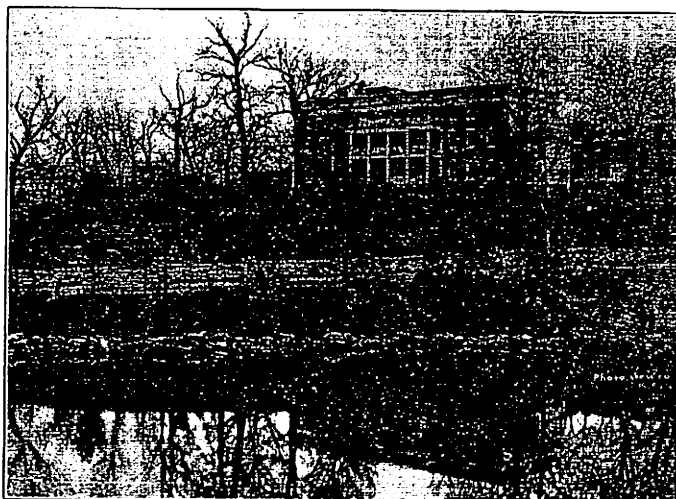
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## THE LAKESIDE HOSPITAL

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2801 Flora Avenue

Kansas City, Missouri

# THE COLLEGE JOURNAL

Published Monthly by the

KANSAS CITY COLLEGE  
OF OSTEOPATHY AND SURGERY

2105 Independence Avenue

Kansas City, Missouri

## DR. KAISER ENTERS FIELD WORK



Dr. A. A. Kaiser

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

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

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

## MANAGEMENT OF THE PUERPERIUM

Margaret Jones, D.O.

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

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

1. *General Care.* As soon as the delivery is over and the vulva is covered with a sterile pad she should be cleaned up quickly and gotten ready for rest and sleep. Her well ventilated room should be slightly darkened for a few hours and company should be restricted for several days to short visits by agreeable members of the family. Bathing and other means of sanitation and comfort should be employed to make the patient happy. Another consideration to be given the patient is that she receive her share of all the attendant's attentions. Mayhans the baby's receiving all the consideration may actuate within the mother nervous upsets that range all the way from temporary unhappiness to permanent psychoses.

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

3. *Douches.* Use only pitcher douche over the vulva. These are best of 1-2000 bichloride of mercury or lysol .5% solution. The vaginal douche is very seldom used any more and then only when internal interference is strongly indicated, e.g., post-par-

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douche, etc., had been exhaustively tried.

7. *Binder.* This is an article which provokes unnecessary debate. The binder is not worthy of the attention it receives. Its use is justifiable because of the comfort it gives the patient, but in itself it does not and cannot hold the womb in contraction. Probably a roll of towel snugged in above the fundus slightly moved by the patient's shiftings acts somewhat as a mechanical stimulation to the womb. However no external application can prevent the womb's ballooning and hemorrhaging if cause for such anomaly exists in the womb.

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

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

10. *Physician's Visits.* These all important calls should be made on approximately the first, second, third, sixth and ninth days, unless a capable

nurse can give frequent satisfactory reports which may lessen the number of visits somewhat.

The object of these visits should be to determine pulse, temperature, respiration, condition of vulva, involution of uterus by palpating the fundus externally. The fundus should be an inch superior to the navel at the end of twenty-four hours, when the bladder is empty; and it should descend in the abdomen one finger's breadth daily until it disappears under the pubes about the tenth day.

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

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

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

13. *Post Delivery Examination.* Eight weeks after delivery at which time involution should be complete, the patient should report for a final examination at the doctor's office. Her condition should be thoroughly studied and fully explained to her.

## THE PHILOSOPHY OF OSTEOPATHY

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### LIFE'S FIVE ESSENTIALS

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

Simplicity is the keynote of natural economy. No matter how intricate finished forms may seem to be, their fabrication is in every instance accomplished from a few simple elements. The complexities of biologic specializations, baffling in their maturity and infinite in their functioning, have been built up in every instance from an extremely limited chemical constituency. Indeed, the es-

entials of biology as they occur in nature bear witness to the fact that the hand of an omnipotent Creator has directly fashioned a limitless variety of living forms from an astoundingly incomplex group of single elements.

Nowhere is this analogy more appropos than in connection with the fundamentals underlying natural health. In fact, the intimations thereof emphasize in every instance the utter

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simplicity of nature's requirements. Only man in his perversity and arrogant desire to overwhelm and outdo his God and in his presumption to unwarranted faculties has read into nature's scheme implications which have no place there and complications which do not normally exist. Indeed, much of his misery and all of his physical dissatisfaction have their origin in his innate propensity to interfere and to meddle with the biologic program under which nature operates.

There are just five essential requirements necessary to normal human life. These requirements are in every case simple and their relationship, one to the other, is perfectly balanced. They are: adequate adjustment, a normal supply of natural food, prompt and thorough elimination, a sufficient amount of stimulatory exercise and proportionate rest. Herein reside all of the elementals of natural health. There is nothing to be added to the list and nothing to be taken away from it.

Osteopathic philosophy insists first upon the complete adjustment of the body machine. This insistence is due to the fact that all of the living manifestations produced, carried on and expressed by and within the human animal are predicated directly upon the physical integrity of the mechanism which produces them. This is to say: inasmuch as all physiologic and all psychologic phenomena come into being and operate within, by, through, and upon the human organism—in a word, since they are in every sense products of that organism, they can be and can remain normal only insofar as the machine which produces them is normal and continues to.

Adjustment, then, of the physical states of the human body is of paramount importance as an essential and a primary requirement of untrammelled life. In preceding sections the connections between the physical functioning of the body machine and the normal inception and expression of the physiologic and psychologic phenomena which transpire within that machine have been thoroughly and consistently discussed. It is sufficient to say herein that because the human nervous system registers all afferent stimuli upon which all efferent responses depend, and because the osteopathic lesion interferes with the transmission of such stimuli, that the adjustment of such lesions is the first

indication in any program which has as its objective the restoration of normal health and its uninterrupted maintenance. Indeed, adjustment is the one agency which makes possible the normal expression of natural life in any human body. It is the one instrument with which the true physician works. It is the chief tool of rational medicine and the only effectual weapon in the successful conquest of disease. It carries through into all of the other essentials enumerated with it and its implications are to be found in every normal department in biology.

The osteopathic physician seeks to adjust every part of every body machine to which he ministers and thereby to secure and to maintain the requisite correlation of parts which is absolutely essential to the successful continuation of the operation of those body machines. He is concerned in the first instance with physical balance for he knows that only as the mechanism is balanced and remains so can he hope to bring about physiologic and psychologic balance and thereby to secure and to insure unadulterated health in every department of being.

When mechanical adjustment has been provided, he takes next the principle of adjustment and applies it to the sources and services of biogenetic supply. This he accomplishes through an intelligent and an individual ordering of diet.

In the consideration of the problems of diet he must bear in mind the inescapable fact that every human organism is a law unto itself first; next, that the physiologic economy of every organism requires individual adaptations in all matters of biochemical supply; and finally, that only natural foods are suitable for natural bodies.

The great difficulty a modern physician faces in this connection is the almost universal practice on the part of food purveyors of denaturing and unnaturally refining the foods they provide for human consumption to a point of a complete metamorphosis of those foods into substances which are in every way unsuitable to the requirements of life-sustenance.

It is important then to remember always that natural food, unchanged by refining or oxidation, is absolutely essential to normal biochemistry; and that the more nearly a diet is confined to food stuffs which are unaltered by processing or cooking the

more surely they are to provide the elementals of replenishment. This is to say: nature has synthesized in her own laboratories all of the chemicals by which tissues and fluids are renewed; and, that any further modification or adaptation that is required can only be secured by physiological treatment of those foodstuffs by the parenchymatous tissues of the body to which they are supplied.

Elimination comes next in the list of essentials for the reason that a mechanism must be promptly and thoroughly rid of all debris incident to its operation if it is to continue properly functionate. Here, again, the idea of adjustment applies for the normal chemical concentrations of the circulatory media by which the essential chemicals are carried in proper combinations to the tissues which require them can only be secured as the catabolic products incident to downward metabolism are promptly ejected from those fluids. Toxic adulteration of the blood, lymph, and cerebro-spinal circulations destroys biochemical balance therein. Thus, if the toxins of catabolism are permitted to remain therein, those fluids become unnatural, unwholesome and unsuitable to the maintenance of normal life.

Prompt elimination by way of the bowels, kidneys, lungs and skin is indispensable to health. It is secured by the adjustment of the nervous mechanisms under which those emunctories operate and by the insistence upon a vigilant program of activities on the part of each of them.

It is this writer's belief that of all of the indications in therapeutics and prophylaxis today, that having to do with the adjustment of elimination is equally important with that having to do with the adjustment of body mechanisms. This position is taken because of the propensity on the part of human beings to neglect this important requirement and thereby to pile up within the modern body an excess of erosive acid elements which undermine all of the health defenses erected by nature for the protection of that body. Indeed, acidosis and the osteopathic lesion constitute the arch enemies of normal biology today.

Inasmuch as each of the emunctories is charged within the disposal of certain types of acid waste and since there can be little or no substitution of function on the part of one eliminatory system for another, it is highly important that bowels,

kidneys, lungs and skin function and continue to function completely; for if one fails, virtually all of the catabolic debris normally disposed of by it is thrown back into the circulatory systems of the body and by increasing the Hydrogen-ion concentration of those fluid media constantly emphasizes and increases the state of acidosis created thereby and persistently erodes every living tissue.

The chief agent in the maintenance of normal elimination is adequate and balanced exercise. This is so because emunctory stimulation has its inception in physical activity. This is to say without exercise of the organism the bowels cannot move sufficiently, nor can the kidneys thrown down urine in adequate quantities, nor can the lungs eject carbon dioxide wholly, nor can the skin throw off sudoriferous acids adequately.

As a matter of fact, exercise of muscles, joints, and brain provides the only natural types of stimulation from which may be derived the efferent responses upon which are predicated all parenchymal activity.

Stasis is the antithesis of biologic motion. Physical inactivity is the prime progenitor of physiologic and psychologic inactivity. Parenchymal ineffectuality in every instance has its beginnings in physical stasis. Therefore, if the movements and rhythms of life are to be maintained in their natural order and at their normal rates, the machine within which they transpire must continually be stimulated by natural exercise to a point compatible with their initiation and maintenance.

Finally, rest enters the equation. As has been pointed out heretofore, all life is rhythmic. Periods of activity are in every instance followed by periods of rest. These rest periods are required in order that cell metabolism may be accomplished thoroughly. Tissue rebuilding and repair cannot be carried out except the cells upon which they operate be resting. For this reason, physiologic inactivity sufficient to permit a constructive substitution for those chemicals outworn must be provided otherwise the processes of bio-chemical adjustment cannot operate adequately or fully.

Rest is likewise subject to adjustment and must be ordered on the indications of individual requirement. No two individuals require exactly the same amount or quantity of rest. How much and how often rest periods are

indicated depend upon the particular necessities in every case. It is only possible, therefore, to indicate in this connection the fact that adequate rest is an essential to life and must be taken into account in any therapeutic or prophylactic program.

Despite the countless elaborate formulae and programs which have been propounded and practiced from Hippocrates until now, the only successful regimen in medicine is predicated upon the consideration of the five essentials herein discussed: adjustment, natural diet, thorough elimination, adequate exercise and sufficient rest. The sooner the practitioners of medicine or whatever designation learn that nature works best when not interfered with, the sooner the positive conquest of the disease will begin and mankind be vouchsafed an entry into the abundant life.

And so the conclusion is as the beginning, that simplicity is the keynote of natural medicine: a simplicity which takes into account the few requirements of biogenesis and which insures the provision and correlation of those requirements throughout.

#### WE LIMIT CLASSES.

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

This College has never had a hope—nor any desire—to become the largest school of Osteopathy in the country. Nor the second largest. Nor the third. In fact, until a few years ago, no thought was given to size in our general plan. However, several years ago we set a limit to the number we would accept—a number in keeping with the plan as then established without consideration of what attendance other schools might strive for. In round numbers two hundred students was decided upon as being the maximum

attendance permissible, two-thirds of the possible capacity—with the determination to make quality the standard instead of number.

Professional schools are as definitely bound by pedagogical laws as are other institutions. In publicly controlled schools, classes are limited in size to numbers which experience and study has found proper and expedient for best educational results. True, large schools can and do meet this fact by enlarging facilities and increasing the teaching force commensurately. But, as stated before, that part of our program has been completed and we choose to limit the enrollment to a number which does not contemplate further enlargement of the present quarters and to a number which can be taught osteopathy in accord with best teaching knowledge and experience. We have not as yet reached the appointed maximum of 200 students but the growth of the past few years indicates that the point of maximum attendance will soon be reached.

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

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

The graduation services were held the following evening. The Class preceded by the speakers marched in and took their seats on the stage which was beautifully decorated with ferns, palms and flowers.

After the invocation by Rev. A. B. Coffman of Liberty, Missouri, the Glee Club and quartet of the college favored with two selections which were well received. Dr. George J. Conley, President of the College in his introduction of the speaker stressed the fact that no introduction should be needed and forthwith presented

Dr. John H. Styles of the College faculty who had been selected by the Senior Class to deliver their Doctorate Address. Dr. Styles came to the college as instructor the same year that the present class entered as freshmen and this is an interesting factor and has served as a bond of friendship throughout the past four years.

The Doctorate Address, "In His Name," as delivered by Dr. Styles, stressed a number of the cardinal virtues requisite to success as an osteopathic physician. Using the letters of Dr. Still's name, the virtues suggested by each letter were developed as only one imbued by Dr. Still's ideals could develop them.

After the singing of "Hail! K. C. C. O. S.," the college song, by the Glee Club, the class was presented to President Conley, who then conferred upon

them the degree, Doctor of Osteopathy, and presented to each the diploma of the Kansas City College of Osteopathy and Surgery.

The class roll included:

John P. Munro, Kansas City, Mo., President.

Arden M. Price, Kansas City, Mo., Vice-President.

Theodora Wright, Clay Center, Kansas, Secretary-Treasurer.

Vera M. deFernando, Honolulu, T.H.

Thomas F. Fay, Tulsa, Oklahoma.

Donley E. Gates, Clay Center Kansas.

Myron C. Jackson, South Bend, Indiana.

Jesse G. Jewett, Platte City, Mo.

Joseph A. Marina, Greenfield, Mass.

George M. Richardson, Kansas City, Mo.

## OSTEOPATHIC FACTS SIMPLY TOLD

D. M. Lewis, D.O.

### ENERVATION

Reduced or lost function is always preceded by enervation. This is a principle of physiology that has been recognized in medicine for a long time. It has been one of the main principles upon which the practice of osteopathy rests. It is the one principle taken from osteopathy that was made the "discovery" of chiropractic.

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

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

We osteopaths have tried to explain this difference in the symptoms of enervation caused by mechanical inter-

ference with the nerve trunk, by claiming that the pressure was exerted by soft tissues which did not so severely compress the nerve trunk, but that did compress the more yielding vessels that carry the fluids for the supply of metabolism in the nerve.

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

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

But the schools of osteopathic medicine have outgrown the time when the course of instruction was too short and the entrance requirements were too low to enable the student to become acquainted with the basic sciences, anatomy, physiology and chemistry.

The student no longer accepts with-

out qualification the statement that "structure determines function." He is not content to view the human body as a mechanical machine, without due regard to the chemistry of metabolism and of the endocrins bodies. He does not feel obliged to make of osteopathy a system of therapy that must contradict and disprove everything that was taught by the older schools of medicine. Not being bound to the traditions of medicine, neither is the osteopath bound to refute everything of the past.

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

Over seventy-five years ago an old Scotch physician named Kirk, announced the fact that the physiological processes of the body fail to perform their normal functions properly when the body is, for some cause or another, in a state of enervation. He gave for an example, flatulence; concerning which he wrote: "We wish to point out that there is a vital energy which, when brought sufficiently to bear on good food, secures the changing into good blood; without a sufficient supply of this, the best possible food will change into one form or another in which it is an evil to be gotten rid of instead of an element of good in the body. If there is anything which can in any degree account for the failure of this vital action in the stomach especially, we should consider that in the first instance in looking for a cure. There may be an undue exertion of brain or of the spinal nerves, leading to a draining off of energy, such as is too great for their healthful operation. Whatever it be which suggests that this vital force is lessened on account of it, that if it be possible should be remedied."

We know that what is true with regard to function of the stomach, is also true of the function of every organ of the body. We know that the stomach is a very sympathetic organ and is therefore one of the first to be affected as a result of enervation. But even before we are conscious of lowered function in the digestive tube, there is a lessened activity upon the part of those organs that have to do with the taking care of the waste products of metabolism. As soon as these organs become functionally below normal, the toxins of cata-

bolism begin to increase in the fluids of the body, and a condition of toxemia, acidosis or toxicosis, is begun.

In other articles appearing in the College Journal, Dr. Styles and the writer have explained how this toxic condition of the body is the fertile soil in which all diseases develop. The simple catarrhal conditions are merely eliminative processes, whereby the secretory tissues are enlisted for the purpose of excretion to get rid of the toxins. Infections are merely this same condition upon which is imposed the added circumstance of bacteria, which are able to thrive in toxin-laden tissues.

Through the dysfunction of an organ, a stimulus is carried to the nerve centers and from them to associated tissues. As explained according to the laws of Hilton and Head, an actual structural change occurs in the joints between the vertebra that are supplied by nerves in relation to the nerve centers stimulated by the dysfunctioning organs.

Here we have the exception to the rule, and we see that function now determines structure. In fact Dr. Styles has gone on record as believing that "none of the symptoms known to medical science—including the osteopathic lesion which in its beginning is purely a result, never a cause—can find inception—until first they shall have been called into active being by such means." He refers to toxicosis as the means, and of course he excepts traumatic lesions.

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

But when the causes that produce enervation and lost function in organs are of such sudden nature, or of prolonged duration as to throw out of balance the recuperative powers within the body, the removal of the cause is not sufficient to restore normal function again. The structural effects do not so easily become restored to normal. Repeated reflexes resulting in structural effects at the same location, before the structure has been able to adjust itself automatically, result in chronic lesions.

At this point, then, the law which states that structure determines function becomes true. Until the osteopathic lesion in the spinal joint is mechanically adjusted, the dysfunctioning organs related nervously to it, cannot be normal. At this point also the human body functions as a truly mechanical machine, the mechanical derangement resulting in faulty chemical reactions in the organic tissues.

The causes of enervation are multiple. Seldom does any one cause suffice to bring on toxemia. Usually it is the addition of a new factor in the cause or a sudden increase in the extent of the present causes, that brings on the lost function.

Stimulations of every kind result in enervation. The mere effort of keeping alive, uses up nervous force. Rest, food and sunshine are essential to supply the nervous force that is constantly being used up.

Fear, worry, anger, disappointment, jealousy, loss of sleep, exposure to cold or excessive heat, over exertion, fatigue, lack of exercise, wrong eating habits, and many other things, all contribute to cause enervation. These things may all be a part of one's daily life and yet enervation may not develop until suddenly an additional agency in the form of grief over the loss of a dear one, may produce enervation which is followed by toxemia and illness.

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

The removal as far as possible of these causes of enervation is not peculiar to osteopathy. It is foolish to call such removal osteopathic adjustment. The application of the adjective osteopathic to surgery, diet, rest, exercise, correction of habits of thought and environment, is no more reasonable than to apply the term to baths, enemas and gargles.

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

You might argue that there is a difference; that the osteopath has a different purpose and end in view

when he prepares a diet. Then it is also true that when an osteopath advises the use of an enema he has a different idea about what the purpose is, from that in the mind of any drug doctor. When an osteopath advises the use of a gargle he intends that the solution used shall affect the mucous membranes to relieve the symptoms, whereas the drug doctor uses solutions that he expects to destroy the germs. But do we speak of osteopathic gargles?

The Osteopath does surgery with a different purpose in mind than would a drug doctor in doing the same operation. The osteopath expects to leave as much for Nature to correct following the surgery as he can safely do. The allopath removes everything he sees that does not look perfectly healthy and that will not result disasterously. But should we speak of Osteopathic Surgery and Allopathic Surgery?

There is a branch of medicine that is osteopathic. There is a viewpoint of cause and effect that is osteopathic. There is a structural lesion not recognized by any other school of medicine, that is the result of enervation and toxemia, but that becomes a primary cause of prolonged ill-health. This is the osteopathic lesion. The correction of this bony lesion is an art that has been developed by osteopathic physicians, which is truly osteopathic adjustment. It is this service that Osteopathy renders to the public, that makes osteopathy different from every other branch of the school of medicine whether it be allopathic, homeopathic, eclectic, or whether it be the services rendered by physicians who follow no particular school and who have discarded the use of drugs.

There are but these things Osteopathic, namely: Osteopathic School of Medicine; Osteopathic Physician; Osteopathic Lesion; Osteopathic Correction of the Lesion; and the Osteopathic Viewpoint regarding the science of Medicine. All other things relating to therapy are just things medical and are common to all, or are peculiar to some school that is not Osteopathic.

Remember your own griefs, but only in order that you may sympathize with others in theirs.

It is impossible to help oneself very much by hampering or hindering someone else.

## Safe-guarding the Patient in the Operating Room

George J. Conley, D.O.

Surgeon-in-Chief, The Lakeside Hospital

The rigid, inexorable discipline demanded by the standard technique of the modern operating room is designed primarily and exclusively for the protection of the patient. It is the outgrowth of years of patient, painstaking effort, of meticulous care and attention to detail, of orthodox observance of the ritual of asepsis and of carefully coordinated team work on the part of the operating room unit. From the moment the patient enters the operating room until the final touch to the bandages, his interests are paramount. All else is subservient to that end. Everything moves in a well ordered way to minimize the dangers attending the operation.

The amount of anaesthetic given should be the least in quantity consistent with adequate anaesthesia. The patient must be put under quickly and with the minimal amount of struggling for muscular exertion or nervous excitement, not only entails the maximum amount of anaesthetic to overcome it but at the same time causes an abnormal amount of waste material to be precipitated suddenly into the general circulation. This is harmful to the patient and predisposes to dangerous post-anaesthetic conditions. Again the extreme exhibition of the anaesthetic causes destruction of a certain amount of the essential cells of the liver, kidneys, adrenal glands, and the cells of Purkinje in the brain. Fright and extreme pain will bring about a similar result. To prevent these detrimental results the patient must come to the operating table tranquil in mind, oblivious to the fear inspiring surroundings and must submit easily and quietly to the influence of the anaesthetic. Thus it becomes evident that there is something more to an anaesthesia than the pouring on of the anaesthetic. It follows that it must be administered by one skilled in its use, accustomed to its vagaries, and familiar with the reaction of the nervous system to operative work upon the various structures of the body, nursing or pushing the anaesthesia accordingly. A strange anaesthetist, no matter how competent, is in the nature of a hazard to the surgeon for the conscientious operator automatically will keep an eye upon him. It will divide his attention and prevent his complete

concentration upon the work he has to do. An incompetent anaesthetist or one who administers it occasionally wrecks the morale of the operator. It is a most distressing experience to be in the midst of a serious operation to find that the patient has gone bad from the anaesthetic with the prospect of being unable to proceed further; or it may be the surgeon must leave his work and assume the responsibility of resuscitating the patient.

Personally, were I to undergo an operation necessitating a general anaesthetic, the credentials of the anaesthetist would occupy my first attention. The surgeon has a chance to correct his mistake, whereas the mistake on the part of the anaesthetist would in all probability remain uncorrected. Confidence and an abiding faith in the ability of the anaesthetist is an absolute essential to the smooth functioning of the surgical unit.

Obviously the surgeon needs assistance in the actual work of the operation. Many operations might be performed single handed, which, theoretically, would minimize the danger of infection, for the more hands contacting a wound the chances of infection are correspondingly increased. Practically, however these additional hands, be they well trained, add no material increase in hazard to the patient. On the other hand the minimizing of the time consumed in the operation, plus the reduction in the amount of anaesthetic taken by the patient, is a distinct advantage. Team work is an important factor in any kind of work and it is just as necessary, more so perhaps in a surgical operation, as it is in manufacture of automobiles. The assistants are there to lend their hands, their eyes, and their brains to the operator. They must learn the various steps in the different operations perfectly; they must know just what follows a given move on the part of the surgeon; in other conditions they must anticipate his wants, play up to his work so that one step follows another in a well ordered, efficient manner, without waiting and without definite instruction. Not only this but there must be coordination and understanding between the assistants. Each must know what he is to do and when he is to do it to the end that the surgeon may not

be impeded in the least in his work. If one is slow, or fails to understand, or if he "foozles" his play, the whole procedure is slowed or disrupted.

The surgeon must have confidence in his assistants. He must be absolutely sure that they have developed the "aseptic conscience." He must know that they will be thorough in the preliminary scrubbing up process. He must be certain that once clean they will remain so no matter what may happen. For example, a surgeon was sitting on a stool while working on a case. Some step in the operation necessitated the standing position momentarily. The roustabout nurse thinking he was done with it, set it back out of the road, saying nothing to the surgeon. He, having finished the move calling for the standing position, resumed his seat in blissful ignorance of the change. The result was obvious. He went down onto the tile operating room floor. Anyone who has had the practical joke of pulling the chair from under him as he is sitting down knows just what a nasty fall results. The surgeon took the fall but kept his hands from contamination. This of course was an unusually severe test. Where one has not had the idea of surgical cleanliness developed to the point that it is automatic, second nature so to speak, he little realizes the difficulty of preventing contamination of the hands. I have seen the neophyte carefully scrub his hands preparatory to assisting in the operation and, upon entering the operating room to find himself in the presence of two or more nurses, automatically begin to smooth his hair with his hands, so that he might look his prettiest, totally oblivious of the fact that an operation was impending and that hands in the condition of his would probably carry death to the patient.

Again the untrained will suddenly spring to the assistance of the nurse who perhaps has dropped something on the floor and is stooping to pick it up. His inborn, conventional politeness shoves into the background all his ideas (if he had any) of asepsis. The worst of it all is, if they are not caught in the act and made to scrub over again, no one is the wiser until the damage is done and serious trouble has become manifest.

A strange assistant at once becomes an unknown hazard to the success of the operation. His advent automatically adds a mental handicap to the surgeon and divides his attention. He

will keep one eye, figuratively speaking, on the stranger to anticipate and to prevent an infraction upon the aseptic technique. He disrupts the team work, slows the speed of the operative maneuvers which prolongs the time the patient is on the table, thereby adding to the chances against the patient.

Lastly, it prevents the efficiency, the smoothness, the workman-like aspect that make for the beauty of a surgical operation and which commands the attention and respect from the onlooker, professional or layman.

The surgical nurse must not be forgotten. She is first on the scene and the last to leave. She must attend to her part of the ritual, coordinating exactly with the surgeon and his assistants. She too must know the technique, the steps of the operation, the needles used, the size of the catgut required, the instrument the surgeon will need and use next. It must be handed him so that he may grasp it in the position in which he is to use it. No one but the surgeon knows the joy of putting out the hand without withdrawing his eyes from the field of operation and feel the instrument needed placed in his hand in the position to be used, all without a word of instruction. All of these little things the trained surgical nurse does and it all helps to clip the fractional parts of seconds off from the time of the operation. The aggregate of time saved is very considerable. One, with a trained crew, can cut in half the time of a given operation over that with green assistants. Not only that, but the wear and tear on the nervous system of the surgeon is reduced to the minimum. He is conscious of a feeling of joy and satisfaction over a job well done, that makes for the safety and well being of the patient, who deliberately puts his life in his keeping.

It takes years to train an operating room unit to that nicety of action that moves with the well-ordered smoothness and efficiency, so beautiful to behold, and so satisfactory to contemplate. It cannot be done if one changes assistants daily, weekly or yearly even.

Osteopathy and osteopathic specialists are judged more critically and severely by the laity, than are those from the dominant school, hence it behooves them to maintain the highest possible standard of technique and operating room efficiency. They must leave no flaw in their work that is



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

Surgery is not learned by assisting occasionally in an operation. It cannot be mastered in a lifetime in such a manner. To become competent the

aspirant should take service under a successful surgeon as an assistant and should thoroughly familiarize himself with all its varying aspects; examination and diagnosis, x-ray and laboratory, recommendations, prognosis, indications for operation, contra-indications, how to correct them, preparatory treatment, operative technique, surgical pathology, post-operative care, etc. This will take years. The operating room episode is but one phase of a great big subject. If one has no desire to become a practicing surgeon then he can get as much information by close observation as a spectator and will engender no handicap to the patient thereby.

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

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

#### OSTEOPATHIC LYING-IN ASSOCIATION

Annie G. Hedges, D.O.

Dr. Margaret Jones who is in charge of the Obstretical department of the Kansas City College of Osteopathy and Surgery, provided us with a special educational feature during April; the Wertheim Obstretical film which gives, among other things views of the proper methods of examination, normal and abnormal deliveries including face and breech presentation, podalic versions and extraction, forcep deliveries, Ceasarean section, eclampsia, method of resuscitation, and many other valuable things.

Many doctors of greater Kansas City and surrounding towns, besides the students of K. C. C. O. S. and nurses from Lakeside Hospital took advantage of this unusual opportunity, which is only one of the many superior advantages to be obtained at the Kansas City College of Osteopathy and Surgery.

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



## MY LESSON

J. H. Styles, Jr., D.O.

Folks are all th' time complainin'  
'Bout th' way th' world is run;  
When it's bright they want th' shadows;  
When it's dark they want th' sun.

Ain't contented jes' to take things  
Like th' Good Lord hands 'em out:  
Allus wanted what they haven't  
An' a-knockin' what they got!

Funny, too, th' way they figure,  
For there's allus somethin' good  
In th' hardes' kind o' trouble  
When it's fully understood.

Seems to me it's faith we're needin'  
Faith that sees beyond today;  
Faith that knows that God's a-rulin'  
An' is runnin' things His way.

That's jes' it! I've learned my lesson!  
God don't want me buttin' in!  
He's been keepin' things a-runin'  
An' I'm satisfied He kin!

