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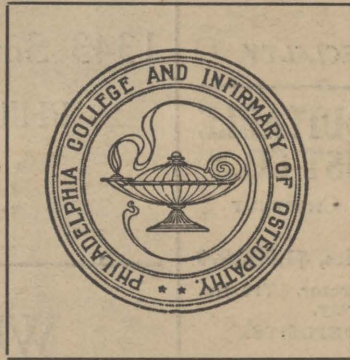
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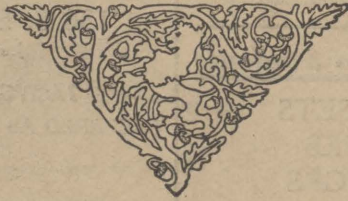
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The Osteopathic Lesion

By

EARLE S. WILLARD, D. O.

This is the first of a series of articles written specially for the "Philadelphia Journal of Osteopathy." In these articles, Dr. Willard discusses in an original and helpful way certain basic principles of our practice. The Kirksville "Journal of Osteopathy" says of his writings: "Dr. Willard has a remarkable grasp on osteopathic fundamentals and presents his views in a manner that is unrivalled." And we believe that the articles he is now writing for the "Philadelphia Journal of Osteopathy" are more important, from the practical standpoint, than any he has yet written.—Editor.

Success in Osteopathy, as time has unmistakably shown, depends largely upon one's ability to recognize and to remove osteopathic lesions. So it goes without saying that a more comprehensive knowledge of these peculiar tissue-perversions, discovered by our venerable founder, Dr. Andrew Taylor Still, must lead to greater success in treating disease. Let us, then, study the cause, the nature, the effect, the diagnosis, and the treatment of osteopathic lesions with the end in view of gaining an exact knowledge of the principles underlying osteopathic practice.

Definition of an Osteopathic Lesion.

At the outset, let us define an osteopathic lesion as a musculo-articular involvement that, first, disturbs the cir-

ulation, directly or indirectly, in neighboring spinal cord and ganglionic centers; second, implicates the reflex nervous system; and third, brings about organic overactivity or underactivity, or both. This definition gives us a general idea of the nature and effect of such lesions. The following classification suggests their causes.

Classification of Osteopathic Lesions.

I. Articular Lesions.

(A) Chronic Articular Lesions.

Chronic articular lesions, whether of long standing or of comparatively recent origin, may be grouped into four distinctive types, as follows:

Type One—Chronic Articular Idiopathic Lesions.

Type Two—Chronic Articular Reflex or Sympathetic Lesions.

Type Three—Chronic Articular Rheumatic or Gouty Lesions.

Type Four—Chronic Articular Traumatic Lesions.

(B) Acute Articular Lesions.

Acute articular, like chronic articular lesions, are classed according to cause, as follows:

Type One—Acute Articular Environmental Lesions.

Type Two—Acute Articular Reflexed or Sympathetic Lesions.

Type Three—Acute Articular Hemic Intoxication Lesions.

Type Four—Acute Articular Traumatic Lesions.

II. Muscular Lesions.

(A) Chronic Muscular Lesions.

Chronic muscular lesions do not present an accompanying *structural* involvement of the spinal joints.

As we shall explain later, joint function is always impaired whether the structural involvement occurs in the joint or in the muscles that normally move the joint. So we see that an osteopathic lesion of any nature whatsoever is a musculo-articular involvement. Thus, in qualifying the term lesion by prefixing the word muscular, we indicate that the seat of *structural* involvement is limited to the muscle.

Chronic muscular, like chronic articular lesions, may be grouped according to cause. They present four distinctive types, viz.:

Type One—Chronic Muscular Idiopathic Lesions.

Type Two—Chronic Muscular Reflex or Sympathetic Lesions.

Type Three—Chronic Muscular Rheumatic or Gouty Lesions.

Type Four—Chronic Muscular Traumatic Lesions.

(B) Acute Muscular Lesions.

In every acute infection, in every organic disturbance, and in every form of pain, acute muscular lesions of varying degrees of severity are found. Such lesions are named according to their cause, as follows:

Type One—Acute Muscular Environmental Lesions.

Type Two—Acute Muscular Reflexed or Sympathetic Lesions.

Type Three—Acute Muscular Hemic Intoxication Lesions.

Type Four—Acute Muscular Traumatic Lesions.

General Discussion.

The generally accepted definition of an osteopathic lesion is "any structural perversion which by pressure produces or maintains functional disorder."* This definition was written be-

fore the day of osteopathic research. So it could hardly be expected to state specifically what an osteopathic lesion really is.

As a matter of fact, an osteopathic lesion is not "any" structural perversion. Broken bones or dislocated shoulders although structural perversions, are in no sense osteopathic lesions. They are surgical lesions. Displaced viscera, while they cause not only local but also reflexed functional disorder, cannot be termed osteopathic lesions. That is, not without making the term so elastic that it suggests nothing distinctively osteopathic.

To-day osteopathy is a complete school of curative practice. To-day we practice surgery, gynecology, obstetrics, etc. But there is no reason or expedient for calling everything we lay our hands on an osteopathic lesion. On the contrary, it is unsafe to be vague or loose in describing Dr. Still's distinctive discoveries. Moreover, we invite criticism from the outside when we make sweeping statements that cannot be clearly understood.

Again, pressure is a matter of minor importance when setting forth the pernicious effects of an osteopathic lesion. The writer made this contention years ago,† and, the A. T. Still Research Institute, after scientific laboratory investigation found this contention to be true. An osteopathic lesion acts as an impediment to the onward movement of blood and lymph. It is the seat of hemic stagnation; and the stagnant blood is forced, through the action of gravity and the *vis a tergo* pressure of the blood stream, into neighboring nerve centers in the spinal cord and sympathetic ganglia.

We do not speak of a dam exerting pressure upon the column of water above it. The dam prevents the onward movement of the water. Neither does

*Hulett: "Principles of Osteopathy."

†Willard: "Journal of the A. O. A."

an osteopathic lesion press on the blood stream. It merely prevents its normal passage. And all established teachings of anatomy and physiology preclude the possibility of an osteopathic lesion exerting direct pressure upon nerves, excepting, of course, extreme traumatic lesions. But the latter forms of lesions are seldom met with in general practice.

As already stated, an osteopathic lesion is a musculo-articular involvement that interferes directly or indirectly with the centers of reflex nervous control. This is exactly what an osteopathic lesion is and what it does.

Some may here contend that a sacro-iliac lesion acts chiefly to displace the center of gravity, and thereby to displace the pelvic and abdominal viscera so that local and general blood flow is interfered with. This, we grant, is no doubt true. But such a condition is compensated for, and no symptoms of disease are noted, until the displaced structures cause "interference directly or indirectly" with certain centers of reflex nervous control. These centers, situated in the cord, are vaso-motor, trophic, etc.

What is said here with reference to sacro-iliac lesions will apply to lower lumbar lesions as well. In the cervical, dorsal and upper lumbar regions, the direct proximity of the spinal joints to the spinal cord centers is itself sufficient argument for the rationality of our definition.

At this point some may ask why an osteopathic lesion is a "musculo" as well as an "articular" perversion. "May it not be either one or the other?" is asked. In reply to this question the writer would refer the reader to his series of articles which appeared in the "American Osteopathic Journal in 1910." In these articles it was pointed out that the function of a muscle is movement. If movement is interfered with as a result of joint fixation, the

muscle itself suffers structural changes. It loses to a greater or lesser degree its tone; "and it is this normal muscular tone which aids powerfully in the propulsion of the blood and lymph." Thus, even in primary joint fixation, the attached muscles become the seat of real disturbance.

On the other hand, a primary muscular lesion immediately affects the joints to which it is attached, for a joint cannot move normally unless the muscles which move it are normal. And normal spinal joint movement aids in maintaining healthy circulation within the spinal cord centers. So we see that to be strictly accurate we must define an osteopathic lesion as a musculo-articular perversion. Even though the lesioned muscle is the only structural perversion present, the joint surfaces being non-adherent and freely lubricated, impaired articular movement is a condition that exists and must be recognized as an etiological factor.

So much for a general discussion. Let us now consider articular lesions with reference to cause, nature, effect, diagnosis, treatment, prognosis and clinical results obtained through correction of lesioned joints.

(To be continued in the next issue.)

Any one considering the study of Osteopathy should address Dr. Arthur M. Flack, Dean of the Philadelphia College of Osteopathy, for information relative to the necessary preliminary qualifications. In case there is a deficiency, the prospective student can be advised of it and suggestions made as to the most satisfactory manner of clearing it off.

Attention is called to the fact that a four-year high school course, or its equivalent, as judged by the Bureau of Professional Education of Pennsylvania is necessary in order to enter; one year of Physics, of Chemistry and of Biology being required.

Bacterio-Therapy in Diphtheria

By

DR. LAWRENCE J. KELLY

Bacterio-therapy during recent years has received much attention because of the wonderful results obtained by the use of antitoxins in the treatment of diphtheria and tetanus.

At first the specific microorganisms of these affections were believed to be the cause of their respective disorders. This was refuted later by researches showing that they were not due to the presence of the germs themselves but to chemical poisons. *Id est*, toxins and toxalbumins, elaborated by the specific bacteria growing on suitable soil, endogenously or exogenously.

That the normal healthy blood serum is naturally bactericidal is accepted without a doubt; that it possess this quality in varying degrees of efficiency and may even be powerful to prevent certain pathologic bacteria from lodging in the organism, thereby conferring "natural immunity" against a special disease upon the person so protected, and in some cases even upon a species. Therefore, it is logical to assume that unnatural, or "artificial immunity" may be temporarily established within individuals against certain diseases by repeated inoculations of specific bacteria or their products in gradually increasing degrees of virulence.

Prof. Emil Behring, of Berlin, in 1891 discovered that blood serum of an immune animal is curative and prophylactic against its particular disease, upon animals of the same, or different species. This discovery is said to be the result of logical reasoning and years of study. It is formulated under the title of "Behring's Law" as follows: "That the blood serum of an animal which has been artificially rendered

immune against a certain infectious disease, when injected into the body of another animal, has the power to protect the later individual against the same disease and to cure the disease after infection has occurred."

Antitoxin is blood serum said to possess the immunizing and curative properties. Antitoxin is better applied to the suppositious defensive proteids, or the chemical substances of antitoxin serum believed to be generated by the blood, or tissue cells, to protect the organism from foreign bacterial toxins. The natural antitoxins which exist in blood of naturally immune animals are termed "Alexins."

It is an established fact that slowly increasing artificial immunity is not a simple tolerance as expounded by Sternburg, but is due to the production of new defensive and antagonistic substances generated by the cells of the organism.

Theories deduced from these scientific facts are:

First.—As the pathogenic bacteria elaborate causative toxins of their respective diseases, so the cells of the body stimulated by these poisonous products immediately begin to create defensive antitoxins that will neutralize the effects of toxins if produced in sufficient quantity.

Second.—Residual antitoxins after recovery remaining in the blood confer transient immunity.

Third.—That the direct chemical neutralization of the toxins by the antitoxins, or the special influence exerted upon the living cells by the antitoxins are responsible for the immunizing and curative effects obtained.

Therefore the result of such hypotheses is the extensive employment of

bacterio-therapy. The decided reduction in the mortality rate of diphtheria has been instrumental in making investigators and has proselytized many.

Upon microscopic examination the diphtheritic membrane is covered with successive layers of fibrin, necrotic tissue, leucocytes, Klebs-Loeffler bacilli—the specific germ of diphtheria, together with many other microorganisms. The phenomena of diphtheria local and general is caused by poison produced by the Klebs-Loeffler bacilli. The toxin while harmless to the broken skin, is destructive to the mucous surface and underlying tissues at the point of infection. The fibrin forming elements escape through the wounded surface and participate in the formation of the diphtheritic membrane. The bacilli remain localized and are, per se, only slightly deleterious. Their toxins are absorbed by the lymphatics and are carried into the system. The reaction of the cells immediately begins but unfortunately there is a deficiency in the amount of antitoxin produced by the autoprotective mechanism. The balance between the toxins produced by bacilli growing locally and the antitoxins produced by the tissue determines the outcome of the disease. It is a lamentable fact that the amount of antitoxin so produced is insufficient to save the patient's life in many, or most cases. Animals are therefore utilized in producing the antitoxin and in transferring and giving increased immunity sufficient to overbalance and neutralize the toxin. The principle of immunity and resistance to disease developed in animals may be transferred to patients by the actual injection of animal serum, as antitoxin. The resistance of the patient is thereby augmented and the patient recovers.

The one generally accepted hypothesis explaining the production of diphtheria antitoxin and its protective action is Ehrlich's "side chain" theory.

He (Ehrlich) contends that the complicated proteid molecules in living matter contain many groups whose purpose, or function is to attract food substances into the molecules. When such a group combines with the toxin, the combination being injurious to the proteid molecules is thrown off. Similar groups produced to supply deficiency are likewise thrown off. The molecules in this manner acquiring power of group production, these groups being produced in excess of its demands. Some of these extra groups are contained in the blood stream and the serum having them is termed antitoxin. Their affinity for toxins and their power of rendering it harmless is the cause of the curative or immunizing value of diphtheria antitoxin.

The importance of this (diphtheria) antitoxin has been satisfactorily established by results obtained when used early in the case. It was first generally used in 1894. The consequent drop in the mortality rate was most remarkable. In 1896 the mortality rate was 12.3 per cent in 5,794 cases of diphtheria treated with antitoxin. In the same year Gerard showed that of 9,893 hospital cases only 18.3 per cent died, while in the same hospitals, under the same conditions and having the same treatment minus antitoxin, 44.3 per cent expired, proving beyond the shadow of a doubt that beneficial effects follow its use. This pronounced fall in the mortality rate should convince even the most skeptical of the merits of the antitoxin treatment.

In the preparation of diphtheria antitoxin, young healthy horses are preferred, although other animals may be and occasionally are employed. They are selected because they are usually free from diseases affecting man, are large and easily handled and always available. First, they are examined by competent veterinarians and are not accepted unless free from any commu-

nicable disease. This examination includes the mallein test for glanders and will reveal its presence even in its earliest stages. The animals are kept under strict observation for about two weeks before being transferred to the regular stables. Each horse then receives periodically a dose of tetanus antitoxin and is thereby immunized against tetanus. The stables must be thoroughly ventilated and drained and each horse is kept in a separate stall provided with individual food and water supply. A pure culture of the diphtheria bacilli now must be obtained. A sterile swab of cotton is brought in contact with the false membrane. It is then smeared on the surface of a special culture medium and culture thus made is placed in incubator for several hours. From this Klebs-Loeffler bacillus is isolated. For the preparation of toxin the germs are grown in peptone bouillon in flasks having an extensive air surface. After six or seven days at a temperature of 35-37 degrees C, the bouillon contains a large amount of powerful diphtheria toxin—the result of the metabolism of Klebs-Loeffler bacilli. Trikresol or a five per cent sol. of phenol is now used as a germicide to kill bacilli. Allow preparation to stand at least 24 hours and remove bacilli from bouillon by filtration. Before injecting the horse with the toxin the minimum lethal dose is established by inoculating a guinea pig of known weight with graduated quantities. The toxin is so potent that 0.002 c. c. is sufficient to kill a 250 grn. guinea pig within four days after inoculation. Its strength being determined it is ready for administration. The doses are injected subcutaneously. The initial dose is only a fraction of a c. c., gradually increasing doses every three to seven days. The animal's temperature and general health must be carefully noted. If a violent reaction occurs the dose must be lessened temporarily. When

the injection of large quantities of the toxin has been reached the horse will then have a productive period. After several months' treatment trial bleedings are made to determine the antitoxic strength of its blood serum. Probably 50,000 guinea pigs could be killed by the maximum dose in the process of immunizing a horse. One c. c. of the horse's blood serum will neutralize fatal doses of toxin that would kill 50,000 guinea pigs of 250 gms. each, if the immunization had been fairly successful. The animals do not contract diphtheria as the injections consist of toxins from which the killed bacilli have been removed and this disease can be conveyed by "living" bacteria only.

The operating room should be detached from the stable and similar to those of a modern hospital. The floors and walls are usually of cement. The room is cleaned with an antiseptic, before each operation, while the instruments, vessels and apparatus are sterilized by the most improved methods. The site of the operation is shaved and scrubbed in an adjoining room and the horse must be covered with a sheet saturated with a solution of bichloride of Hy.—1:1000. The operator and assistants wear sterilized clothing and as much care is exercised to protect the animal from infection as if it were human. If the serum obtained at trial bleeding is of regular strength, bleedings are begun. A trocar and canula is introduced into the jugular vein. Withdraw trocar and attach sterile rubber tube to canula. Allow blood to run into a sterile parchment covered jar containing a decalcifying agent to prevent clot formation. The corpuscles settle and the supernatant plasma is drawn off after removal to blood room. After the collection of plasma, it is kept at a uniform low temperature in a special refrigerating room. "Chemical" analysis of the antitoxin shows its constituents to be:

| | |
|-----------------|---------------------|
| 1. Proteids | 2. Inorganic Matter |
| Fibrinoglobulin | Sodium Chloride |
| Euglobin | Calcium salts |
| Pseudo-Globin | Potassium salts |
| Serum Albumin | Salts of other |
| Nucleo Proteid | metals |

Dosage.—In severe or neglected cases never administer less than 5,000-10,000 units. Give same dose to children as to adults. If no improvement, repeat in six hours and double the initial dose. If an especially prompt action is desired administer antitoxin intravenously, as it is absorbed rather slowly from the subcutaneous tissues and valu-

able time may be lost in a well developed case. To immunize persons who have been exposed a prophylactic dose of 1,000 units will suffice.

References.

Potter's *Materia Medica, Pharmacy and Therapeutics*, H. K. Mulford Co.

Ed. Note.—There is a difference of opinion among osteopathic physicians regarding the value of Bacterio-Therapy. This Journal accepts no responsibility for the views of its contributors.

An Osteopathic Profession of Faith

By

DR. RAYMOND W. BAILEY

So frequently, as Osteopaths, are we called upon to defend our position as to the efficacy of our science in its application to this or that condition, and quite as often are such queries met with timid evasions or complete indifference, that in my mind it has become a highly important issue to student and practitioner alike, to equip ourselves with the armor of our achievement and mighty truth, not alone to meet those who seek us and our truths, or to satisfy the curious in commanding their respect, but by making an earnest and searching effort to first inform ourselves, and through the adoption of intelligent measures of wide-spread publicity to carry this battle to the very heart of the vast multitude of the uninformed.

Not the least of the channels of information is the school journal, for it is direct, and in most instances reaches those whose minds are a hundred per cent fertile to its knowledge, and willing to enlist in such a campaign. Just so does it then devolve

upon the Journal to supply ready testimony and subtle argument alike to student, professor, practitioner and their friends, to meet this demand of the outsider. Hence it is my purpose to write a few items of such interest and merit from my experience as could be of value in fortifying your individual positions before general and public query.

Case reports are prosy and of general value in compiling statistics and of principal interest to the writer alone, he being surrounded with the personality and attractive features of his case. Hence it will profit us but little to use these columns in citing the details of cases that would be of interest only to the writer. Suffice it to recount the results of those cases in a general way, and bring out such incidents of special value as will "cinch" the argument in our favor finally if there remains a doubt in the minds of our reader.

From an experience of over nine years of active Osteopathic practice in general field work, I believe a fair estimate can be had as to "Why Os-

teopathy," whether the doubt arises with a prospective student, prospective graduate or prospective patient. The reason is identical in each of these instances, namely—the result.

To "arrive" properly, I will ask the reader to recount with me the results obtained in some maladies that we are frequently questioned about, by the eager and sometimes over eager layman. In the front rank of such questions is the one familiar—"How do you treat typhoid fever?" It is a long story at the best, however, see to it that your listener is impressed with an earnest and thoughtful answer, informing him of our thorough knowledge of this disease, assuring him that temperature, pulse, respiration and nutrition are all processes an osteopath can competently manage. Let it be known that osteopaths at present do not seek the acute diseases as a rule, though eminently fitted for such work. I have attended nine cases and assisted in numerous others and have had but a single fatality. This seems to be sufficient ground upon which to meet any questioner.

In anterior poliomyelitis, commonly known as infantile paralysis, out of a total of eight cases, three were cured, having had treatment from its beginning, cases running from nine months to two years. Four were greatly benefited and one case discontinued without apparent result after six weeks' treatment. This disease alone under competent and thoughtful osteopathic care will supply more good reasons why you should stand your ground and feel proud of your field of work than you will ever care to relate to a single listener.

In gastric and intestinal disorders, I believe we have a special title thereto. I have never seen any of the so-called curable gastric disorders that have not been successfully treated in osteopathic practice. I exclude cancer with cer-

tain other surgical disorders of the stomach. My own cases have been numerous beyond necessity of mention here.

Neuralgia? By this term I mean all of the neuralgias—facial, brachial, intercostal, dorsal, sacral, coccygeal, organic, (such as gastric, hepatic, intestinal, etc.) to say nothing of sciatic, lumbar, or special sense pains are as truly our field of work as common sense will allow. These pains are the direct manifestations of pressure and it is our duty and special training to locate such pressure in a slipped bone, or tightened ligament and release it. This thought defies any who are querulous or sceptical and you have got to find defence in putting it up to such persons direct. Your confidence will gain a friend where pain is the ground upon which you meet.

The life of our present schools, the profession, as well as the principles of osteopathy, are vitally dependent upon the instilling into the mind of each of its believers this necessity of carrying its message intelligently and with earnest conviction to our hearers. We cannot be content with being let alone by those of other beliefs, we must be ready to invade that vast territory of humanity's suffering who are now calling silently to us, and that until recently we have so frequently feared to recognize and claim as our own. Sufficient is this to awaken within us our individual duties and meet the challenge in lines to which we are pre-eminently fitted. Sufficient is this to supplant your misgivings or timidity with good courage and change our indifference to earnest effort. Sufficient is it to start each one of you upon a special mission to convert one person to this new thought and truth, to bring one student to your school or to silence one erring opinion that knocks at your door and mine.

809 Franklin Bank Bldg.

Differential Diagnosis Between Neurasthenia and Hysteria

DR. CHARLES J. MUTTART.

PROFESSOR OF DIAGNOSIS AND TECHNIQUE, AND OF NERVOUS DISEASES AT THE PHILADELPHIA COLLEGE OF OSTEOPATHY.

Neurasthenia and hysteria, like rheumatism, are very much overworked terms. While well defined cases of these closely associated neuroses are common enough, it has been noted by careful observers in recent years, that many cases so diagnosed formerly, are found upon more careful analysis to be in reality, other, and even more serious maladies.

A diagnosis of neurasthenia or hysteria should only be made after a careful elimination of all conditions presenting similar symptoms, as a whole or in part. Neurasthenia is often secondary to some other serious disease or may be the precursor of some organic affection.

Arteriosclerosis in a young subject may mislead us into a diagnosis of neurasthenia. In many persons the arteries wear out before their time, and with the beginning degeneration there are likely to be symptoms closely resembling neurasthenia. A study of the blood pressure, a careful palpation of the arteries, and an ophthalmoscopic examination of the retinal arteries, together with a complete history of the case will usually clear up the diagnosis.

Many men between thirty-five and forty will often complain of tired feelings in the morning, fatigue upon exertion, some stomach symptoms and headache. These might easily be ascribed to neurasthenia, but a urinalysis should be made in all such cases to eliminate developing Bright's Disease. If the specimen prove normal, the patient is that much more assured, in a condition where assurance counts for much.

Diabetes is another serious disease

which in the early stages closely resembles neurasthenia. These patients complain of lassitude, tiredness upon exertion, sudden muscular weakness while walking, and a sense of aversion for occupations which were before easy and pleasant. Here again a serious mistake may be made if care is not taken to discover the real cause of the symptoms.

Paresis begins with symptoms of neurasthenia, yet there are certain features which will serve to distinguish the two. The pupils are rigid in paresis, the mental state is hopeful, excited and optimistic, with lack of judgment, and the speech is tremulous and indistinct. None of these symptoms will be found in true neurasthenia.

A true case of neurasthenia is one in which there is exhaustion of the whole, or a specialized part of the nervous system, due to the over functioning of a normal nervous system, or the normal functioning of a hereditarily weak nervous system, or one weakened by such a disease as syphilis, or in which the recuperative power has been reduced by alcohol or other poisons. Spinal lesions play no small part in the production, and especially the maintenance of the neurasthenic condition and in every case a characteristic spinal condition exists as I pointed out in a previous paper on "The Neurasthenic Spine."

Upon whether the nervous exhaustion is local or general, depends the various types of neurasthenia known as psychic, or psychasthenia, spinal, sexual, gastro-intestinal and vasomotor neurasthenia. These may be found separately or combined in a given case.

(Continued on page 10.)

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A. O. A. PRESS BUREAU.

A national osteopathic press bureau, for the entire profession, both in and out of the national association, has been organized. It will take charge of all newspaper and magazine work all over the country, not displacing or replacing any present work, but co-operating with all for the best results for all. It will not only procure publication of all sorts of dignified osteopathic articles, but will enter into a sort of correspondence school work with any practitioners who want to be shown how to get the best publicity for themselves and for the profession. The press bureau is entirely separate from the other two publicity departments, but will co-operate with them in every way possible for the best results in making public their work through the newspapers. The bureau solicits suggestions, news clippings and cash contributions and offers any and every possible assistance to osteopaths either in or out of the association. Dr. R. Kendrick Smith has been appointed to take charge of this work and all correspondence should be directed to him at 19 Arlington Street, Boston. The bureau expects to receive as far in advance as possible the program of every state and

city meeting and the copy of any lectures or papers, or addresses given by osteopaths at any sort of gatherings.

Those who were present at the recent Kirksville convention know that publicity was the most talked of subject there. Never before has there been so much interest aroused in our profession over this great problem. This is, therefore, the logical time for action. It is the psychological moment. Therefore, it is up to the profession to back up the press bureau, co-operate with it and utilize it in every legitimate way for ethical publicity. It is only right and fair that we should take our proper place in the great newspaper records of the daily progress of the scientific and social world. The bureau cannot do it alone. The result depends largely upon the degree of support given by the profession. Write to Dr. Smith NOW.

Differential Diagnosis Between Neurasthenia and Hysteria.

(Continued from page 9.)

The various occupation neuroses are pure types of local neurasthenia.

Without going into the symptoms of these various types, with which you are all familiar, let it be said that the disturbances of function are those of irritable weakness, and are quantitative reduction of function, rather than complete loss of same as in hysteria.

Psychasthenia is distinguished from melancholia, which it closely resembles in some respects, by the fact that the psychasthenic fully realizes that his morbid fears and anxieties are groundless, but his powers of mental co-ordination are so far exhausted that he is unable to regain control over them. The neurasthenic blames everything, but his own errors, work or life for his condition, while the melancholic patient blames himself for some imaginary wrong doing; usually some wrong he thinks he has done some other person.

Every act of mind or body is attended with chemical and physical changes in the part of the nervous system controlling the act. These go on within physiological limits without harm, but continued beyond the power of recuperation, perverted function must result. The inherent strength of the cells and the state of their nutrition, determine the limit of their endurance.

Such is the state of the neurasthenic, hence the importance of getting a complete family and personal history, to determine whether we are dealing with a congenital nervous weakness, or an acquired nervous exhaustion due to long continued over activity. The prognosis depends much upon which of these factors is present in the etiology.

The hysterical patient is the child that has never grown up. A distinguishing feature between the two conditions is that the hysterical patient has not been quite normal from childhood; in other words, the brain has not developed adult characteristics; while neurasthenic symptoms develop only when the nervous system has been subjected to some unusual strain.

Starr describes the hysterical temperament so accurately that I shall take the liberty of quoting briefly from his statement:

"The hysterical temperament is manifested by an abnormally keen sensibility to all external impressions and sensations, and by a high grade of imaginative power, and by a susceptibility to suggestions—by variations of mood not due to apparent causes; by a lack of judgment; a manifest incapacity to exercise control over thought, emotion and action, and by a tendency to act upon sudden impulses."

Psychologists recognize this temperament as due to a defect in the mechanism through which mental and physical acts are harmonized. This mechanism is made up of the cortical centers and their association tracts.

In the hysterical person, a sensation which would be recognized as a slight touch, sound or light, in a normal person, would be almost too intense to be endured, (hysterical hyperaesthesia), or no sensation whatever may be perceived, (hysterical anaesthesia). Sensations normally perceived, may produce abnormal motor responses.

With the hysterical temperament is usually associated a highly sensitive emotional state. Things which should cause emotional states may bring no response, or things which should bring little or no response will awaken most intense reactions. A smile may be prolonged into a fit of laughter, or a slight depression may be prolonged into weeping, or these may alternate. There may be an inability to arrest some reflex bodily function; thus, coughing or swallowing once begun cannot be arrested. Flexion or extension of a limb may be kept up (hysterical tic), or the whole motor mechanism may be thrown into hysterical convulsions.

Hysterical anaesthesia is peculiar in that no pain is felt, while in organic cases some sensation can usually be aroused. It differs from anaesthesia due to peripheral neuritis in that its limits are sharply defined, while in neuritis it is found over the entire area supplied by the nerve.

Hysterical paralysis is peculiar in that it comes on suddenly and is a total paralysis. Organic paralysis which comes on suddenly is due to a lesion of the upper motor neuron, and is never a total paralysis.

In the hysterical type there is no increase of muscular tone as a rule, and no increase in tendon reflexes and no change in electrical excitability. Where the paralysis assumes the paraplegic form there is no involvement of the sphincters and there are no bed sores as in organic paralysis.

Sometimes the paralysis assumes the

form of contracture of some groups of muscles, the limb being constantly held in a rigid and peculiar position never seen in organic paralysis. There is no true ankle clonus, and the Babinski reflex is never present. This latter symptom is always present in organic spastic paralysis.

Astasia abasia is the rather spectacular name given to an extraordinary instability of the muscular system, which is said to be entirely hysterical.

Hysterical pain is distinctive in that it is not relieved by hypodermics of morphine. It is a mental pain purely and is relieved only by mental treatment.

Babinski defines hysteria as a psychological state rendering the patient capable of autosuggestion, and manifesting itself by primary and secondary symptoms. The characteristic of the primary symptoms is that it is possible to reproduce them by suggestion in certain persons, and to remove them only by means of persuasion. This is never the case with symptoms of organic disease.

Suggestion is an act by which one attempts to enforce upon another the acceptance of an idea in itself unreasonable. Persuasion is an act of enforcing the acceptance of an idea which is true.

If we accept this definition, hysteria is a purely mental malady under the control of psychic phenomena, suggestion, autosuggestion and persuasion; consequently, any treatment which does not include mental persuasion must certainly fail.

Neurasthenia or hysteria may be brought on or aggravated by over concentration of mind upon a part or function in which there has previously been some slight trouble. This has been most aptly termed "mental short circuiting," and is explained on the basis of the "summation of impulses." It is

of vital importance that the source of this primary irritation should be removed.

From the above description it must be clear that hysteria and neurasthenia are separate and distinct, and yet there are many borderline cases in which the symptoms overlap in such a manner that unless the distinctive features are kept clearly in mind confusion must necessarily result.

The most essential point in the diagnosis of both conditions is the elimination of all underlying organic lesions which might account for the symptoms. If such lesions be found, we are dealing with neither hysteria nor neurasthenia.

Next in importance is the history of the case. Heredity is more common in hysteria than neurasthenia.

The variability of the symptoms of hysteria will distinguish them from both organic disease and neurasthenia.

A long continued state of hysteria, by exhausting nerve energy may bring on neurasthenia, especially the psychic type.

Neurasthenia is a disease of the active period of adult life, while hysteria is found in all ages, and the hysterical temperament as described by Starr, may be seen even in young children; in fact, nearly all children show some of these characteristics, and it is only when the brain fails to develop properly that this peculiar crossing of wires is to be found in adult life.

A mistaken diagnosis of these two conditions, especially hysteria, is unfortunate for two reasons—first, as before stated, overlooking some serious organic disease; second, the adding of insult to injury, wherein a physician who has failed in a case shifts the responsibility upon the patient by making a diagnosis of hysteria, and stating that it could be overcome by the use of a little will power.

College Department

School Editor, J. C. Merriman.

Class 1914, Editors, { J. J. Stearne.
G. A. Gercke.

Class 1915, Editor, Tommaso Creatore.

Class 1916, Editor, W. B. Underwood.

Class 1917, Editor, C. B. Hoff.

Athletic Editor, T. Creatore.

Neuron Society Editor, H. V. Hillman.

SENIOR CLASS NOTES.

At a meeting of the senior class held recently, the following officers were elected:

President—Mrs. Leopold.

Vice-President—Miss Beale.

Treasurer—Mr. Wiggins.

Secretary—Mr. Eldon.

Class Editors— { Mr. Stearne.
Mr. Gercke.

The class has been reinforced by several new members; these have been graduated from other Osteopathic Colleges, (one from a medical college), and have come to our college for additional knowledge. Special mention may be made of one of these, namely, Dr. McHerron. Dr. McHerron, whose home is in Rochester, is totally blind, but still, he has attended for three years at the American School of Osteopathy, in Kirksville, Mo. He was graduated from that college the past June, and passed the Missouri State Board with honors. Doctor is one of the foremost members of the class.

PERSONALS.

We wonder if Wiggie "pulled one over" on us during the summer. What d'ye mean, "pulled one over"?—Congratulations, Wig.

By looking over the class officers, it can be plainly seen that the class is in favor of woman suffrage. Mrs. Leopold and Ted Beale are the two who converted us, and they didn't have

to go on a hunger strike, either. If Cardamone doesn't soon get wise, we shall all have to own bulls—Take a tip, Phil. Doctor Mulford was out gunning for deer and didn't see a one. There are lots of dears on Pine Street, Doctor, and you don't need a gun to get them either.

Dr. Allabach, if you have to sing, please don't choose dinner time as the hour for doing it, as we are hungry at this time.

Eldon said that he had been working during the summer, but he didn't tell us what he had been doing. We heard that he was a milliner in the arsenal, his duty being making caps for pistols.

The class as a whole extends their wishes to Dr. Meleski, for a speedy recovery. Dr. Meleski is suffering with typhoid fever, and is well on the way to recovery.

Dr. Thorburn is a busy man these days. He goes to and from New York each week. What's the idea, Doc.?

John J. Stearne,

George A. Gercke,

Editors.

JUNIOR CLASS NOTES.

College opened on 23rd of September and we were all glad to again take up our studies. We were pleased that all the members of the class have returned. At the first regular meeting, Mr. Groat was elected president for the scholastic year; Miss Allpeter was elected secretary and Miss Silver, treasurer. The Juniors want to thank the faculty for the very interesting roster. They especially enjoy the dispensary work and all told, we are getting a mighty interesting and practical course. We were very active in welcoming the freshmen as quite a number of our class are notables in Neuron affairs, also we were free in our fatherly advice. "Study hard, old man, the first year counts an awful lot." The Class

of 1915 have always been prominent in athletics, in social affairs and also in "Revolutions" but so far everything has been quiet and everyone seems to be devoting their time and energy to the class work.

Tommaso Creatore.

CLASS OF 1916—NOTES.

All the various members of the class of 1916 returned to college to take up their studies again with the exception of Mr. McQuown and Mr. Balian.

The vacation seemed to have done everyone a great deal of good, being care free and away from the ravages of daily study.

The members of the class spent their vacations in the following places:

Miss Berdice Flint, Bermar, N. J.
Miss Elizabeth Parsons, La Grange, Ind.

Mrs. Peebles, Northfield, Mass.
Miss Peebles, Northfield, Mass.
Miss Grace Shinn, Lakewood, N. J.
Miss Marguerite Stevens, Old Orchard, Me.

Miss Mae Wigham, Franklin, N. Y.
Miss Burnett, Southampton, N. Y.
Miss Gertrude Burgess, Asbury Park, N. J.

Mr. Earle S. Miller, Sunbury, Pa.
Mr. C. H. Heard, Hagerstown, Md.
Mr. Sherman B. Weston, Pitcairn, Pa.

Mr. C. J. W. Beal, Sodus Bay, N. Y.
Mr. Paul R. Thomas, Phila., Pa.
Mr. Wm. Dowd, Rome, N. Y.
Mr. J. H. Finley, Worcester, Mass.
Mr. L. S. Eunson, Muncie Island, N. Y.

Mr. W. B. Underwood, Touring New England and New York State.

At a class meeting held early in October, the following officers were elected to serve for this year:

Mr. L. S. Eunson, President.
Miss Gertrude Burgess, Vice-President.
Miss J. E. Burnett, Secretary.

Mr. Clarence J. Beal, Treasurer.

Notes on the Celebrities of 1916.

My dear Dr. Hamliss:

Would you kindly inform me whether Fahling's solution will reduce me, my present weight is—(goodness!! I don't dare tell you!!)

Awaiting an early reply, I am,

Very truly yours,
Marguerite Stevens.

Miller.—Now, Dr. Flack, in a bull a tumor is—

Dr. Flack (hastily).—I am not at all familiar with that condition, Mr. Miller.

Logic of Miss Burgess.

"Either it is a lesion or it is not a lesion. It is not a lesion, therefore it is a lesion."

Heard announces that he has just had a new hole bored in his clarinet, and will now astound the Neuron Society with a burst of melody unsurpassed in recent years.

P. S.—New hole signifies a new note.—Ed.

Miss Flint—"Champion Lady Test-tube Juggle." Practice on Friday, 9-11 A. M. Chorus in Bacteriology Laboratory—"Where, oh!! has bacillus gone?" Thanking you for your kind attention during the above discourse,

Ye Scribe.

FRESHMAN CLASS NOTES.

Through the pages of this Journal, the freshman class wishes to heartily thank the Iota Tau Sigma Fraternity for the interest and hospitality it has shown in making the freshmen feel at home in and out of college.

The officers, elected recently, of the freshman class are as follows: A bald-headed president, a pigeon-toed vice-president, a red-headed treasurer, a be-skirted nurse girl secretary, and a four-eyed sergeant-at-arms. On looking these over it seems we might have made

a few better selections from the rest of the class.

The class song adopted unanimously is entitled: "On the Trail of the Lonesome Freshwoman."

We are waiting for dissection to try this young woman's grit, although she is a trained nurse.

Thus far the freshman class has been highly respected by the gentle sophs. Hands Off, Sophs, we are strong and mighty compared with your few weaklings.

Would advise upper-classman who wrote the "poetry" posted on the bulletin board October 7th, to try journalism.

What made Sterret show up red when Prof. Merriman said hydrogen peroxide was used for bleaching? He was red right to the roots of his hair.

Lest some of us forget, and we have seen some rather fringy specimens in our class at times, showing a tendency either towards laziness, poverty or ambition, and try to outdo one another along these lines, John always has a razor he will gladly loan anyone on the strength of a promise that he will buy some bones during the year.

We hear that we are to have a dancing class under the personal supervision of Professor Tait.

We are all hoping Lippincott will uphold the reputation of his family in making outline notes.

Prof.—(to Ingersoll) — What is an atom?

Ingersoll.—I don't know.

We also wish to thank the Neuron Society for the reception tendered the freshman class. We certainly did have a good time, and hope this will be repeated during the year. We shall do all we can to help the good cause along.

ATHLETIC ASSOCIATION NOTES.

So far this term athletics are at a low ebb, but as soon as the fellows

get their bearings and get used to studying after the summer vacation, we expect to expend some of our energy in turning out a winning team in baseball and also a successful track team.

Dr. Charles Furey is the only athlete whose loss will be felt as the rest of the members of both track and baseball teams are back. In addition we have very promising material in the freshman class.

Patterson is a pitcher of some note; Boyd, Barr, Hoff, Ingersoll, Tate are all experienced ball players, and Barr, Lippincott, Boyd and some others, are likely looking track candidates.

For baseball we have the whole of last year's team as a nucleus and with the addition of the new material we certainly ought to win a majority of games. The management is arranging an interesting schedule which will be announced later.

In the track we have three of the men who ran in the Penn relay and brought home second place; they are Capt. Gibbs, Hess and Hillman, besides Dowd, Creatore and Thomas, who also did good work last season. We are going to have several interesting meets with the colleges around Philadelphia, also we will participate in the Penn relay. There is not a particle of doubt but that this college will come in in first place in this race.

We should get quite a number of points in the other meets for though we lack numbers compared to the other colleges, we have men who are versatile and will compete in several events, so we have a very favorable outlook. There has been some talk of the girls starting a tennis team to compete with Temple, Drexel and others. We know that there are quite a number of excellent players among the co-eds and it would be gratifying indeed to have the girls compete with other schools and win more victories for Osteopathy.

So, organize girls! We give to you our hearty support.

Tommaso Creatore, '15.

THE NEURON SOCIETY.

A business meeting of the society was held just before college closed for the summer vacation for the purpose of electing officers for the ensuing year and the transaction of regular business. The constitution was amended making provision that the president was to be elected from the Junior Class instead of the Sophomore as heretofore. The following officers were elected:

- Mr. Herbert D. Hillman, President.
- Miss Marguerite E. Stevens, Vice-President.
- Mr. L. S. Eunson, Treasurer.
- Miss Gertrude Burgess, Secretary.

After returning to college the members of the Freshman class and the post-graduate students of the college were elected to membership. Unusual interest was manifest at the first business meeting of the year. At that time the various committees were appointed to take charge of the different depart-

ments of the society and the president earnestly requests their hearty co-operation in making this year one which has no equal in the annals of the society.

The entertainment committee under the able leadership of Miss Flint, Class of 1916, planned a very interesting and enjoyable program for the Freshman Reception, which was held on October 25, 1913. At present plans are being made for a masquerade party to be held at the college just before Thanksgiving.

The Hospital Fund Committee, with Miss Edna F. Beale as chairman, is planning to raise a large sum of money for our hospital. The plans will be made public and be put into operation in all probability within a few weeks.

The hearty co-operation of each member of the student body and faculty of the college is requested and expected in the various undertakings of the society this year and from present indications it ought to be one of which we shall be justly proud.

Yours for the profession and P. C. O.
Herbert D. Hillman,
President.

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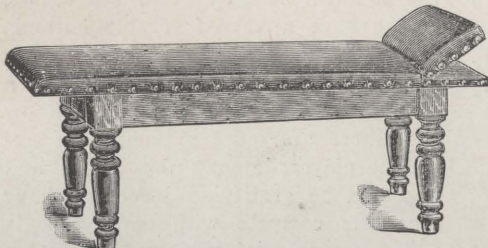
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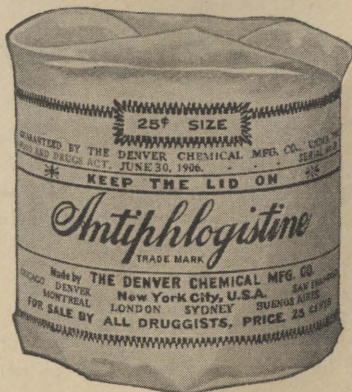
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