

DR. O. V. WEBSTER
OSTEOPATHIC PHYSICIAN
CARTHAGE, MO.

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Every great institution is the lengthened shadow of one man—EMERSON.

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THE TONGUE IN DISEASE CONDITIONS

By E. R. WATERHOUSE, A. M., M. D., St. Louis, Mo.

EDITOR'S NOTE:—Dr. Eugene R. Waterhouse, one of the foremost physicians of St. Louis, was born upon the farm at New London, Ohio in 1850. His early education was acquired by hard work and perseverance, and it was by the most rigid economy that he pushed himself thru two medical colleges and began practice in 1884. In 1888 he was given the chair of Materia-Medica and Therapeutics in the American Medical College at St. Louis, which he filled until the year 1910. He has at different times been president of the Eclectic Medical Society of Missouri, the St. Louis Society of Medical Research, and the Doctors Club. He has been a constant contributor to medical literature since the year 1885 and in 1911 received the Honorary degree of A. M. from a University at Washington D. C. for investigations he had made in medicine.

It is with pleasure that we present this article from the pen of Dr. Waterhouse. The reader will note that we have left out the remedies that the Doctor recommends for the different conditions of the Tongue. We hope the reader will see the Osteopathic application where Dr. Waterhouse recommends stimulating or soothing treatment. In the Doctor's personal letter to the Editor he says, "It is a subject that not one physician in a thousand knows, but all should know. Not a single statement contained therein, but can be borne out by any one who will OBSERVE". If there are any in the field who have been making observations along this line we would be glad to have your comment on the article.)

To the average physician, very little is learned regarding the phenomena of disease by the inspection of the tongue. Yet a thorough study of the tongue both in health and disease, gives a certainty in Diagnosis not to be attained by other methods. We treat pathological conditions, and these various changes in the tongue point us to a definite pathology.

It is the various symptoms that enable us to name a disease, and the closer we study these symptoms, the nearer we can point out the exact disease condition. Therefore symptoms point us to a definite certainty of pathological wrongs, and enable us to treat exact conditions and render results more certain.

Before we can know the tongue in disease, we must know the healthy tongue, which must at all times be within the mind's grasp, for the purpose of comparison, as without this knowledge of a healthy tongue, we cannot know the degree of departure from the healthy standard.

It is a fact that certain departures from health causes certain abnormal changes to take place in the tongue, which may be of shape, color, coating, or the manner in which the tongue is protruded. To the majority of physicians the inspection of the tongue is a sort of habit, or to "buncomize" the patient by making himself appear learned to a greater extent than he really is. He says, "The tongue is white, he has had a fever". Who cares what he has had? We want to know what he has now, and we want these pathological conditions that are shadowed out as symptoms to point us directly to methods that will rectify those bodily wrongs.

The study of these tongues enables us to treat diseases of the digestive organs with a degree of certainty that is astonishing to the average practitioner. The same can be said of the rheumatic troubles, and in fact the whole line of disease conditions are so closely interwoven with these tongue conditions that certainties in therapeutics make this study an absolute necessity.

The first condition of this pathological tongue that I will notice is the narrow pointed tongue, much more narrow than the physiological tongue. The shape of the tongue tells of the condition of the sympathetic nervous system. With these nerves in a normal state, we note that the tongue is in its normal shape, and with this above mentioned narrow tongue the nerves are overstimulated, or excited, and seem to pull the muscular fibers of the tongue inward toward the median line, and makes the tongue narrow and pointed, and with the opposite condition, that is of debility of these sympathetics, the nerves are to some extent prostrated, they seem to have let go of the muscular fibers of the organ and it spreads out, often to the full accommodation of the mouth, and the degree of prostration of these nerves will be noted as in accordance with the degree of broadness and pin-cushion puffiness.

Again, with this broad tongue, we note extreme sedation or prostration of these nerves and the call is for stimulating and boosting agents. So it will be seen that much sound thinking must be done to select the proper treatment and those who have no capacity for the right thought, must content themselves with the old methods of guessing at conditions.

When we add to this narrow tongue a red tip, we have plus the irritation of these nerves, an irritation of the walls of the stomach, which can be determined by the degree and extent of the redness shown.

To make this plain, we will draw a horizontal line, or imagine a horizontal line upon the wall. This line is to represent the normal man, or the normal part of this man, and we will measure the departure from the normal as excess (above the line), or defect (below the line). With this excess we always want sedative remedies to bring down the excited or over-stimulated function, and with the defect we will always prescribe a tonic or stimulating remedy to raise the lagging function to its normal; such methods of reasoning and comparison will always keep the physician upon the right track, and mistakes in selecting the proper remedies are less liable to happen.

Allopathic receipt books tell the physician that *nux vomica* is a remedy to relieve nausea and vomiting, and the subject is left to the judgment of the prescriber. Now, the *nux vomica* is a remedy for nausea when this nausea results from an atonic condition of the stomach, as is shadowed

out by a light color of the tongue. Here we have the color of the wall of the stomach exactly in accord with that shown by the tongue; that is, all the small blood vessels are contracted, and there is an entire loss of tone to the stomach, there is not enough blood circulating in the parts to cause a normal stimulation of the peptic glands, and of course digestion is nearly, or wholly, suspended. Now what does *nux* do in this instance. It stimulates this circulatory apparatus, the blood supply is increased, and the digestion is thereby restored. But this man with his receipt book is just as apt to give *nux vomica* where there is a narrow tongue with a red point at its tip, or, in other words, the blood supply is overstimulated, and where the wall of the stomach is in about the same condition as if someone had sandpapered the inside of the stomach. Here the *nux* adds stimulation to parts that are already over-stimulated. As an example of this narrow red-tip tongue, we have what is known as the scarlatina tongue. You all know it. The eruption has made its appearance in the stomach, and the child vomits. Would you try to relieve this condition with stimulants when the organ is already over-stimulated? Would you try to increase the redness in the stomach by further increasing its blood supply, or would you use sedatives and soothing demulcent drinks, to shield the walls of the stomach from the irritation caused by the acid gastric fluids? And, again, nothing would tell you of the true condition of the stomach as plainly as an inspection of this tongue.

The next tongue that we will mention is this broad tongue (prostration of the sympathetics), with red edges, which in addition tells us that we have an irritation of the lower bowels to deal with. The degree of irritation is in direct proportion to the extent of the red edges, and to their encroachment, toward the median line of the tongue as, for example, in coming typhoid fever, or in continued malarial fevers, the red edges of this broad tongue increases until nearly the whole organ is invaded, which betokens blood depravation, and which, if not stayed, by antagonizing this pathological condition of the circulating fluids, it gradually changes to a dusky red, and from that to a brown, and grows darker until it is nearly black. At this point we note severe typhoid conditions, and we may look for hemorrhages from the bowels, delirium, picking at the bed-clothes, sliding down in the bed, retention of urine, and a rapid decline in the remaining strength, until soon he crosses the dark river.

Wherever we find this class of a tongue, we are sure that there is pain or soreness somewhere in the lower bowels. We note that the first onset of this broad tongue with red edge is seen after there has been high fever for some days, or until this depraved condition of the blood has been allowed to develop. This may occur during the run of a malarial

fever, pneumonia, child-bed fever, rheumatic fever, or other acute inflammatory disease, and can in most instances be traced back to an improper treatment that was instituted in the earlier stage of the disease. This tongue is nature's messenger to the physician, telling him that an almost irresistible enemy is advancing upon the barricade of his patient, and he as the general must at once throw out his skirmish lines and meet the attack before the stormed castle falls.

At the first appearance of this dark red tongue, which in most instances is after the fever has run for some days, there is a demand for acids. This fever seems to have burned out these natural acids, and the system demands them, and they really become a food and a sedative, and when this demand is filled, restore and antagonize the whole line of pathological wrongs. How many times have many of us seen a fever patient beg for pickles, hard cider or other acids, and when administered note how the fever declined. In the earlier stage of this conditioned tongue, the color is light red, and we give the vegetable acids, lemons, hard cider, pineapple juice, or, if these is a bad condition of breath, incorporate this acid with an antiseptic, as sulphurous acid (freshly made), and the darker that this red color grows the greater the demand for mineral acids is noted. We acidulate some drink and give about as sour as good drinkable lemonade would be. Here these various acids act to antagonize this putrifactive condition that is being developed, and greatly assist old Mother Nature in her endeavor to restore the patient to health. Here the strictest rule must be placed upon diet. No solids, nearly liquids; milk is questionable; baked bananas good; ice cream possibly; broths; a small piece of bread or cracker might by its mechanical action open up an ulcerated part of the intestinal tract and result in a fatal hemorrhage. Never give cathartics, or at least be very cautious about their administration, as in the case with a white tongue, without coating, there is little accumulations in the digestive tract that is necessary to remove, but the accumulations are in the blood, that no amount of catharsis will benefit, so the administration of cathartics at this stage is worse than useless; they will increase the irritation of the lower bowels and hasten hemorrhages, or fatal perforation.

Another tongue that comes in this class is about normal in shape and size. Its color is more or less red, which is covered with a slimy covering, as if it had been brushed over with the white of an egg, and this red shows through the covering in irregular streaks or patches. Here we note a bad breath; in fact, the patient stinks all over. * * * Should this condition be allowed to go on, blood depravation ensues, with grave consequences.

It is also a fact that where there is a demand in the system for acids, and if this demand is not supplied that there is a great danger of the development of typhoid conditions than otherwise. It is also a fact that where there is an irritation of the nervous system from the administration of heavy doses of quinine given upon a high temperature, that said irritation fosters this depraved condition of the blood, and really invites typhoid complications. But with a thorough study of the writing upon these guide-boards along the medical highway, we may know what enemy is advancing and defeat his aims. But with the physician who will ignore these signals, by ignorantly refusing to investigate and study their silent language, must pen many a death certificate that could have been avoided.

* * * There is a red tongue that is made red by a vaso-motor paralysis, in which case there is not the usual demand for acids, but is made red by a simple congestion, and to the physician who does not do his own thinking, but takes the books for his guide and locks up his think-box he may confound it with the tongue calling for acids. Here we have the organ made red by a catarrhal condition of the entire intestinal tract. It may require close investigation to determine its exact status. There is always other evidence of congestion, soreness upon pressure, slight fever, with great uneasiness, a feeling as if some one had been in there with a sheet of sandpaper and did a thorough job. One such case I saw in consultation with one of our eclectics some twenty-five years ago. The patient had been troubled with an old chronic army diarrhea, which had caused catarrhal ulcerations almost throughout the entire intestinal tract, and of course the tongue was very red. I said it was not an acid tongue and advised belladonna and aconite, with demulcent drinks, slippery elm water, boiled milk. The presiding physician was firm in his belief that the patient should have acids, and more acid; but instead of the organ showing a better condition, it steadily grew worse and the muriatic acid was increased and at each dose provoked cramping and distress, almost causing convulsions, and the poor fellow died, protesting against more of that sour stuff. Don't make this mistake.

Here is another tongue that denotes a trouble in the small intestines. They are not often seen; I have not seen half a dozen of them in the last ten years. The trouble is nearly always chronic, but may crop out as sub acute attacks. The tongue is the only diagnostic point known to me that will point directly to this lesion. Of course, there is always more or less abdominal tenderness upon deep pressure.

This is rather a broad tongue, and nearly a normal color, slightly coated, but the tip for three-fourths of an inch back is red and studded

with numberless small white blisters. These blisters are so small that it requires a good eye to determine their character. Here we note a very great degree of nerve irritation; can't sleep; believes he is going to die soon; gets badly frightened; there is a tendency to a cold, clammy condition of the feet and legs below the knees; often in mid-winter the damp feet of the patient will cause one to suffer constantly with a bad cold. There will be attacks of asthmatic breathing, with a sense of impending suffocation; he can hardly breathe, and will break out with a cold, clammy sweat that will hang in great drops on his face. In all of these troubles of the small intestines you will find this whole line of symptoms, but more especially the cold, clammy sweating of the feet and legs. There is also to be found constipation of a more or less degree. * * *

For this constipation we will give wineglass doses of olive oil, or the ordinary castor oil, with flaxseed tea, or slippery elm eater. No sugar to ferment, no coffee, no alcoholic liquors or beer, no ice water, no vinegar or pickles; custards, tapioca, each containing as little sugar as possible. * * * Sponge the body all over each night with epsom salts (an ounce to the quart of hot water), to keep the skin working at its best, and at the same time soothe the nerves and promote sleep.

I have seen several of these cases that had been fed on quinine and tincture of iron until the patient was nearly crazy, walking the floor, pulling his hair, and talking at random, and in one instance commitment papers were gotten out, under sanction of the physician, to send him to an asylum for melancholic insanity, when the papers should have been served upon the doctor, and had him sent to the house of the feeble-minded.

Another tongue we notice mostly in children. This tongue is rather broad, showing considerable prostration of the sympathetics, while its epithelium is off in patches from the size of a kernel of wheat to the size of a dime piece; here we note a poor nutrition and blood-making, and should always put us on the hunt for worms, which we will find in the great majority of cases.

This patient is nervous and does not sleep well; there are functional disturbances of various kinds, as of digestion, bladder and bowels. In these cases we find that tonics do not accomplish much until the primary wrong is removed. * * *

(To be continued in our next issue.)

THE WEBSTER METHOD OF SPINAL LESION DIAGNOSIS

We are indebted to Dr. C. V. Webster of Carthage, N. Y. for a unique and original method of spinal lesion diagnosis. During his visit to Kirksville Bro. Webster demonstrated his method before the club members then present and all feel that they have learned something which will be of great benefit to them in the field. For the benefit of those who were not present at the demonstration we will attempt to give Bro. Webster's method.

Materials:

- Roll of 2 inch adhesive tape.
- Soft heavy dull pencil,
- Piece of twine with small weight on one end,
- Yard stick or straight edge,
- Piece of cardboard to mount adhesive on.

Have the patient with back bare, to lie prone with the arms and head hanging off the end of the table. This produces flexion of the spine, making the spinous processes more prominent and easier to define. Place a strip of adhesive down the mid-line of the back from the 4th or 5th cervical to the 3rd sacral. See that the tape adheres all the way down the back and request the patient to keep quiet in order to prevent any wrinkles in the tape. Take the pencil and after palpating each spinous process thru the tape mark the outlines of each carefully following the palpating finger with the pencil. It is better to stand at the right side of the patient, palpate with the fore-finger of the left hand and follow with the pencil working from above downward. Care must be taken to keep the tape steady. Even tho the tape adheres closely to the skin it may with the skin slip to one side or the other and necessitate making a new tape. After all the spinous processes have been outlined number them in the different regions and indicate the 2nd sacral by a large dot. Place the weight on the string in the natal cleft and tighten the string, holding the other end over the external occipital protuberance. Indicate on the tape the point where the string would pass nearest to the 7th cervical spine. This is accomplished by the operator standing at the head of the patient and holding the string taut and directly over the Ext. Occip. Prot. and by sighting over the string make the mark relative to the 7th cervical. If the string is placed directly on the Ext. Occip. Prot. it will conform with the curves of the back and in case of a spinal curvature or upper dorsal lesion will not give the accuracy desired. The 2nd sacral and the Ext. Occip. Prot. are taken as points thru which to draw a straight

line. Dr. Webster states that experiments have proved that a line drawn thru these two points is always perpendicular to the horizontal plane. Since the tape does not include the cervical vertebrae the string is used as a plumb line to indicate where this perpendicular would pass with reference to the 7th cervical. Before removing the tape note any prominent ribs and mark on the edge of the tape. Note tender spots along the spine and indicate. Remove the tape and mount on the cardboard. With the straight edge draw a line from the 2nd sacral to the point near or over the 7th cervical as indicated by the plumb line. A normal spine should show this point and the line from the 2nd sacral to this point passing thru the center of each spinous process as indicated on the tape.

Now we have the tape mounted, the different spines and regions numbered the high ribs and tender points indicated. This diagram tells a story that cannot be obtained by any other method. Note the regularity of the spines or as most commonly found the irregularity. Note curves. Suppose the tape shows the lumbar spines slightly deviated to the right. Invariably you will find the lower dorsal turned slightly to the left to compensate for the trouble lower down. Note an extreme widening between any two spines and then note above or below a very narrow space. These may indicate lesions.

Dr. Webster acknowledges that the tape is not alone an absolute diagnosis but taken with palpation after the tape has been taken to serve as a guide is certain. One must allow for abnormalities in every spine. These can be eliminated by testing for the movements.

One of the best features of Dr. Webster's method is the record it gives. Take your tape, number and list it and file it away for future reference. After a month's treatment make another of the patient and compare. By noting the improvement you can tell how fast the case is progressing and about how long it will be before a complete cure can be expected. You can easily see that a series of tapes of any one patient serves as a case report and each one a pseudo-X-ray of the part you are endeavoring to correct.

It takes a little time and practice to make the first few and feel that they are accurate but the time is well spent. The results are valuable as a record for the operator, and the technique is impressive to the patient. He feels that the physician is taking a greater interest in his case.

We wish to commend Dr. Webster for his discovery of this simple but effective method and extend our thanks for his having given us the benefit of "The Webster Method of Spinal Lesion Diagnosis".

THE BULLETIN

OF THE ATLAS CLUB

H. V. HALLADAY, EDITOR

H. P. FROST, BUSINESS MANAGER

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KIRKSVILLE, MISSOURI, JANUARY, 1915



Case Reports

To date we have not received any case reports from you men in the field. One thing the editor cannot understand is why we cannot get you men in the field to send us a report once in a while. This is the last time we are going to mention case reports in the Bulletin. Some of you have gone out since we instituted our own case report record and know that we need good reports to fill the blank pages in this book. You have been out long enough to send in some kind of a report and if you haven't any we are certain you haven't done very much for either yourself or Osteopathy. We sincerely hope you will respond.

Summer Assistants

No doubt you are planning to attend the annual convention and extend your trip to take in the two expositions. If you have such a trip in mind and to date have not made arrangements for an assistant to take your practice, you should get in correspondence with the club at once. Several of our best men will be here taking special work this summer and getting in

their treatments. This summer course will end about the time you will want that month or six weeks off. We know of several who are capable of going in and taking full charge of an office and you Atlantians in the field should remember and call for help at your "Home Office". Send your S. O. S. right away and we will do all in our power to send a man that you can depend upon.

OUR JANUARY 1915 MEN

G. A. Alexander from Lynd, Minn. served the class in Baseball and as class treasurer. He assisted in Histology Lab. and during his 5th and 6th terms was head of the Pathology Lab.

* * *

Harry Fowler is from Blairsville, Pa. Dr. Fowler was a former member of the 1913 class but dropped out to attend his to extensive practice taking up the work later. Harry will be with us another term as an Interne.

* * *

David T. Griffith, a Kirksville boy, made himself useful in many ways connected with the class. Serving as an officer and on the team. He also found time to assist in the Pathology Lab. Dave will remain with us as an Interne.

* * *

J. E. Kane of Toledo, O. has spent most of his extra time hunting and fussing. Kane was noted as a classy dancer and an expert conversationalist. "Bud" expects to go back to what he calls "God's Country".

* * *

C. A. Pengra of Portland, Ore. was one of the busiest members of his class. He served on everything in the way of committees and offices that a class affords. He also assisted in the Physiology, Anatomy and Bacteriology Labs. and during his 4th 5th and 6th terms held the Fellowship in Bacteriology.

* * *

L. I. Rifembark from White Lake, S. D. served both class and club. "Rife" made himself popular with his big bass voice.

* * *

H. B. Syler of Topeka, Kan. was commonly called Sy but better known as Silent. During his 3rd and 4th terms he assisted in the Pathology Lab. and was president of the class during the 4th term.

* * *

B. J. Snyder from Fulton, Ill. was reputed to be the hardest student to quiz in the class. "Snitz" passed the "Arkansaw", Missouri and Illinois boards but expects to locate in Fulton his home town.

R. E. Schaeffer of Wykoff, Minn. assisted in Bacteriology and spent the three years here helping the band to arouse enthusiasm.

* * *

O. M. Whitmore from Staunton, Va. was another busy man faithfully serving the class, the school and the Y. M. He assisted in Chemistry, Bacteriology, and Anatomy. When last heard from "Whit" was on his way to the Macon Sanatorium (to serve as an Interne).

* * *

A. F. Winkleman commonly known as "Wink" was from St. Louis. He always had an idea about any subject under discussion and never gave up. We are not sure whether he went back to St. Louis or to North Carolina to practice.

CLUB NOTES

Brother Fleming of Montrose, Colo., who graduated in the '09 class visited us the 9th.

* * *

We are in receipt of a very interesting program of the Second Annual Initiation and Banquet held by the Hyoid Chapter of the club in Chicago. It is very evident from the program that we have some good live men representing the club in the Chicago school. Very few laymen would care to indulge in any of the variety of dishes served at the banquet unless they were shown beforehand what was coming. Such as Amoeba a la Coccyx, Gastritis, Polyvalent Polysaccharid a la salata, and Quadratus Os Costales, would stop the most habitual French Menu fiend that ever lived but translated we find a banquet that was some "feed".

The following were initiated: H. A. Braithwaite, W. W. Froeschle, J. T. Holliday, H. N. Leonard, G. Moore, J. D. Rowley, C. A. Vinnedge, and Grant Mitchell.

* * *

The Dance committee of the club concluded its series of dances for the term the evening of the 15th. The committee this term has been working hard to make our dances pay and at the same time keep up the standard of music and good time. The dances have all been well attended and we are informed that there will be a small fund left in the hands of the new committee to serve as a nest egg and an example of good management.

* * *

The Semi-annual Senior farewell and installation of the club occurred the 16th of January. The Program committee with the assistance of several Freshmen arranged for a spread and after the regular business of the club, including the installation of the new officers, served the members with their usual agility. We all know that these meetings are the prize ones of the school year. The under-classmen all look for-

ward to the time when they will get up and make their little speech, but as all acknowledge the time comes too soon. We will certainly miss the men of the Jan. '15 class.

INITIATES

Sankey B. Kiblinger, a recent employ, of the Kiblinger Furniture and Undertaking Co. of Oswego, Kans. is undertaking the study of Osteopathy having started last September. He became interested in Osteopathy thru Dr. E. C. Braun, knowing him personally and having opportunity to observe the results of Osteopathic treatment. Sankey received his education in the schools of Oswego, finishing in the Oswego College of Arts where he studied the piano.

* * *

Paul Austin Reilly comes to us from Austin, Minn. "Pat" says that he has always wanted to be a doctor and we are glad he decided on the right kind. It was mainly thru the efforts of Drs. Albertson that he came to Kirksville to study. "Pat" received his education in Austin graduating from the High School in 1913. Before entering the A. S. O. he was associated with the Harry D. Earl Printing Co. He is a member of the June '17 class.

* * *

Irvin Alexander of Golden, Illinois became interested in Osteopathy thru a Doctor in his home town. By observation he knew it to be a true method of healing and thru it he could benefit suffering humanity. Before entering the A. S. O. he was attending the Academic Department of the Normal School. "Alec" can do stunts with a baseball as well as his studies in school. Three of our batting opponents developed Nystagmus this Spring trying to hit him. Alec is a member of the June '17 class.

* * *

Clair K. Manhart is from Romeo, Michigan. He became interested in osteopathy thru Dr. E. O. Millay of that city. His preliminary education consists of High School and two years University work. Before taking up the study of Osteopathy Clair was an Electrical Engineer and we are sure his mechanical knowledge will be of great value in learning the mechanism of the body.

* * *

Eli N. McIntosh is another Michigander and from the same city as Bro. Manhart. Brother Millary is to be congratulated for the good example he set in interesting these young men in Osteopathy. "Mac" is a High School graduate and has taken special work at the Albion College at Albion, Mich. Previous to his taking up the study of Osteopathy he was employed as a traveling salesman. Both Romeo boys are members of the June '17 class.

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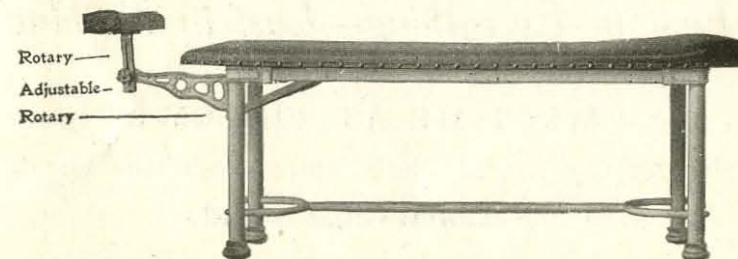
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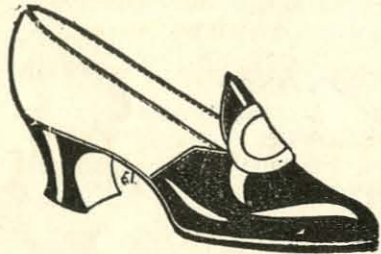
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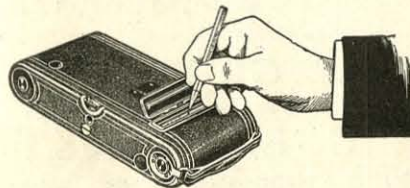
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