Program for Our

Monthly Physiotherapeutic Meeting

Monday, February 9th, 1925

GEORGE W. FUNCK, M. D., Chicago Illinois.
"The Treatment of Genito-urinary Diseases
With Diathermy" - - - - - - - - - - 10:00 to 11:00 A. M.

CARLTON L. ROWELL, M. D., Chicago, Illinois.
"Mixed Physiotherapy in the Treatment of
Gonorrhea and Its Complications" - - - - 11:00 to 12:00 M.

D. FRANK KNOTTS, M. D., Chicago, Illinois.
"The Complications of Gonorrhea" - - - - 2:00 to 3:00 P. M.

How to Get Here:

DRIVING—Follow Washington Blvd. west to Oakley Blvd., north on Oakley to Wabansia Ave., and one block west, or

BY ELEVATED — Take the Humboldt Park "L" to Western Avenue Station, walk one block north to Wabansia Avenue and a short block east to Claremont, or

BY SURFACE CAR—Western Avenue to Wabansia Avenue, and one block east to Claremont.

These three physicians have had a great deal of experience in this particular work, and will be very glad to go into exhaustive detail in outlining the whys and wherefores of not only the disease but the treatments indicated.

Physicians who are interested in physiotherapy as applied to Genito-urinary disorders are urged to come, and to bring their most difficult questions with them! We will endeavor to work out the answers in full.

H. G. FISCHER & CO., Inc., Phone Armitage 0323
2335 Wabansia Avenue, Chicago

FISCHER'S MAGAZINE

JANUARY, 1925

OUR NEW YEAR'S WISH:
MAY YOUR FONDEST HOPES
BE REALIZED IN 1925

Fischer's Magazine

Devoted to the advancement of the Science of Electro-Physio-Therapy and to the interests of those earnest and enlightened medical men who are practicing it.

H. G. FISCHER & Co., INC., 2333-43 Wabansia Ave., Chicago, Ill.

Vol. IV. JANUARY, 1925 No. 1

Sedative Diathermy In Bronchopneumonia

Case Report By EARL M. WELLS, M. D.
Los Angeles California

Patient male, aged 24; occupation, truck driver. First seen by me on the morning of September 11, 1924, at which time his chief complaints were feverishness, cough and dyspnea. Patient stated that he had been ill since the preceding Sunday night, September 7th.

Family history was essentially negative. Patient had been living with his brother's family. Temperature at this time was 104, pulse 110, respiration 36. Eyes and ears negative. Pharynx slightly injected. Neck showed no adenopathy. Blood pressure 118 over 62. Heart rapid. P. M. I. pulse full, bounding, rate 110. Examination of lungs showed slight increase of vocal fremitus over both lower lobes posteriorly. No difference made out over anterior chest. No increase of dullness to percussion. Many crepitant and subcrepitant rales heard over both bases posteriorly, more extensive in the left side. No rigidity of abdomen, no tenderness to pressure. Liver and spleen not enlarged. Bowels had been regular.

Diagnosis made at this time of bronchopenumonia, bilateral, and routine symptomatic treatment began. A sputum culture sent to the laboratory recorded as non-hemolytic streptococci and an occasional hemolytic streptococci colony on blood agar plates.

On the second, third, fourth and fifth days patient's condition became rapidly worse with frequent bleeding from the nose, temperature becoming elevated on September 15th to 104, respiration 48, pulse 115, blood pressure 128 over 0. The systolic sound could be heard throughout the scale and the heart sounds were transmitted even to the radial pulse. On the following day the patient became very cyanotic, the pulse weak, and the patient breathed with great difficulty.

Diathermy treatments of the sedative type were begun at this time.

These treatments were given twice a day and averaged 2000 milliamperes over thirty-minute periods, 6x8-inch chain electrodes saturated with glycerine being used on the anterior and posterior chest walls. On the second day of treatment the cyanosis had disappeared and the patient felt greatly relieved. On this day a treatment was given also at midnight. The patient now began to cough freely, perspiration became profuse, the temperature dropped to 102, pulse 116, respiration 44. On the third day the milliamperage was increased to 2500 and held at that point for a period of twenty minutes, being preceded and followed by a gradual change of milliamperage from and to the "0" point. Cyanosis had now entirely disappeared, the nails were pink and the patient felt vastly better. On the fourth day after the beginning of the diathermy treatment the temperature was normal, pulse 110, blood pressure 116 over 58, but the respiration still continued in the neighborhood of 40 to 44. The fifth day the patient was feeling in the best of spirits, laughing and joking and said he felt very hungry. Diathermy was discontinued at this time.

Convalescence was uneventful and on the seventeenth day of October the patient was discharged as cured.

MONTHLY MEETING NOTICE

You are cordially invited to attend the regular monthly Physiotherapeutic meeting, which will be held Monday, February 9th, at 2335 Wabansia Avenue.

The Value of Diathermia in the Treatment of Biliary Lithiasis

J. J. Rouzaud and J. Aimard, in La Presse Medicale, state that diathermia possesses a great advantage over other therapeutic resources in painful conditions of the gall-bladder by reason of its sedative action, its kindly application, and its effectiveness.

At first electrodes of three or four inches square of padded metal were used over the gall-bladder, but increasing experience led to the use of larger electrodes, since it was seen that not only must the gall-bladder itself be treated, but also the bulk of the hepatic mass, the polar plexus, and the hepatic motor and sensory branches of the plexus. Two large electrodes then are placed over the hepatic region, one in front and one behind. The duration of the daily seance should be thirty minutes, the intensity fifteen hundred to two thousand milliamperes.

At the first or second application no more than a gentle warmth is felt, producing a state of euphoria of some minutes or hours in duration. This warmth may be localized beneath the electrodes, or diffused throughout the entire body, or confined to the right side. In the latter case it includes the right shoulder, arm, thigh, and leg. No pain is felt in the bladder after the third sitting. Vesical examination, formerly painful, is now permitted freely, and by the fifth treatment the patient experiences a degree of general comfort, he "feels lighter," he can make forced respiratory movements without causing pain in the bladder.

The special indication for this form of treatment is the subacute or chronic cholecystitis with or without lithiasis which Chir and Semelaigne have lately described as of great frequency, resistant to treatment, long continued, and apt to recur. It is equally effective in cholecystitis attended by pericholecystitis and pyloric and duodenal adhesions, and in crises of gall-bladder spasm and cases of migraine where sharp pain is caused by pressure over that organ. Ill success, on the contrary, has uniformly attended its application in obese old people

giving a history of gallstones without jaundice and having high blood pressure. In these patients palpation over the locality fails to evoke severe pain and the fluoroscope shows a large gall-bladder "swinging in the abdomen like a pendulum." Gallstones are sometimes discerned.

Not the least advantage of diathermia in the situation now under consideration is the point of differential diagnosis afforded between the gall-bladder involvement and duodenal ulcer. A painful condition here which yields to a series of six daily applications of diathermia is quite sure to be of vesicular origin.

D'Arsonvalization in Treatment of Gout

Andresen, in the Ugeskrift for Laeger, calls attention to his constant success in relieving the disturbances in his fourteen cases of muscular gout with distressing infiltration in muscles, tendons and subcutaneous fat tissue. Massage and baths are only palliative and are painful, but under teslaization the relief was prompt and the infiltrations disappeared, the benefit thus being permanent even in cases of twenty-three years' standing. The sittings were for from fifteen to forty-five minutes, and from twenty to twenty-eight sittings were required to free the patient completely from his symptoms and restore him to active life.

West Coast Physiotherapy Meetings In February

Toward the end of February, a series of highly interesting clinics and lectures will be held in both Los Angeles and San Francisco. Physiotherapeutic problems will be covered in detail, and the newest information as to methods and modalities will be covered by experts. Doctors who are interested are cordially invited to attend these meetings. No charge, no obligation. For full details, write to Robert A. Fischer, 1044 West 6th Street, Los Angeles, California.

Special "Post-Graduate" Course for Physiotherapy Aides

This three-weeks' course is planned especially for nurses and office aides who have had some experience with Physiotherapy, but who desire to improve their knowledge therein. Constant attendance is required. Each day is divided into six one-hour periods, starting at 9:00 A. M. and ending at 5:00 P. M., with a two-hour luncheon recess. The work for each period has been very carefully and completely outlined, to the end that every minute shall count and no time be wasted in aimless discussion. A trained nurse, familiar with Physiotherapeutic apparatus and experienced in teaching, has charge of the work.

There will be general reviews in various lines such as Anatomy, High Frequency Currents, the Galvanic, Sinusoidal and Interrupted Galvanic Currents; inspection trips through our factory and to various clinics in the city.

Entrants for the course must come with the recommendation of a physician, and must have adequate knowledge of anatomy, physiology, etc., so that this post-graduate work will fit in with their former training and experience.

Next Classes in April

Next classes will be held the first three weeks in April. Reservations should be made some time in advance, if possible. Later classes, probably to be held in July and October, will be announced in future issues of this magazine.

Under our *Reciprocal-Registry* system, doctors may enter their applications for Fischer-trained aides, and nurses may register for positions where such training is required. A nominal charge is made for the course, covering both training and laboratory fee.

Doctors and nurses desiring further information are requested to send—or phone—for full details of the course.

Ask For The "Post Graduate Questionnaire"

Diathermy in Asthma

Three Case Reports By MILES T. BREUER, M. D.
Lincoln, Nebraska

Case 1. A girl 22 years old who has had severe asthma for seven years, and has been to every chest man in this part of the country. The case seems to be one of idiopathic bronchial asthma, which means that we do not know the etiological factor. I spent several months studying her case carefully. The chest was very emphysametous, and the wheezes were so loud that I heard them through my stethoscope when I had it applied to the arm for the purpose of reading the blood pressure. Height 5 feet 5 inches; weight 85 pounds; emaciation generally distributed over the entire body. No signs of tuberculosis, either clinically or by x-ray. A large amount of pus was removed from the ethmoid sinus, and several badly infected teeth were removed, but no amelioration of symptoms was noted. All protein sensitization tests were negative. Nonspecific protein therapy, calcium therapy with calcium, parathyroids, and ultraviolet light were tried without much assistance to the patient. Adrenalin gave temporary relief from the paroxysms, but its effect wore off in three or four weeks; but it became effective again after a rest of a week or two. Whenever the patient contracted a bronchial infection with a temperature, the asthmatic paroxysms were relieved. There must be a neurotic element in the asthma, as she is always better while in this city, and under my observation, but always worse upon getting home. All cutaneous tests of proteins to which she is exposed at home, such as chicken feathers, dog hair, house dust, etc., were negative. A heavy treatment through the chest from front to back, with diathermy, always produced relief lasting from 6 to 24 hours. The heaviest current that the skin would tolerate was always used. The treatment always felt grateful, and relief ensued shortly after the current was started. Permanent results were not obtained; and probably never will be, because the long standing of the case has produced permanent anatomical changes in the thorax.

Case 2. A typical case of ragweed reaction, in a woman 30 years of age; the skin reaction to ragweed was the best one I have ever seen. She presented herself at the beginning of the season for ragweed pollination, and it was too late to immunize her with the pollen extract. Calcium, parathyroid, and ultraviolet light were started, but produced no immediate effect; though an ultimate development of resistance was established. Immediate relief was experienced from the application of diathermy to the chest, by the same technic as outlined in the previous case.

Case 3. A man 42 years of age, with frequent asthmatic attacks especially following physical exertion; has been employed in a machine shop many years; duration of asthma about a year. Loss of weight, poor appetite, afternoon temperature, slight cough, consolidation signs in the right apex, with granular breath sounds, and reflex signs in the muscles and skin of the shoulder girdle, justified a diagnosis of tuberculosis. Diathermy relieved the asthmatic attacks on about the third application. The diathermy was continued for the pulmonary condition, and kept up about five weeks. During that time he gained fifteen pounds, developed an excellent appetite, and felt much improved. Attacks of asthma were only occasional, and never very severe. The pulmonary condition improved very rapidly; and in this case, the diathermy affected not only the resulting symptom, which was the asthma, but also the causative condition, which was the tuberculosis; the asthma being produced by vagus irritation; therefore, as the tuberculosis improved, the asthmatic spells became milder and less frequent.

It seems to me that diathermy is a very logical treatment for asthmatic paroxysms. The breathing difficulty is due to a spasm of the smooth muscle in the small bronchioles; and one of the chief effects of diathermy is the relaxation of spasm. Of course, attention must be given to the etiology of the asthma; which in some cases cannot be completely eliminated. Often, the removal of the causative factor does not alone produce a cessation of the asthma which it has brought on; and some effort must be directed at the relief of the symptom itself.

Three cases do not establish diathermy as a treatment for asthma; but they will indicate that there must be some cases in which diathermy will give relief. As this idea is borne out by theoretical considerations, it is certainly worth the attention of workers in physiotherapy; and further information should be gathered.

Special Lectures on Genito-Urinary Diseases will be the feature of our February Physiotherapeutic meeting, which will be held February 9th, at 2335 Wabansia Avenue. Physicians are invited to attend.

Please—Reserve Your Copy of The October Convention Reports—Now!

Several hundred reservations have been received for the bound volume of the Reports of Lectures and Clinics given at the Annual Physiotherapeutic Meeting at Logan Square Masonic Temple in October.

This book is now ready for the press, and we are anxious to have all reservations at the earliest possible date, so that there will be no chance of disappointing any doctor who desires a copy. The publication of this cloth bound volume of some six or seven hundred pages is quite a sizeable undertaking, and naturally we cannot produce a large surplus supply.

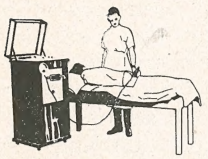
So—please send in your reservation—on the enclosed card if you wish. The material included, we find, reads even better than it sounded at the Convention and is truly a worth-while addition to the literature of Physiotherapy. The price of the book will be about $9.00 each, depending on the number of reservations received.

Send Your Reservation to

H. G. FISCHER & COMPANY

2335 WABANSIA AVENUE
CHICAGO

High Frequency in the Treatment of Fissures and Hemorrhoids



C. Schmitt, in the Bulletin General de Therapeutique, says that the high frequency current possesses anesthetic, antispasmodic, hemostatic, solvent, and destructive properties which have a most beneficial effect in the treatment of anal fissure and hemorrhoids. Far from precluding surgical intervention in any way, it facilitates such measures by rendering the sphincter pliant and restoring its tone and the elasticity of the neighboring blood vessels, and by improving the circulation not alone of the pelvis but of the entire body.

Inasmuch as the Tesla current has a definite anesthetic effect, the author avails himself of this property for the introduction of cone shaped electrodes with a hemispherical base, by means of which he is able to dilate the sphincter in retrograde fashion with less danger of breaking the glass than when used in the opposite direction. For this purpose he has had an electrode made for his use in the form of a gimlet, conical in shape and carrying on its surface a glass spiral, so that gradual rotation causes it to enter little by little. When hemorrhoids do not cease to bleed at the first treatment by high frequency with large electrodes, the bleeding point should be sought out and touched with a fine electrode, either of metal or glass.

Called to see a woman of eighty-three years, from whose anus he found protruding a mass resembling a large tomato, an irreducible rectal prolapse, the author at once introduced a slender electrode, under whose influence the orifice enlarged and began to wrinkle. A second application of high frequency the next day after eight minutes so relaxed the sphincter that the bowel was readily replaced.

Diathermy A Specific for Gonorrheal Epididymitis

By BUDD C. CORBUS, M. D. and VINCENT J. O'CONOR, M. D.

Knowing that the gonococcus is instantly destroyed at a temperature of 108° F., it occured to the authors that a suitable instrument could be devised which could induce sufficient heat within the body of the epididymis to destroy the gonococcus in its local invasion, stop the pain and abort the attack.

The patient is placed in the recumbent position and the scrotal and suprapubic region exposed. Shaving soap lather is placed between the skin and the contact point of the electrodes. The entire body of the testis and epididymis is encased between the apposed electrode surfaces and heated uniformly by the d'Arsonval current. In order to effect the greatest degree of heat induction possible in the individual, the current is increased to the extent of cutaneous discomfort. When this point is reached the current is then reduced slightly so that no unpleasant sensation accompanies the treatment. Their routine has been to apply the heat for at least forty minutes since even at 104° to 106° F. the gonococcus is killed during this time. In those cases seen during the first twelve to twenty-four hours of epididymal involvement by the gonococcus one such treatment has usually sufficed to check the attack and start the process of resolution. In those instances where the inflammatory reaction has been present for a number of days, three or four treatments on successive days have been sufficient to eliminate all untoward effects.

A very distressing funiculitis often accompanies the epididymal involvement and may persist after the symptoms of the latter have completely subsided. This is quickly relieved by placing the instrument in a vertical position with one electrode over the globus minor and the other over the region of the internal abdominal ring. This permits an induction of heat thruout the accessible portion of the vas deferens; this should be continued for forty minutes.

So mild is this attending inflammatory reaction following a heat treatment for gonorrheal epididymitis, that there is absolutely no hydrocele present. Both poles of the epididymis are distinctly palpable as hard, painless nodules, this is rendered more distinct on account of the absence of any orchitis.

Summary

Diathermy provides us with a method of inducing heat within the body of the epididymis, testis and spermatic cord. By using the electrode described above the gonococcus can be rapidly destroyed in its local invasion obviating prolonged inactivity or operative interference. Our results with this original method have been so uniformly satisfactory that we feel free to describe it as one which is specific for gonorrheal epididymitis.

Another View On Diathermy In Glaucoma

An Open Letter From BURTON B. GROVER, M. D.
Colorado Springs, Colorado

In the December number of Fischer's Magazine I note a statement to the effect that diathermy is not useful in Glaucoma. While I do not care to start any controversy, the statement should not go without challenge.

While reports from many ophthalmologists differ as to the value of the high frequency current, locally applied, in this condition, they all agree that it relieves the pain, therefore is useful. The high frequency current dilates the blood vessels which allows the excess secretion to escape, thus relieving the tension.

When Glaucoma is associated with high arterial tension, which is usually the case, autocondensation relieves the intensity of the symptoms and benefits the patient.

Set aside Monday, February 9th, for the monthly Physiotherapeutic meeting at 2335 Wabansia Avenue. Subjects deal with Genito-Urinary disorders.

The Waggoner Physiotherapeutic Lecture Courses and Clinics

By Mel R. Waggoner, M. D., Cedar Rapids, Iowa

Widespread and rapidly growing interest in these classes and clinics is indicated by the increased attendance that has marked the assembly of each succeeding class. Doctors who are keeping pace with the development of physiotherapy find them a valuable source of new information and up-to-date practices.

Classes for the Coming Season Follow:

Los Angeles, California - - - - - - - January 26th to 31st
(Lecture Hall, Professional Building)

San Diego, California - - - - - - - - February 2nd to 4th
(Grant Hotel)

San Francisco, California - - - - - February 9th to 14th
(St. Francis Hotel)

Seattle, Washington - - - - - - - February 16th to 21st
(Olympic Hotel)

Personally conducted Courses, Clinics, Lectures

For Details, Fee, etc., etc., write the
Secretary of the Waggoner Lecture Courses, at
1664 N. Claremont Ave., Chicago, Illinois.

Watch for announcement of further schedule of 1925 Classes in Fischer's Magazine for February.

Congratulations, Dr. Pope!

"The appointment of Dr. Curran Pope to the vacancy caused by the resignation of Robert H. Winn, of Mount Sterling," says the Louisville Post, "maintains the high personal standard of the members of the State Board of Charities and Corrections.

"Dr. Pope is an eminent neurologist, a specialist in those subtle diseases which, originating in the delicate nerve centers of the human body, play havoc with the mind and the body. For twenty-five years Dr. Pope has been consulting neurologist and lecturer at the City Hospital, besides holding many other positions of usefulness and honor.

"Manifestly, a man with such training as he possesses will approach the problems of the State Board, especially the personal problems, with the special knowledge that their solution requires. Neuroses of nearly every description are present among a large number of institutional cases; and the presence on the board of a man who understands them will be a great help to the board."

Fischer's Magazine wishes to join Dr. Pope's many friends in extending hearty congratulations.

Treatment of Diabetic Gangrene with Diathermia

Cluzet and Badin, in the Lyon Medicale: This case was one of moist gangrene of the foot of diabetic origin. Amputation of the limb had been recommended. Diathermia produced complete cicatrization and re-established normal circulation. This result was obtained after four months of treatment given twice a week with one electrode in the form of a metal cuff around the upper leg, the other a flexible plate fitted about the metatarsus. The current was 1250 milliamperes, and each treatment lasted thirty minutes and was followed by the ordinary high frequency effleuve over the ulcerated region.

New Corbus and O'Conor Book Ready for Distribution

Valuable Text Book on Diathermy in Genito-Urinary Diseases, With Especial Reference to Carcinoma

This new book was written for the purpose of familiarizing both specialist and general practitioner with the tremendous value of diathermy in the treatment of genito-urinary diseases in both sexes. The medical and surgical methods of its application to these diseases are given in detail.

This compilation embraces over five years of study of these methods. Both experimental and clinical results are given. The text includes a full description of the original instruments devised and the technique followed.

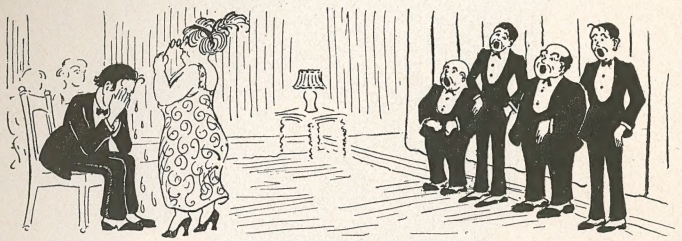
There are thirty-one original illustrations in black and white and halftone. Every procedure is graphically described. Price $5.00. Address your order to H. G. Fischer & Company.

Painful Pleurisy and Diathermia

J. Minet, in the La Presse Medicale, cites results in which two patients received diathermia who were sufferers from chronic pleuritic pains. The pains disappeared with remarkable rapidity after a few applications. One patient was an American woman who had been treated by a variety of measures both at home and abroad. The other had been accustomed to winter in the south because she was thought to have consumption. Her cure was so complete that pleural adhesions and the shadows of an apparent cavity seen radioscopically before beginning treatment disappeared after fifteen sittings.

A large plate electrode was used over the anterior thorax and a smaller one at the chief seat of pain behind. At least three amperes of current were applied, sufficient to raise decidedly the temperature of all the tissues between the electrodes.

A PAGE OF FUN



A quartette had just finished singing, "Among the Sleepy Hills of Ten-Ten-Tennessee."

The hostess noticed one of her guests weeping by himself. She inquired sympathetically:

"My dear man, are you a Tennesseean?"

The reply came quickly: "No, madam, I am a musician."

□ □ □

"This vest ain't made right; there's an extra buttonhole at the top and an extra button at the bottom."

□ □ □

"My husband is a deceitful wretch."

"What makes you think that?"

"Last night he pretended to believe me when he knew I was lying to him."

□ □ □

A motion picture exhibitor says: "Comedies are never run on Saturday night in London. The people are too apt to start laughing Sunday morning in the churches."

□ □ □

Jen: "Jack was held up last night by two men."

Hen: "Where?"

Jen: "All the way home."

Efficiency expert: "You are wasting too much time on your personal appearance."

Stenographer: "It's not wasted. I've only been here six months and I'm already engaged to the junior partner."

□ □ □

Jimmie: "We've got a new baby down at our house."

Elderly Neighbor: "How nice—and did the stork bring it?"

Jimmie: "Oh, no. It developed from a unicellular amoeba."

□ □ □

"You took that little blonde from the notions department home last night, didn't you?"

"I'll say I did, and I kissed her good night, too."

"What did she say?"

"Oh, she just said, 'Will that be all?'"

DO NOT WORRY. EAT THREE SQUARE MEALS A DAY—SAY YOUR PRAYERS—BE COURTEOUS TO YOUR CREDITORS—KEEP YOUR DIGESTION GOOD—EXERCISE—GO SLOW AND GO EASY.

—ABRAHAM LINCOLN