

The Journal of Osteopathy

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The Journal of Osteopathy

Edited by W. K. Jacobs.

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Editorial.

A. M. A. Unmasks Its Guns. While not laying any particular claim to "a gift of prophecy", yet the recent proceeding at the Convention of the A. M. A., recently held in Chicago, justifies our suspicions voiced in an editorial last month, concerning "Independent or Composite Boards—Which?" The warning to osteopaths as to the line along which the A. M. A. intends to direct its opposition to osteopathy during the coming year is contained in the following statement by Dr. Van Meter before the convention.

"The osteopathic condition must be met. It is far better to have osteopaths represented on state boards than to let them have separate osteopathic boards." Let all legislative committees take due warning. The readiness to hold out the composite board compromise is significant.

In New Jersey the House of Representatives has succeeded in ramming down the throats of the osteopaths such a compromise bill, the ramrod being personally wielded by Representative Ramsey, an M. D. The most possible capital is made out of the "concession" of allowing the osteopaths a representative on the board, but in reality it means the throttling of osteopathy. The osteopaths are putting up a plucky fight for an independent board or nothing. Nobody (but the M. D's.) wants the bill and some good lawyers pronounce it unconstitutional. It is being held up in the Senate, and every effort is being made to have the bill either properly amended or killed. Right here the Journal wishes to congratulate the New Jersey osteopaths for their splendid work in lining up public sentiment and the press. Success must come sooner or later. In the meantime, beware of the composite board compromise! Just as we go to press we have the information that the bill passed the senate and is up to the governor.

M. D's. Set an Atlas. The following account is such a pointed illustration of what may be expected from M. D's. trying to administer "osteopathic" treatment and is such an outrageous exhibition of clumsiness in making this simple mechanical correction that we submit the report of the case in full:

"While washing his neck, Leighton, the 15 year old son of Rev. and Mrs. Samuel Z. Batten, dislocated the superior cervical vertebra, or atlas, wrenching the bone out of its socket. The boy had been brought up by his father to never neglect his neck while bathing, and he was paying special attention to this part of his body and scrubbed so hard that he threw the joint at the base of the skull out of place.

"After the accident his head tilted to one side and was held stiffly in place, so that he could not move it. Being alarmed at the condition of things, the lad sought his father, the pastor of the First Baptist Church, and told him that he had done something to his neck while rubbing it with a piece of soap. Dr. E. Arthur Carr was consulted, and it happened that the reverend gentleman brought his son to the physician's office while the state board of health was in session. All the doctors diagnosed the case as a dislocation of the atlas.

"This is a very uncommon thing, and but seldom happens. Leighton Batten's unjointing was of the rotary nature, and the vertebra which fits in a cup-like socket at the base of the skull was twisted out of place just enough to cause the boy's head to become tilted and stiff. Further rotation would have produced more serious results. Dr. Carr made arrangements to have the patient brought to a private hospital, and a number of medical men were present this morning when the task of putting the neck back in its normal position began.

"The boy was put under a strong anaesthetic, in order that all of his muscles would be relaxed, and placed upon the operating table. A man held the lad's head firmly, while two men pulled at the boy's feet, thus loosening the pressure upon the vertebrae in his neck. The operation consisted in Dr. Carr's placing his finger inside of the patient's throat and pressing against the anterior tubercle, or the bone connecting the cup-like sockets that fit onto the base of the skull. Everything worked nicely and soon after the doctor placed his fingers in the boy's throat a little snap was heard, and smilingly Dr. Carr told the men who were assisting him that everything was all right. Then he took the lad's head in his hands and twisted the neck from side to side in a normal manner, showing that the dislocation was at an end, and the operation was successful.

"Leighton Batten came out from the anaesthetic and was resting comfortably."

Is it any wonder the poor boy was glad to have a rest?

Delegates to the National Legislative Council. It is urged that every state which has not done so shall elect or appoint delegates to the National Legislative Council. Where no state meetings will be held, the state presidents are urged to appoint these delegates between now and the time of the National Association meeting.

Osteopathy Scores Signal Triumph. Rarely does an opportunity present itself for osteopathy to score a signal victory right in "the camp of the Philistines" but such a triumph was achieved during the past month by Dr. Joseph H. Sullivan, the esteemed pioneer osteopath of Chicago. The story, in Dr. Sullivan's own words, runs as follows:

"Mrs. V—, operated on February 12th, 1910, at St. Luke's Hospital, Chicago. Operation a hysterectomy. Operator, Dr. W—, of St. Luke's staff of surgeons. Upon regaining consciousness the patient was siezed with singultus hiccough spasms, occurring at intervals of ten seconds. Began hiccoughing Saturday noon, and continued without cessation until Monday noon, forty-eight hours in all. All usual steps were taken to relieve the trouble. Faradigation to spine and to right and left sides. Sipping of carbonized water. Holding the breath. Pressure on stomach with hands. Hot and cold gastric compress. Ice bag to back of neck. Ice pills. Ice bag to epigastrium. Hot trunk pack. Lavage, sulfonal, codein, morphine. The general trend of treatment for the condition was in some way to offset the shock of the operation. They based their efforts on the idea that the trouble was reflex, or perhaps hysteria figured in some measure.

"I was called in on the case by the patient herself; she having had knowledge of osteopathy for some years previously.

"I found the patient in a semi-coma, due to opiates; pulse very thready; exhaustion apparent to all present, spasms occurred about every ten seconds and had become of a character very exhaustive to the patient as well as painful to those in attendance. The spasms were of a character which to the osteopath demonstrated contraction along the right cervical area.

"Examination disclosed distinct muscular and tendonous as well as ligamentous congestion and even torsion, showing strain. No bony

displacement was manifest farther than would follow extreme contraction along the deep cervical area, amounting to marked diminishing of diameters of right cervical foramina. As we know, the phrenic nerve has its origin principally from the fourth cervical, sometimes, also from the third cervical. This being the case, and on examination finding all the complex structures from the occiput to the fifth cervical contracted and almost a torticollis existing, I devoted my attention to bringing about through desensitization or deep inhibition, some mobility along the pathway of the cervical nerves and sympathetic chain.

"Accomplishing this followed about fifteen minutes of effort. I then crotched the cranium at the occiput between my left thumb and forefinger, and rocked the atlas cranial joint with my right hand, thereby accelerating motion at this point.

"Assiduous attention in all the above areas finally achieved the end desired. The patient suddenly lapsed into a complete state of muscular laxity. I have never before witnessed such response to osteopathic work. The whole thoracic and cervical muscular systems suddenly relaxed and hiccoughing ceased the moment I released pressure at the point of lesion, and it is apropos at this point to repeat that no true bony displacement existed, but rather, as before outlined, a deep contracture adjacent to the bone was evident, indicating narrowed foramina between the bones. It is reasonable to suppose that under anaesthesia, the patient, while being transferred from the operating table to the bed, was so handled as to allow the head to hang, or rotate, improperly. This appears the most reasonable cause for the condition existing, and those of osteopathic faith will so reason. The patient has had no recurrence of hiccough."

This is the modest recital of the case by Dr. Sullivan, and had it not been that another osteopath learned of it from a patient who knew of the case, and induced Dr. Sullivan to submit the above report, the chances are nothing further would have been heard of the achievement outside of the circle of those immediately concerned. The triumph for Dr. Sullivan and osteopathy is all the more significant because in this case the resources of medicine and surgery had been exhausted and further because these same M. D.'s. lost a similar case at the hospital in the same week. Had the same result been achieved by an M. D. his triumph would have been lauded to the ends of the earth, but as it was, Dr. Sullivan was satisfied with a good work well done, and not a line of recognition did he receive through the press. Nevertheless, friends of the patient as well as the whole staff of nurses, know what was accomplished, and as it is difficult to confine news of such import, much good must

result in the end. Even among the staff of physicians in their "heart of hearts," a wholesome respect for osteopathy must have been created.

The Journal heartily congratulates Dr. Sullivan. His "case report" is of unbounded significance. Osteopathy was given a chance to measure up with old school methods in an emergency, and its claims have once more been vindicated and its triumph is unqualified. It is a poignant demonstration of the fitness of the science of osteopathy to occupy a place in the very first rank among latter day scientific achievements.

Spring.

Here comes tripping o'er the lea,
Promises of Springtime gay and free!
Hear her laughter on the breeze
Waking all the drowsy trees.
Silence breaks among the rill,
They start ringing from the hills;
Flower buds make haste to rise,
Bathe in dew their pretty eyes;
From the robin's ruddy throat
Comes a welcome cheer-up note.
Sky is blue and sun shines bright,
Hearts beat high with glad delight.

—Good Health.

Scarlet Fever.

ERNEST R. PROCTOR, D. O., Chicago, Ill.

Scarlet Fever is an acute, contagious, self-limiting disease but Osteopathic treatment assists it wonderfully well and very rarely do we have any complications following the disease. Scarlet Fever presents four fairly constant and well defined symptoms: sore throat, high temperature, characteristic rash and desquamation; it usually takes the form of epidemics in certain localities and may be severe or mild.

ETIOLOGY: On account of the gravity and wide spread prevalence of Scarlet Fever a great amount of research and much discussion have been devoted to the etiology, thus far with disappointing results.

Alfred Cleveland Cotton, A. M., M. D. tells us in his work on Children's Diseases; "Although no organism or toxin out of the many which have been subjected to rigid scrutiny has fulfilled all the requirements of a specific agent, the attention of bacteriologists constantly recurs to the streptococcus, both on account of its constant presence and because of its behavior in the graver forms of this disease. While normally present with other flora of the mouth in health, in the angina of scarlet fever this organism more than any other shows evidence of great activity and rapid multiplication. Its presence in the blood is occasionally demonstrated even in mild forms, but it is seen most frequently in fatal cases, and always in large numbers after death from this disease. In fact, many have claimed that whatever be the specific cause of the infection, in all probability the fatal termination is due to streptococcaemia."

No age is exempt from Scarlet Fever. I know of a case of a lady between 60 and 70, an invalid, who had Scarlet Fever and recovered without any very bad complications. Rarely do the nursing children take the disease. There are cases reported, however, where healthy infants have been born of mothers who were passing through an attack of Scarlet Fever without the child having same.

The seasons apparently have some influence upon Scarlet Fever, the early winter months showing the greatest number of cases and the highest mortality. This may be due to the unpacking of winter clothing, stored in dark closets during the summer months, also to the congregating of children at the different schools. Common source of in-

fection is the Scarlet Fever patient through the channels of personal emanations, nasal and oral secretions, urine, feces; sweat, breath and dermal exfoliation. Most prominently, perhaps, it occurs in direct contact but the poison may be conveyed by books, letters, toys, clothing, domestic pets or through food and drink.

My experience has been that the time that the disease is most liable to infection is when the patient first breaks out with a scarlet rash and the fever is running high.

TREATMENT AND CARE OF PATIENTS: When you are called to a case in which the symptoms indicate Scarlet Fever, it is not necessary for you to report the case at once but it is always safest to prepare a room for the patient by removing all the unnecessary articles, carpet, rugs, scarfs, etc., putting your patient in the room with one who is to act as nurse with plenty of clean bedding and apparel for the patient and nurse, tacking a sheet before the door, spraying same with a strong antiseptic solution, I usually use the formaldehyde solution.

SYMPTOMS: Patient usually has high fever and feels badly about a day or two before the scarlet rash appears, which appears first on neck and chest then rapidly covering the entire body. A sore throat, usually quite severe with strawberry tongue and the patient very restless and irritable, are marked symptoms. When you are sure of your diagnosis, report the case to comply with the requirements of the Health Department and you will have no trouble with them.

DIET: My treatment in Scarlet Fever is to give the patient little sips of water, not too cold,—also hot, weak broths unless the fever runs very high, when I give practically no food; but, your treatment as a rule will control the temperature but if it does run high give sponge bath more often and a little cooler.

If it is convenient, I have had the best success by putting the patient in the bath tub for the bath, followed by the olive oil rub. Apply the oil gently so as not to irritate the tissues of the patient. In your treatment watch the little patient's heart and kidneys carefully—in other words—your patient will indicate the treatment to be given. Scarlet Fever cases vary greatly in their symptoms, therefore it is quite impossible to outline any special manipulative or osteopathic treatment. It has been my experience that the temperature varies some in the different patients or the different temperaments of the patient and you may have one case with the fever not so high and the child suffering more than another case with the fever running high. Keep the cervical muscles relaxed thoroughly as well as any other congested muscles that you find by deep, thorough, gentle relaxing treatment. Our cases



DR. ERNEST R. PROCTER,
Chicago, Ill.

vary so greatly—for instance: the throat varies from the hyperemia to an extensive tonsillar and pharyngeal inflammation and even gangrene, and sloughing, also the rash may be a beautiful scarlet all over the body where, in other cases, it may not come out so brilliant, but it is always a small, minute, pinpoint rash. If you wish to have success with these cases, you must give them close attention, treating them carefully at least twice a day for a few days. It is best always to have a good nurse, if possible, and one who understands the nursing of such cases and will follow out your directions minutely: Your mild cases are quite as liable to complications as are the severe ones.

In the treatment of acute contagious diseases, we must comply with the health laws and rules; therefore, it is our duty to use antiseptics and disinfectants for the best good of our patient. I will describe to you two cases we had in my own home about one year ago of my little girl then 5 years old and boy 7. I give you these cases in preference to any other as I feel more at liberty to do so. Little girl broke out with a rash a few days before the boy, 7 years old and I will frankly tell you I never thought of Scarlet Fever at first. There was a slight throat and pharyngeal inflammation with a great deal of discharge from the nose, followed later by a discharge from both ears, one slightly and the other quite profuse. We used antiseptic spray in the nostrils and throat of boracic acid and hydrastis, washing the ears out with boiled water and wiping dry, then packing with powdered boracic acid. This is the treatment we gave to the ears after the patient was up and about, as well as the osteopathic treatment, relaxing the tissues and aiding the circulation to the throat and head.

The temperature did not go above 102 and the little patient was not sick enough to be in bed except one day. Baths and Olive Oil applications were used. Slight deafness has resulted increased by any cold or inflammation of the nasal passages. I think this was due to the fact that we did not realize, in the beginning, that we had Scarlet Fever to treat.

The boy's case was much more severe, the throat more inflamed but had little or no discharge from the ears and just slightly from the nostrils but a great deal through the throat. His temperature ran to 102 4-10, he was very restless, had headache and suffered a great deal. About the tenth day he began to complain of pain in all the joints; was not able to close his hands, raise his arms, turn his head or flex his limbs, there being a slight paralysis. Head turned slightly to one side, muscles becoming very tense and trying to straighten same caused severe pain and the same with the hands or limbs.

Treatment was very gentle, relaxing treatment of the muscles of the cervical region, spine, wrist and knee joints for a little time then patient rested a few minutes, then treatment continued. The heart seemed weak and irregular. Urine dark and heavy. Greatly worried for fear the heart and kidneys would go back on us; but after careful examination of the heart I could find no trouble except perhaps the weakness and rapidity of pulse. Kidneys did not act well one day, but after treating carefully the heart and kidney centers began to show signs of relief. The inflammation and tenderness of the joints gradually receded and he was able to move in bed. Warm tub baths were continued. The boy was in bed just two weeks and was not able to walk alone upon getting up. Gained in strength rapidly and by the time he was out of quarantine looked almost as strong as he did before his sickness. Patient has complained as to his heart bothering him; for instance, one evening he called me up stairs shortly after his sickness and said his heart was jumping around in his chest; another time he said it bothered him when he ran. This was at least four weeks after coming out of quarantine. Just why this was I cannot say except there must have been a gradual weakness of the heart muscles as I found no difficulty upon examination. Care should be taken to keep the patient from any excitement or physical exertion for a month or more after Scarlet Fever. The throat washes used in this case were the same as those used for the little girl.

If you take these acute cases be sure to give them your very best attention and I believe the Osteopathic Physician should take the acute work.

Tribute to Andrew Taylor Still.

MRS. JOHN F. SPAUNHURST.

Strong as the Oak, free as the air,
Brave as the North wind bold;
Unyielding as Fate, toward those who hate
What he would have and hold.

True as the star, when hardships bar
His way to the wished for goal;
Firm as the rock, when the skeptic's mock
Tried his well nigh driven soul—

Undaunted, for the mighty Thor
He did not disapprove,
And all the thunders of the world
Could not his stout heart move!

No wind nor storm could him alarm—
A child of Nature, he,
Who stood a giant in the blast
Against the "Powers that be."

And now matured in Nature's way
A sage in Science, he,
To whom was born a Nature child,
Osteopathy!

Indianapolis, Indiana,
March sixteenth,
Nineteen Hundred Ten.

Pelvic Wrenches and Their Sequence.

(Illustrated.)

F. P. MILLARD, TORONTO, CANADA.

Until recently anatomists in general have discredited our claim that an innominate bone may become subluxated or twisted on its axis in relation to the sacrum. Recently, through clinical cases and bountiful osteopathic literature, the new editions of anatomies are stating that lesions may exist at the sacro-iliac joint.

In osteopathic practice it is a daily occurrence to examine and treat cases where various complications have arisen from lesions of this nature.

The pelvis, from a mechanical standpoint, is one of the most intricate pieces of mechanism in the human anatomy. Not only does it support the weight of the body, but its burdens also, which sometimes amount to more than the weight of the body itself. And all this weight comes upon the spinal column, which rests upon the sacrum, the posterior part of the pelvis, (Fig. I.) almost three inches back of the hip sockets, which form the basis of pelvic support in relation to the lower extremity. Imagine the muscular and ligamentous tension placed upon the pelvic tissues when weights are being carried. Depending as we do upon the normal tension of muscles and ligaments for constant equilibrium, and remembering that when we are walking, full weight is thrown upon one socket joint until relieved by the other, it seems almost marvellous that this constantly alternating hip-socket pressure does not twist or strain the ligaments holding the pelvic framework together. Reasonable it seems, however, that sudden jolts, falls, slips, or over-burdens, might produce a "sprain" of the pelvic joints somewhat similar to that found in the ankle or wrist joints, in proportion to their relative mobility. Within these pelvic joints we find what we call, technically, "bursae," which, by the way, is one proof that the pelvic joints are

FIG. 1. (F. P. Millard)—Shows the innominate in normal relationship to the sacrum and lumbar vertebra. A.B Perpendicular line from which C.D. and H.O. are at right angles, passing through the anterior superior spine (A.S.I.), and through centre of obturator foramen, respectively. S.X. and E.F. are at right angles to each other at fixed points on the innominate, as shown in Figs. 1, 2, and 3. Sc. Sciatic nerve in its relationship to the spine of the Ischium. (Si.) P. Lig. Pouparts Ligament in relation to the Femoral Vessels (Fem.) and Anterior Crural Nerve.

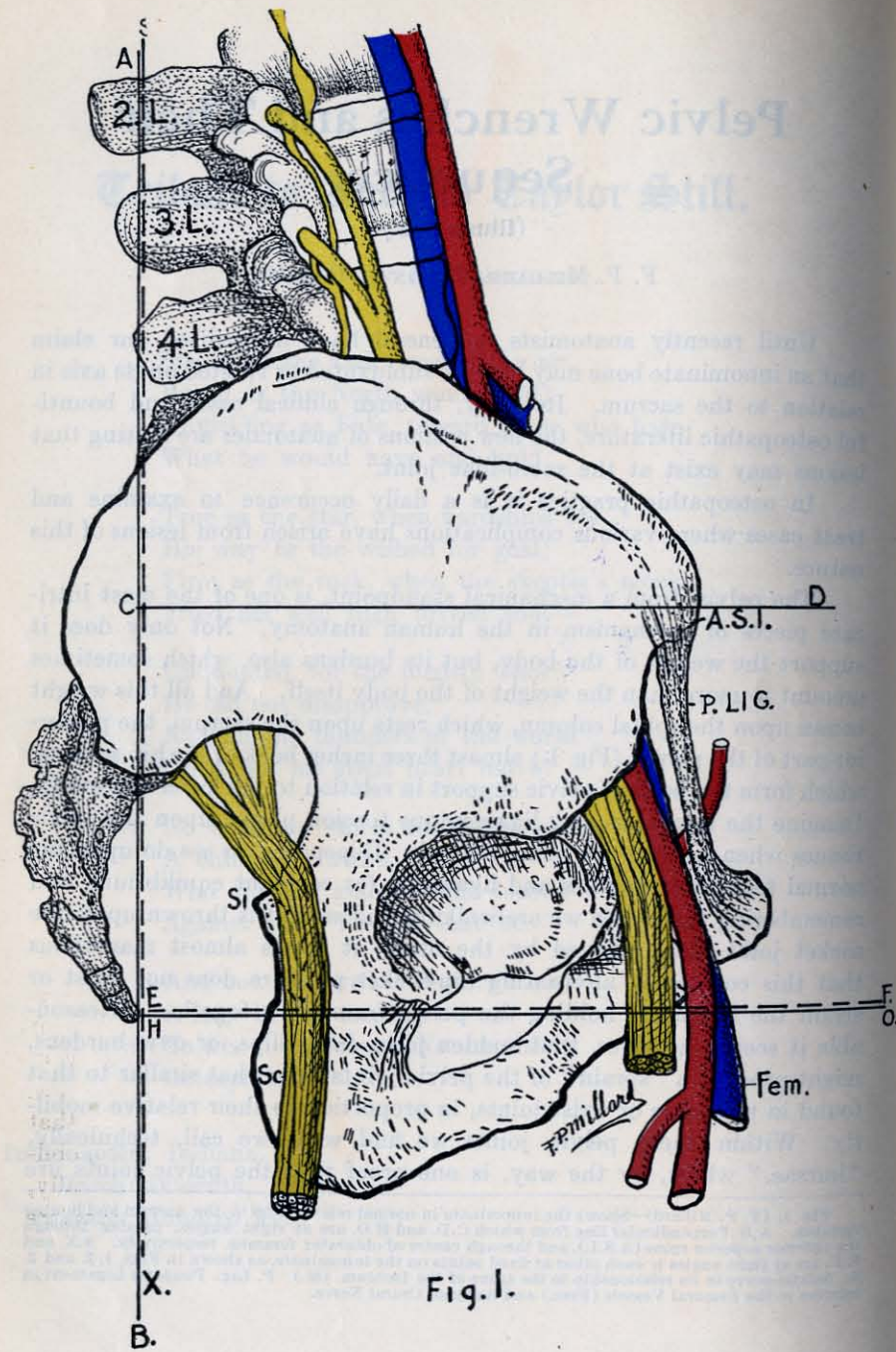


Fig. 1.

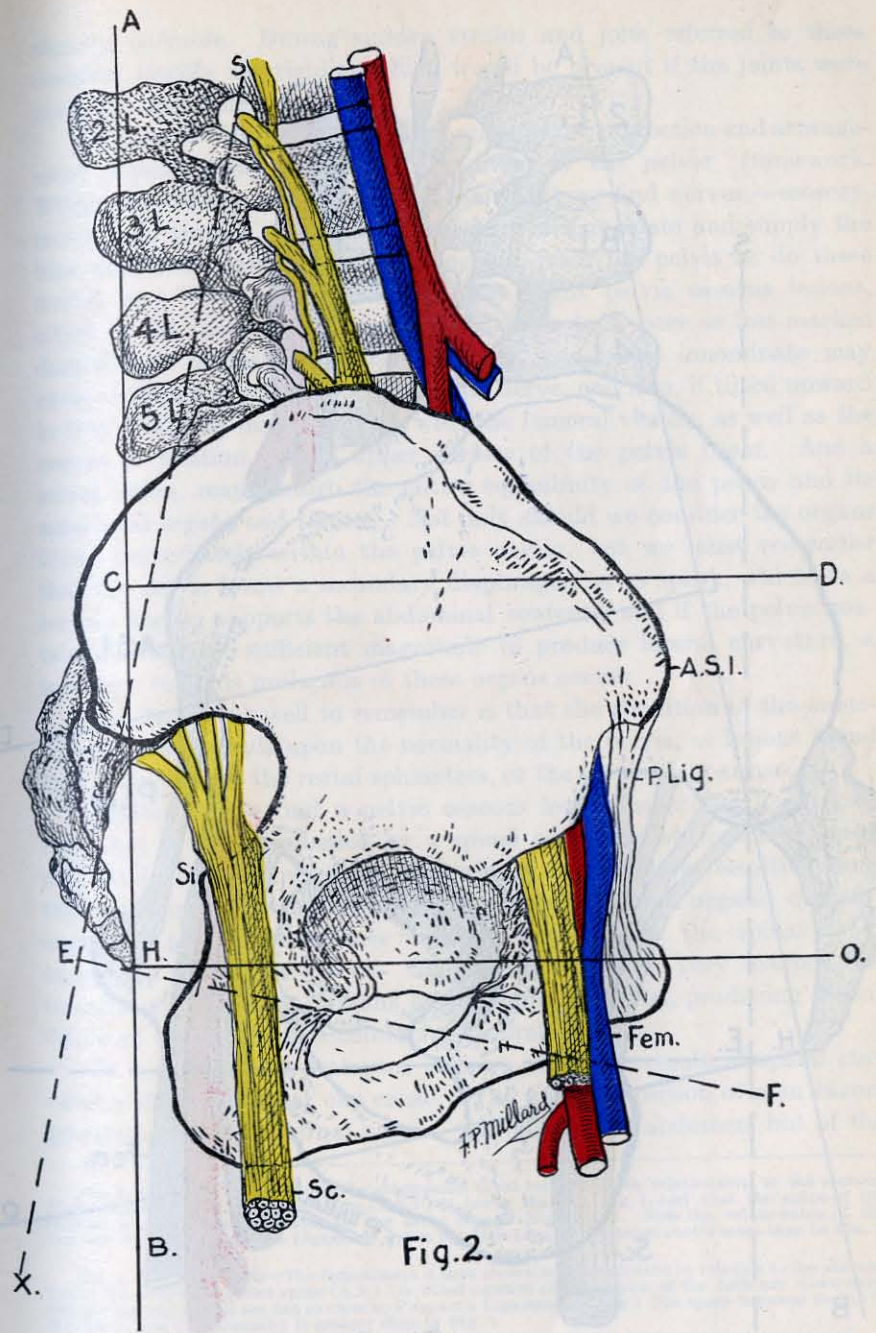


Fig. 2.

slightly movable. During sudden strains and jolts referred to these cushions modify the rigidity which would be present if the joints were perfectly immobile.

Contained within the pelvis are organs whose protection and arrangement depend upon the normal condition of the pelvic framework. Within this cavity and in close relation to it we find nerves;—sensory, motor, and trophic,—and blood-vessels, which regulate and supply the hips and lower extremities. Passing out from the pelvis as do these nerves and blood-vessels, we find that slight pelvic osseous lesions, either of the sacrum or innominates, disturb to a more or less marked degree their normality. For instance, a subluxated innominate may cause mechanical pressure of the sciatic nerve, and also, if tilted upward in front, (Fig. 3) may interfere with the femoral vessels, as well as the nerves in relation to the upper surface of the pelvic basin. And a sacral lesion, may disturb the entire equanimity of the pelvis and its associated organs and tissues. Not only should we consider the organs found immediately within the pelvic cavity, but we must remember that the pelvis forms a secondary diaphragm, so to speak, which, to a certain degree, supports the abdominal contents, and if the pelvis contains a lesion of sufficient magnitude to produce lateral curvature, a tendency towards prolapsus of these organs occurs.

Another point well to remember is that the condition of the emunctory organs depends upon the normality of the pelvis, as lesions found here often disturb the rectal sphincters, or the urinary apparatus.

Seldom do we find a pelvic osseous lesion, especially if marked, but what it is accompanied by a spinal curvature of greater or lesser magnitude, and, following out the series of complications resulting from these lesions, we invariably find more or less internal organic disturbance, due to the interference with the nerves from the spinal cord, caused by the spinal curve. Should the curve be very marked the tonicity of the internal organs may become impaired, producing a condition of atony which is conducive to prolapsus.

It is a fact that prolapsus is more often the result of spinal curvatures than any other one cause. The upright position of man favors gravitation of the internal organs, not only of the abdomen, but of the

Fig. 2. (F. P. Millard.)—Shows the innominate tilted forward in its relationship to the sacrum. Notice that the anterior superior spine (A.S.I.) is lower than in Fig. 1, and that the spine of the Ischium is tilted upward, pressing on the great Sciatic Nerve (Sc). Note the relationship of the Femoral Vessels to Poupart's Ligament. Also the fifth Lumbar Vertebra shows more than in Fig. 1.

Fig. 3. (F. P. Millard.)—The innominate is here shown tilted backward in relation to the sacrum. Notice the anterior superior spine (A.S.I.) is tilted upward and the spine of the Ischium downward, and the femoral vessels are not so close to Poupart's Ligament (P. Lig.) The space between the tip of the coccyx and the tuberosity is greater than in Fig. 1.

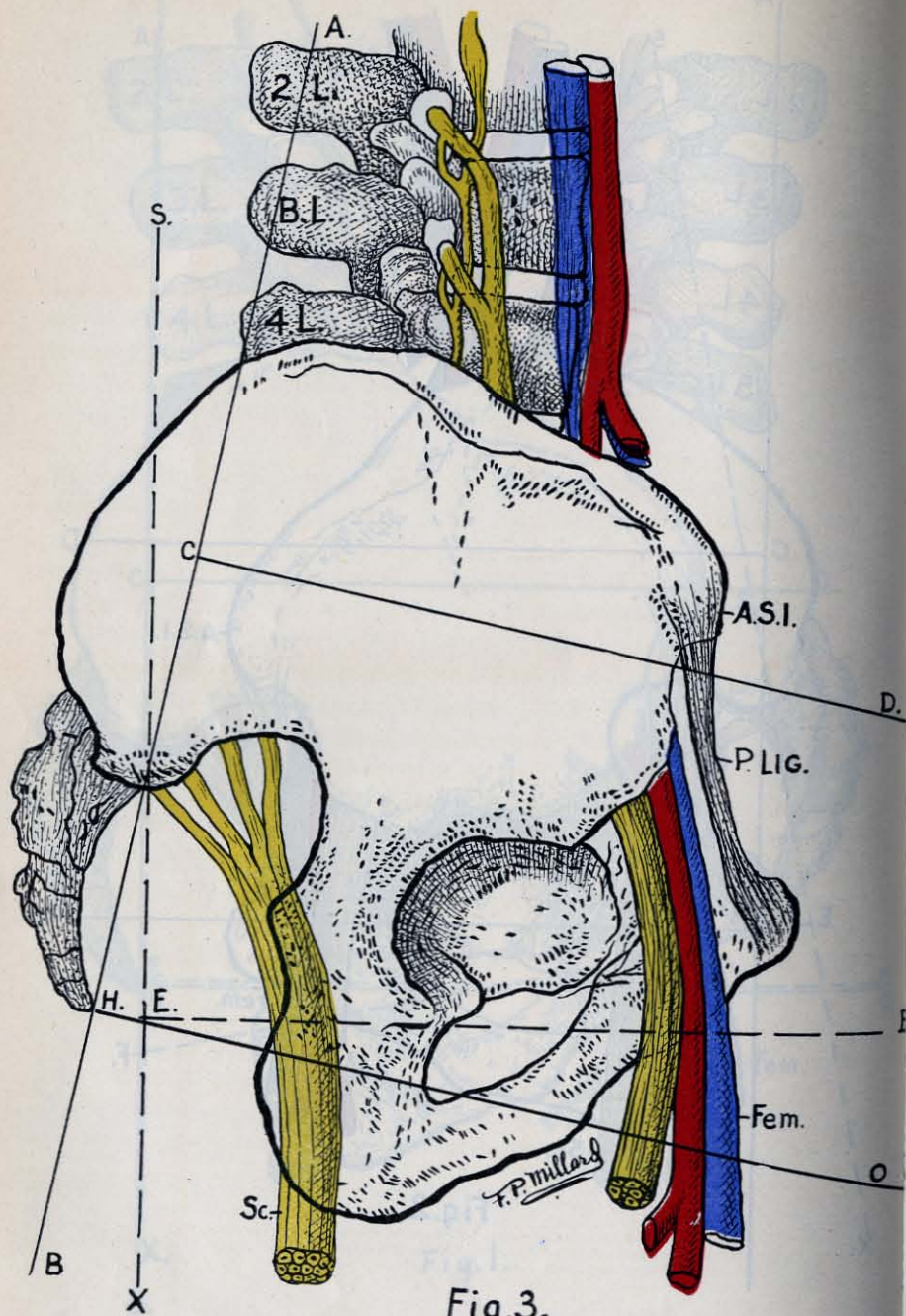


Fig. 3.

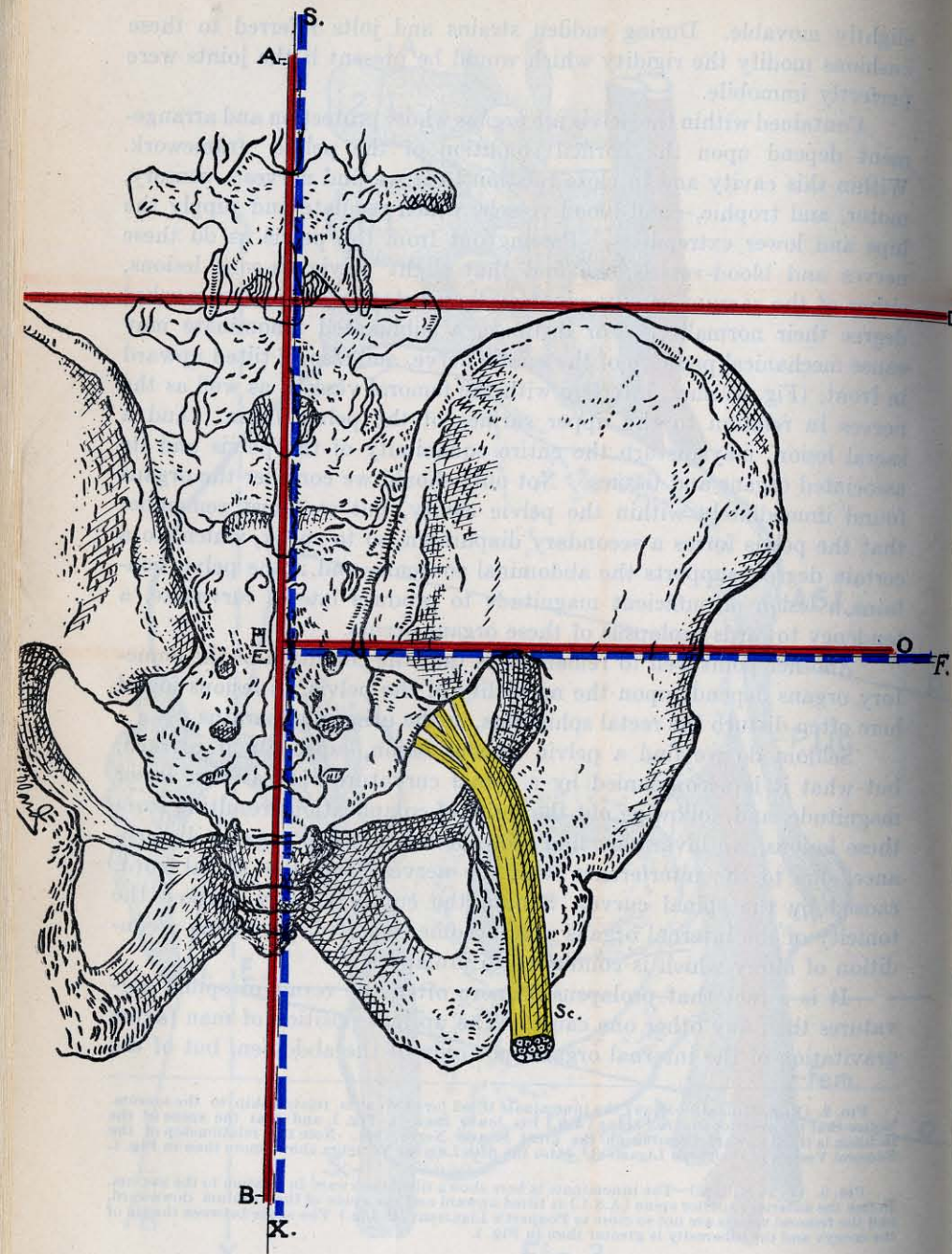


FIGURE 4.

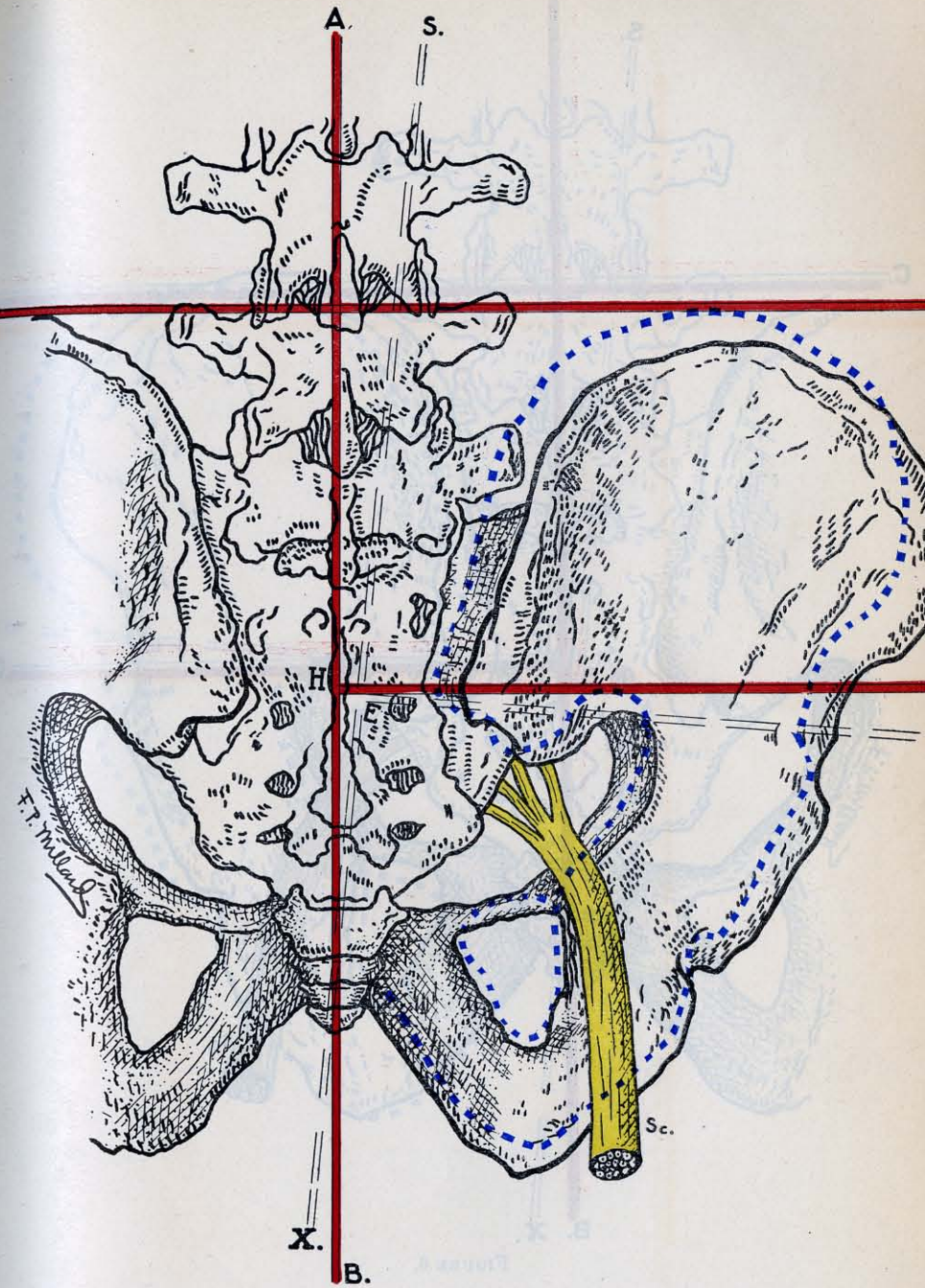


FIGURE 5.

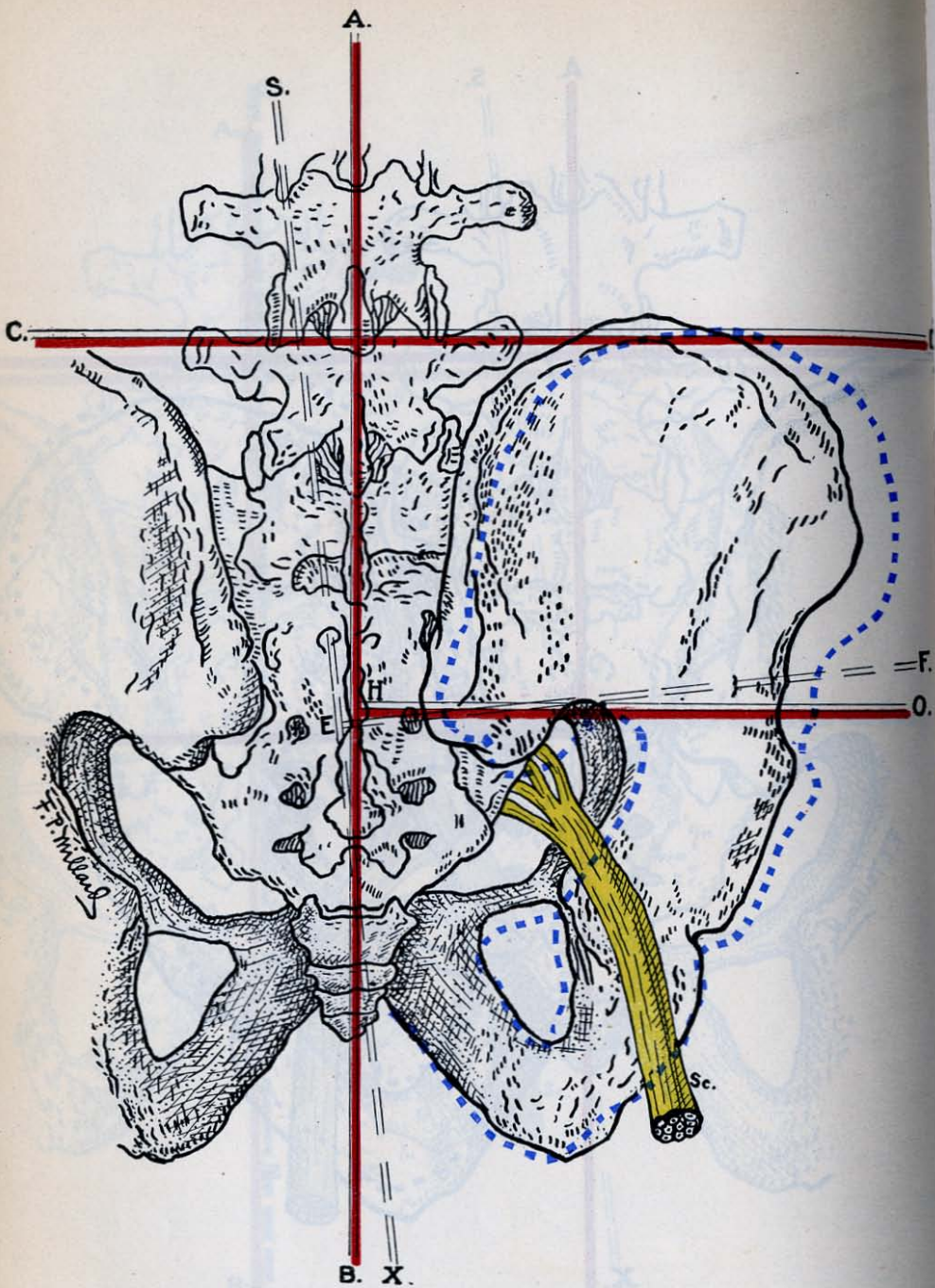


FIGURE 6.

Pelvic Wrenches.

F. P. MILLARD, D. O.

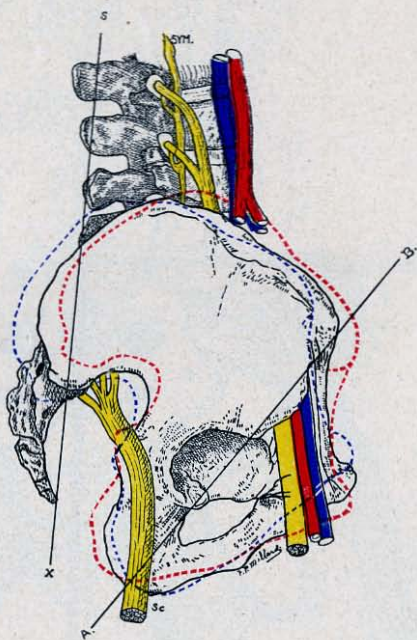


FIGURE A.

FRONTISPIECE A. (F. P. Millard)—Side view of the innominate in its normal position in relation to the sacrum. The dotted lines indicate the directions in which this bone is most likely to be misplaced. The line A. B. is used for diagnostic purposes, passing as it does through the centre of the acetabulum and the superior anterior spine and the tuberosity of the ischium.

(Through an error in interpreting instructions our engravers made this cut smaller than the following two.—Ed.)

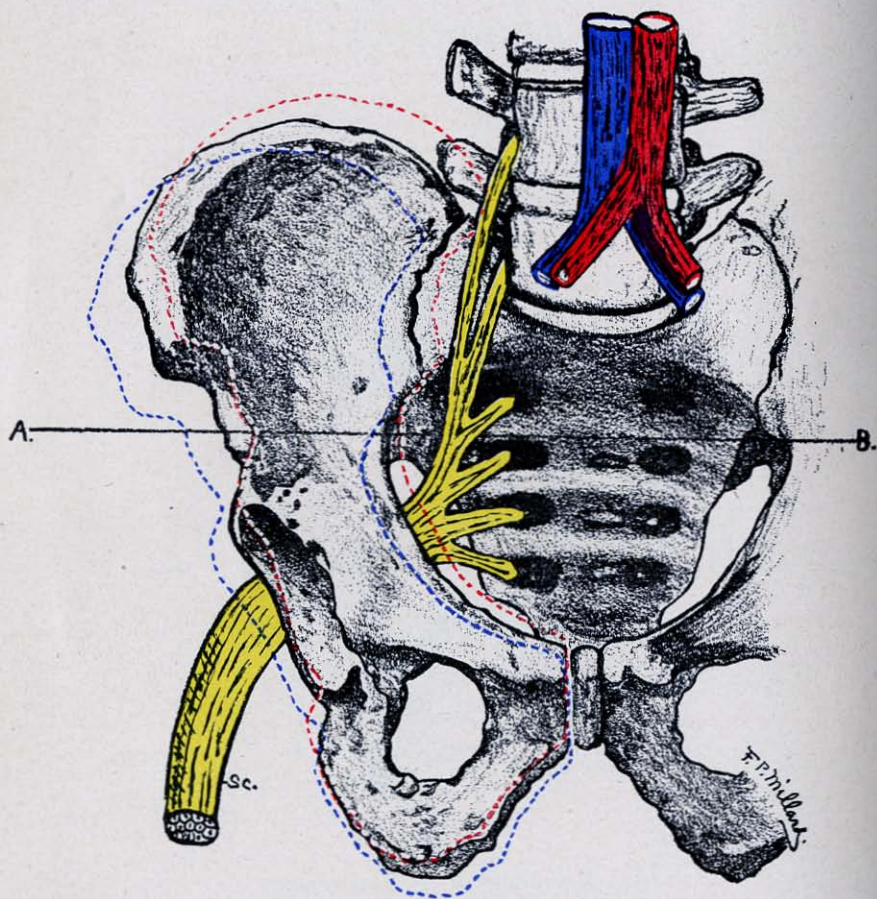


FIGURE B.

FRONTISPIECE B. (F. P. Millard.)—Shows the anterior view of the pelvis with the innominate in normal position. A.B. is the transverse axis upon which the innominate turns when subluxated. The dotted lines indicate the different positions which the innominate would be most likely to assume.

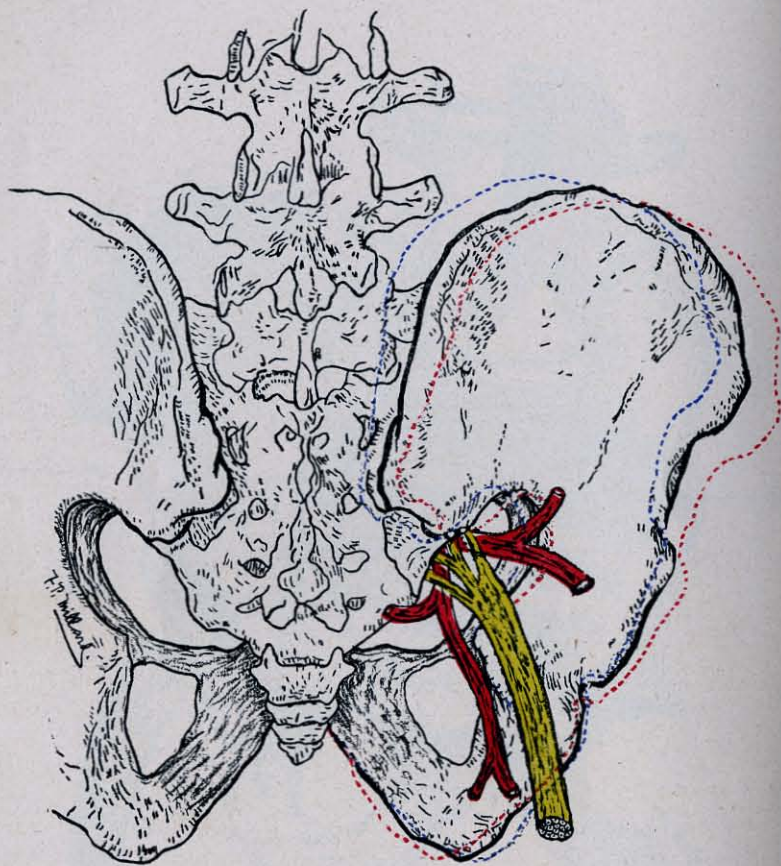


FIGURE C.

FRONTISPIECE C. (F. P. Millard).—Posterior view of the pelvis in its normal relationship to the sacrum. The dotted lines show the innominate twisted forward and backward on its transverse axis in relation to the sacrum.

pelvis. Weakened innervation from spinal curvature produces a lack of nervous equilibrium, resulting in internal organic disturbances, associated with lack of blood equalization. Spinal nerve impingement invariably means lack of freedom of nerve and blood supply. Not only does spinal curvature produce disturbance and interference of internal organs, but we find the walls of the abdomen weakened, which allows a more ready prolapsed condition of the internal organs. Normal tonicity of the abdominal muscles is all-important in assisting the organs to retain their proper position. A lateral curvature affects the internal organs through the splanchnic nerves especially, which supply the stomach walls. These sympathetic nerve fibres connect with the spinal nerves already referred to by communicating branches, etc.

Atony of the gastric muscular walls, due to nerve impingement, results often in dilatation of stomach, with resulting symptoms. In this condition of prolapsus and dilatation of the stomach, as well as in the prolapsus of the other abdominal organs, the essential point is this: Atony is produced by an impaired nervo-musculo-vascular condition, and this lowered nerve, muscular and vascular force must be re-established in the tissues and organs by stimulation of their nerve centers, first removing the spinal nerve pressure by correcting any spinal irregularity. Spinal impingements of the various nerve fibres just referred to were produced by a curvature which was secondary to pelvic lesions. While this condition is quite common, yet a great many spinal curvatures exist, and are compensated by secondary curves in the spinal column, without materially affecting the pelvis, although a decidedly lateral spinal curve usually produces a twisted pelvis. In this article, however, we will deal only with curvatures which are the result of pelvic irregularities.

The relation of the sciatic nerve to the pelvis is such that a slipped innominate oftentimes proves to be the primary cause of sciatica. (Fig. 2.) Instead of the slipped innominates directly producing sciatic nerve pressure, we find, in some cases, a spinal curvature, due to the

FIG. 4. (F. P. Millard)—Posterior view of the innominate in relation to the sacrum. A.B. Perpendicular line from which C.D. and H.O. are at right angles, passing through the superior crest of the ilia and through the top of the ilio sciatic notch respectively. S.X. and E.F. are at right angles to each other at fixed points on the innominate as shown in Figs. 4, 5, and 6. Sc. Sciatic Nerve in its relationship to the spine of the ischium.

FIG. 5. (F. P. Millard)—The innominate tilted forward in its relationship to the sacrum, making the leg appear longer on that side. The line H. O. is at the transverse axis, upon which subluxations of the innominate take place. Notice that the anterior spine is lower than in Fig. 4, and that the crest of the ilium is lower and anterior to the normal position, which is shown by a dotted line. The transverse processes of the fifth lumbar vertebra is shown in full, and the ilio-sacro articulation is exposed.

FIG. 6. (F. P. Millard)—The crest of the ilium is shown above the normal dotted line, and the posterior, superior and inferior iliac spines are riding over the sacro-iliac articulation, making this part of the innominate appear too prominent. The right leg will appear shorter on examination, as the acetabulum is drawn upward and backward. Also the anterior superior spine is not so prominent as that on the other side.

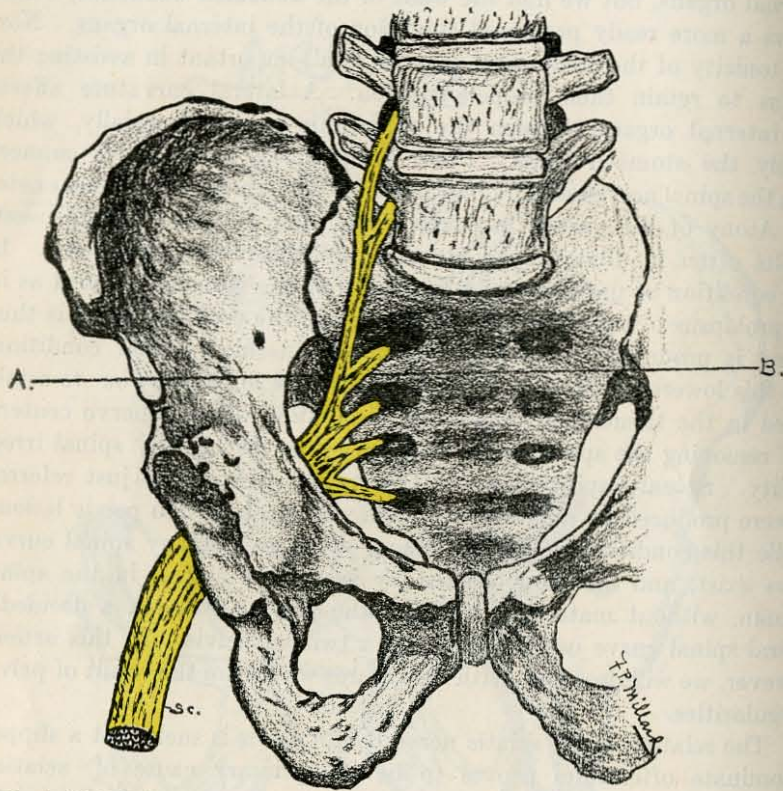


FIG. 7. (F. P. Millard)—Shows the normal male pelvis with proper sacro-iliac and pubic articulations. The Sciatic nerve (Sc.) is shown leaving the pelvic cavity back of the ischium. Notice the close relationship of the sciatic nerve fibres to the sacro-iliac articulation. The femoral vessels are shown in their relation to the innominate. The line A.B. is the transverse axis of the innominate.

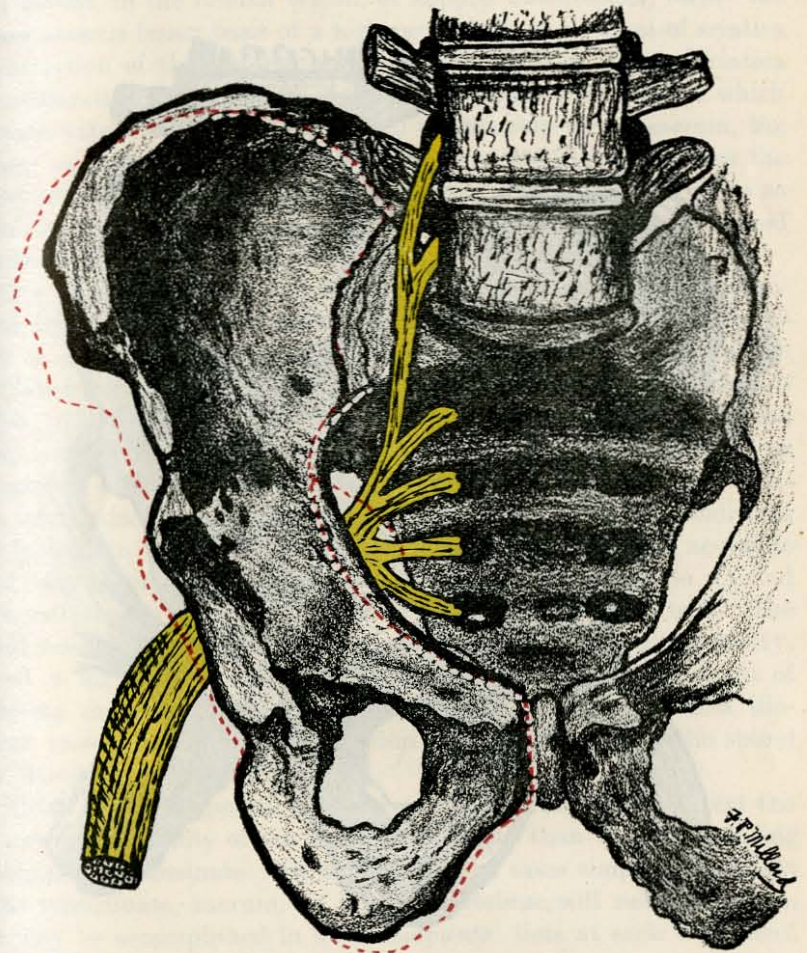


FIG. 9. (F. P. Millard)—Shows the innominate tipped upwards and backwards. The dotted line is the normal position of the innominate.

pelvic lesion, producing impingement at the point where the nerve fibres come from the cord, which go to make up the total bundle of nerve fibres known as the sciatic nerve. In the majority of cases of sciatica, treated osteopathically, I believe I am correct in saying that spinal lesions, in the lumbar region, or slipped innominates, form the primary osseous lesion basis of a high percentage of all cases of sciatica and correction of these spinal and innominate lesions relieves sciatica in a comparatively short time. Sometimes a single treatment, in which an innominate is replaced in its normal relationship to the sacrum, the pressure on the sciatic nerve cord is removed sufficiently to ease the patient at once. The old surgical method of stretching this nerve to relieve the pain proved to be a fallacious one, as the cause remained untouched, and nerve impingement continued to exist.

One advantage of early reduction of pelvic lesions is that pathological changes are averted, especially in cases where a rheumatic tendency is present, and hypertrophic tissue is found at the sacro-iliac articulation, where the lumbo-sacro cord lies in such close relationship and bound down to it. (Fig. 7.) Disturbance of the fibres of the great sciatic nerve may produce a variety of symptoms in the extremity, as the function of that nerve is partly trophic, as well as vasomotor. Varicose veins, ulcerated spots, caries of the bone, oedematous conditions from lymphatic disturbance, chronic sweating of the feet, and neuralgic pains, may be the result of innominate lesions. Not only do we find nerve irritation in these cases, but vascular disturbances as well. The gluteal vessels, which supply the muscles in relation to the pelvic cavity, as well as the bones and hip joint, may be disturbed to the extent of producing malnutrition to these parts. The lateral-sacral and ilio-lumbar vessels, which furnish nutrition to the lower part of the spinal cord tissues, may also be affected.

There is no manipulation in osteopathic practice that will test the real mechanical ability of the practitioner better than that of reducing a subluxated innominate. In the majority of cases simple adjustment of the innominate, sacrum, or lumbar vertebrae, will relieve sciatica. This may be accomplished in a few moments' time at each treatment, and without any suffering on the part of the patient.

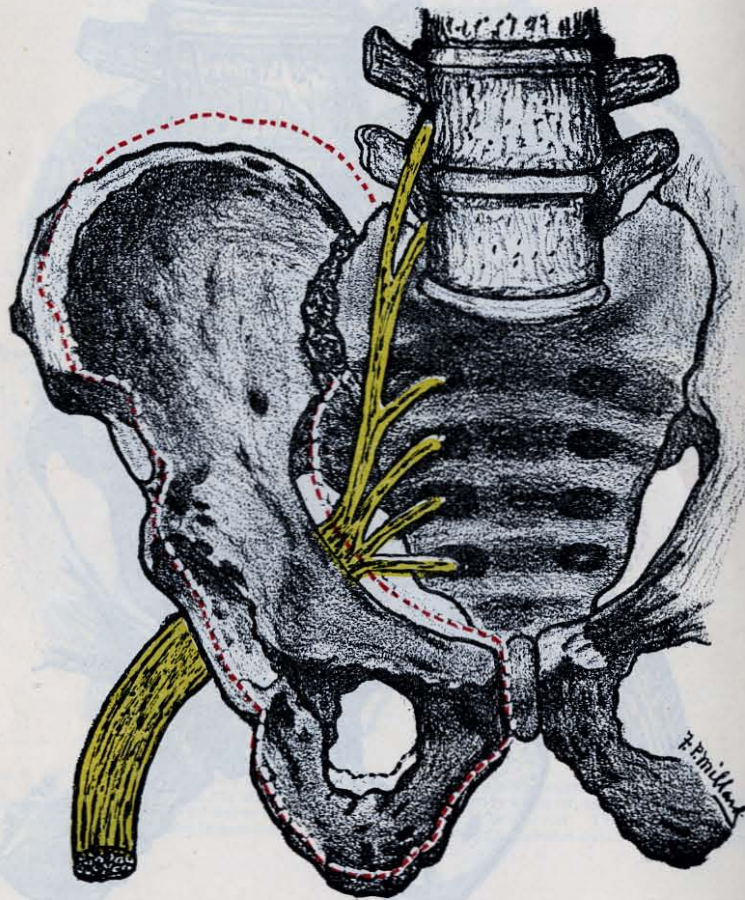


FIG. 8. (F. P. Millard)—Shows the innominate rocked forward on the sacrum and tilted downward at the pubic end. The dotted line indicates the normal position of the innominate.

Exit of the Family Doctor.

Where's the good old family doctor, with his microscopic bills,
With his bag of plasters, powders, and those evil tasting pills?
How our trouble used to lighten and our aches and pains abate,
When his shabby horse and buggy tied up at the old front gate.

Now it's Doctor This for measles and it's Doctor That for mumps,
And it's Doctor What-You-Call-Him when it's just a case of dumps;
If it's only common colic, just as plain as plain can be,
To a hospital you're hustled for some surgicality.

Comes the twentieth century doctor in a spotless limousine,
Sealed hermetically in it—clothed "germ-proof" to microbes keen.
Or, more truly, this great doctor will not come at all to you—
In an office he's receiving—"office hours from one to two."

And it's Doctor This for left eye and it's Doctor That for right,
And it's Doctor What-You-Call-Him if you're crosswise in your sight.
When you need some fancy glasses just to see more than you ought,
To Berlin you're shipped instanter to that famous Doctor Whaught.

He can amputate bad tempers, he can make good folks of bad,
He'll immune you from diseases that you never could have had,
Yes, time's come when it's expected, just to keep you "middling fair,"
You must know the specialists "does" of all the kinds there are.

Oh, its Doctor This for "eetisis" and Doctor That for "ites,"
And it's Doctor What-You-Call-Him when you're seeing things at nights.
Each will treat one "error" only, will these modern unionists,
Then divide your woes with twenty other waiting specialists.

—Exchange.

Myelitis.

DR. GEORGE TULL.

Myelitis; inflammation of the bone-marrow.

Leake Myelitis; inflammation of the white substance of the spinal cord.

Poliomyelitis; inflammation of the gray substance of the spinal cord.

These are the two principal divisions under the main topic of Myelitis. In myelitis we have some twenty-two sub-divisions, but for the sake of brevity, we follow the arrangement in part given by Dr. Carl McConnell.

Acute myelitis is an acute inflammation, with softening of the substance of the cord, giving rise to marked disturbance of motion, sensation and nutrition. When the whole thickness of a section of the cord is involved, the condition is termed transverse myelitis. When an extensive area is involved, it is termed diffuse myelitis. When the gray matter around the central canal is especially affected, it is termed central myelitis.

In regard to the etiology, McConnell says: "There can be no doubt that lesions are very potent factors in producing this disease. It may follow repeated exposure to wet, cold or exertion; or be a sequel to the infectious diseases, as smallpox, typhoid fever, typhus, puerperal fever or measles. Lesions of the spine, even of a muscular nature, readily disturb the cord circulation. It may be due to traumatism or disease of the vertebrae, as caries or cancer. Syphilis and tumors are also said to cause it. Sometimes there is a hereditary tendency to the disease. It is most common in males between fifteen and thirty years of age."

In regard to the pathological conditions found in this disease, he says, in part: "In section the substance of the cord is red and soft. The line of demarcation between the gray and white matter is lost or extremely indistinct, and minute hemorrhages are sometimes seen. In very acute cases, affecting the white and gray matter after injury, when the membranes are cut, the substance of the cord may flow out as a reddish creamy fluid."

"The nerve fibres are much smaller and the axis cylinders broken up. Blood discs, leucocytes, and numerous granular fatty cells may

also be present. The blood vessels are distended and dilated. There may be thickening and hyaline degeneration of the vessel walls and hemorrhagic extravasation."

Acute Transverse Myelitis—Symptoms. This is the type most frequently met with. The symptoms differ with the situation of the lesion, which is generally in the dorsal cord. At the onset, there may be pain, numbness and tingling in the back, radiating into the limbs. There is usually moderate fever, malaise, muscular pains, a coated tongue and constipation. A girdle sensation frequently occurs at the level of the diseased area. At first, there is retention of the urine and feces, later incontinence. The nails become thick and brittle. Death may occur from exhaustion, heart or respiratory failure, but it is rare; segments of the cord may be completely and permanently destroyed, causing persistent paraplegia.

Acute Diffuse Myelitis—In this form, the symptoms are much the same as in the acute transverse, except the course of the disease is more rapid, and may prove fatal in from six to ten days.

Acute Anterior Poliomyelitis—(Infantile Paralysis.) The acute atrophy. Paralysis of children; a disease affecting children, usually about the period of their first dentition. It comes suddenly, often with fever, and is attended with motor paralysis and atrophy of groups of muscles, ending in contraction and deformity.

Ascending Poliomyelitis—A paralytic affection which is first manifested in the legs and rapidly ascends cephalad. The patient may recover with damaged muscles, but involvement of the muscles of respiration and deglutition may prove fatal.

There are a number of other manifestations, which it is not necessary to mention.

The lesions causing this distressing and almost fatal disease are usually found in the upper dorsal region, with auxiliary lesions in cervical and lumbar enlargements of the cord.

The prognosis is not always favorable, though reports have come from practitioners, of great benefit, and a few permanent cures, owing doubtless to the prophylactic effect of osteopathic treatment in preventing degeneration of the substance of the cord. In the early stages of the disease, when hyperemia of the area of lesions is at the maximum, treatments should be administered with great care and gentleness, as violent treatment at this stage would surely emphasize the trouble and greater injury to the cord result. In the acute stage, very careful and gentle treatment should be given every day until the fevered con-

dition in the lesion areas are abated, which can be approximately determined by passing the palm of the hand over spine. If the lesion areas are warmer abnormally so, than other regions of the spine, it is safe to conclude that the hyperemia still obtains. Endeavor at all times, as gentle as possible, to remove the deviations of structure, so that there will be established at the earliest moment, the integrity of the arterial supply and harmony and tonicity of the veins, or drainage system, thereby relieving the congestion and causing an influx of pure and fresh blood to the wasted and dying cells that are affected.

I would like to emphasize one thought in passing. Much is said and written about arteries and the arterial supply, little or nothing about the veins or drainage. In all cases of hyperemia, the efforts should be directed especially to the relieving of the veins, to establish drainage and there can be no shadow of doubt but the arteries will perform their functions intact. It is the sequelae of hyperemias such as is found in myelitis, that plays havoc with both vein and artery by destruction of the cells that compose the auxiliary centers of the cord, causing irreparable injury to the trophic, motor and vaso-motor functions of nerves to groups of muscles, arteries and veins; hence the atrophy of muscles and lost motion that follow.

Osteopathic physicians find lesions in certain regions of the spine, such as contracted muscles, thickening of the tissues, immobility, rotations and sublaxations of ribs, and by treatment intelligently directed, secure integrity of structure and alignment and there seldom is failure to show good results, on the theory mind that by correcting the lesions, the prime causative factors, the congestion and diseased condition of the substance of the cord, will abate and disappear. This is all very gratifying, but it is not completely satisfactory. We get results that are sometimes beyond our fondest hopes. Still our case is not complete until an appeal is taken to the Supreme Court of rigid analysis; the court of last resort. That court will be composed of minds who will patiently work out, demonstrate and determine the physiological value of every segment of the spinal column and relative cord substance. When this is done, the osteopathic theory of cause and effect will be proven and judgment affirmed.

This will be done in the course of time, and it is my earnest hope that it will all be accomplished in its entirety by osteopathic physicians.

Do not forget the brilliant laboratory experiments on dogs by Dr. Carl McConnell, a few years since, on this line, e. g., he demonstrated that a vertebral twist or rotation produced between the fourth and fifth dorsal vertebrae and vertebral end of the fifth right rib subdislocated

upward, after the eighth day, resulted in a very sick canine. On the twenty-sixth day, the dog was killed and the autopsy showed, general emaciation, slight general stasis of intestinal circulation, two-thirds of the surface of the stomach ecchymotic externally and internally. More ecchymosis at the pyloric than cardiac end, though stasis extended slightly into the oesophagus. There was congestion of the nervous tissue corresponding to the causative lesion, embracing the meninges, spinal nerves and sympathetics. The spinal cord showed distinct degeneration of the medullated fibers in the posterior columns. Also the medullated fibers in the corresponding spinal nerves and sympathetics showed degeneration. This was brilliant experiment and proved clearly, in part at least, the osteopathic contention of lesions of structure, as a causative of disease. I give the above for the reason that the pathogenic conditions found in this experiment are similar to those of myelitis, and clearly demonstrates the osteopathic lesion theory at some stage of existence which left the tissues in a morbid condition and very susceptible to any shock of whatsoever nature. The fact that in times when myelitis is epidemic, many escape the trouble, is fairly good evidence that the conditions as stated in the preceding paragraph is rather more than theory, but needs further investigation and proof to verify it.

Let us hope that these laboratory experiments started by Dr. McConnell, and we must not forget another brilliant worker in this line, Dr. Louisa Burns, will continue until the element of empiricism be eliminated forever.

The Golden Gate.

D. C. FARNHAM, D. O.

I am asked to write a description of the Golden Gate and surely the task is beyond me.

Only a poet may do it justice and I am no poet hence I can only call to your attention a few of the prominent features, the things that all may see. The famous photograph of Sunset in the Golden Gate is classic and is known around the world, while it would be difficult to find a scene that contains so much beauty or conveys more to the imagina-



The Famous "Big Trees" of California.

tion than this view of the Gateway, of the East and West, for here East begins and West ends or vice versa if you like.

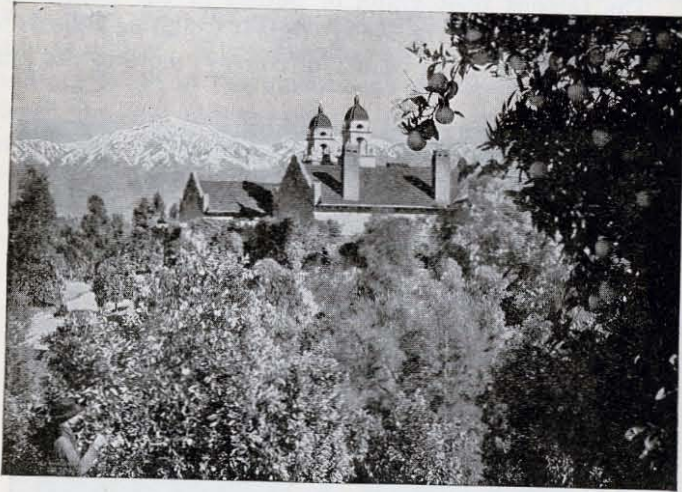
Here the West with its practical today meets the mysticism, the imagination and the yesterday of the East.

Perhaps no passageway of the world has had so varied a lot of passengers as this.

From the days of the clipper ships carrying the Argonauts to those of the great ocean liner, owned, manned and laded by the little brown men and showing the civilization of the West that a new factor has appeared on the horizon of the world's history, there has been a pro-

cession as motley and kaleidoscopic as the nations of the earth themselves.

From vantage points around the bay as the sun is setting, one may behold a picture beyond description. A narrow stretch of deep blue water, illumined, white and gold and fiery red by the sun's rays, between sheer precipices, flanked on either side by commanding hills, dressed in green or golden brown as the season may be; while at the end of this vista the sun cradled by fleecy clouds of color varying from somber gray through delicate purple to brilliant red and gold, in a wealth and riot of color that no brush can paint nor pen describe all canopied above



Typical Scene in Southern California.

by the deep blue sky. Such is the Golden Gate and yet such it is not, for you must see it to appreciate its splendor.

And should perchance some great ship, some visitor from the orient, her white wings spread, loom large upon the scene, you have a picture for the wildest flights of fancy and a prophecy as well.

Do you wish to see this glorious canvas, painted by the Master of the Universe in colors, while changing yet eternal, not only as the hills but as light itself? Do you wish to see this Highway of the Nations, this future battle ground of the commerce at least, of the East and West?

Then come out to San Francisco next July and you may be one of the favored who shall sail through its portals. And like unto this Gateway whose latchstring is always out on either side and whose key is thrown into the great waters of the Pacific, may the welcome be yours.



Sunset in the Golden Gate

The All-Importance of the Osteopathic Lesion.

F. E. MOORE, D. O., Enterprise, Oregon.

The nature of the subject which I have selected to discuss, necessitates straightforward plain statements if it is going to serve any good purpose and it seems to me that our association meetings should bring us together for the purpose of considering the pitfalls to our progress and the general needs for our success. It is to be presumed that as osteopathic physicians we desire all the qualifications necessary to make us capable of practicing osteopathy intelligently, hence we should not hesitate to take the matter home to ourselves if we recognize our own shortcomings are being recited. My own personal needs and the fact that I recognize those needs prompts me to impress every osteopath in Oregon with the importance of getting as close to the fundamentals of our science as is possible. It is that part of the fundamentals of osteopathy, to which I call your attention, so important to our success, namely, the bony lesion. A few weeks ago I was impressed, as I so often am, with the important place the osteopathic lesion holds in the field of healing. A young man of 17 years called for an examination, plainly limping in walk and asserting that he was suffering from Sciatic rheumatism. I placed him upon the table and first observed atrophy of the musculature of the thigh and at least one inch shortening of the leg. Excluding hip dislocation I easily located the difficulty in a subluxated innominate, the ilium being driven slightly upward and tipped backward. That was all, except the associated contractions. History of the case revealed a fall upon rocks, immediate confinement in bed with great suffering at the Sacro-iliac articulation which continued for several days until gradually the leg became more involved. One Enterprise physician, Hot Lake Sanatorium, and one M. D. in Portland as each took charge of the case made a diagnosis of sciatica and treated it with no effect at all. There was a pinching of nerve filaments those physicians directed no attention to, and although the lad's suffering was not closely confined to the sciatic nerve, he was immediately treated for that disease. I have not started to treat the case but it is going to take osteopathic adjustment to cure the boy and if I am a bone-setting

osteopath it is my duty and business to be sufficiently skilful to remove the lesion and save that boy from a partially crippled life to say nothing of discomfort which threatens to make a morphine fiend of him. This case serves to demonstrate the need of all of us who call ourselves osteopathic physicians possessing the skill of bony adjustment, especially of minute or unusual subluxations. To relax the muscles is not sufficient, we must possess more definite specific skill if we are going to make the success in our practices which is waiting for us as soon as we can do the finest work of the master mechanic on the most wonderful structure known to man. The grand Old Doctor made his reputation on specific work, if he had been merely an "engine wiper" as he calls the osteopath who gives a general treatment for every case we would never have possessed the scientific foundation osteopathy rightly claims. The Old Doctor spent 20 years with this science before it was even ready for you or me to study. He placed it within our reach and after two or three years in our osteopathic colleges we find wise ones going out who know just where they are going to improve on Dr. Still's teaching and work wonders in a supposedly better way. Of course we know that such always come to grief, but all too often not until osteopathy has received a knock. This brings up that old but true saying that osteopathy is all right whether the osteopath is or not. So with our failures we must acknowledge that they are largely personal, and it is merely a matter of constant effort and study and further practical schooling until we become really lesion osteopaths. And these are the kind of osteopathic physicians we must have in Oregon. I believe that fifty bonesetting, dyed in the wool, straight out osteopaths will attract the interest of the entire state quicker than a thousand of the general treatment kind who make no specific attempt at bone reduction. The fact that I recognize the importance of this subject must not lead you to misjudge me and consider it boasting for I unreservedly acknowledge my need of greater adjustive skill, but I feel we cannot afford to quibble over words and must speak plainly if we even are so unfortunate as to injure the feelings of some D. O. who has never set a misplaced bone. Think of it: to call ones self an osteopath and be incapable of correcting bony lesions. I consider it one of the gravest problems of the profession for osteopaths to be in practice who do not recognize subluxations of vertebrae, ribs and innominates, and who as a result are wholly incapable of correcting these severest of minute lesions. The D. O.'s who recognize bony lesions, though lacking in adjustive skill cannot be considered a menace to the profession like the former class, for their operations on the tissue attachments in many cases serve to alleviate the more extreme effects

resulting from subluxations. To enthuse over bony lesion osteopaths **ignorantly** is likewise an unfortunate hindrance to our professional progress, thus it is our duty to know the pathology of the case and to be able to recognize the limitations that are placed upon certain pathological lesions, for it is just as important that we know the bony lesion so thoroughly, we will make no mistake and thus avoid bringing reproach upon the scientific truths of osteopathy. After eleven years of osteopathic practice I am more certain than ever of the important place the bony lesion holds in the success of our profession. The more diligently and intelligently we practice it, the more rapidly will the truths of our great science grow into greater usefulness. Let the lines be drawn definitely; if an osteopathic physician is afraid to champion the existence of the bony lesion before all the non believers in the world (figuratively speaking) he is not sure of it and needs to study and drill and have his fingers placed upon the spot until **he knows it**. My own enthusiasm over this subject and my realization of personal needs, and what it likewise means to any osteopath in Oregon who wishes to become a more skilful lesion osteopath, may be recognized when I state that in a few months Mrs. Moore and myself hope to return to college for special work in which bone-setting osteopathy will predominate. We expect to go to an osteopathic college for that work and to an osteopathic college where we have confidence that lesion osteopathy is persistently taught. I am often asked if we plan on a medical course and I hasten to reply by no means. We have enjoyed enough success in our efforts to practice specific osteopathy, to wish to perfect ourselves and study lesion osteopathy as it is taught and practiced right up to date. I have absolutely no desire to append the M. D. degree to my name, for regardless of the time it would consume I feel it would only serve to divide my forces and hinder my usefulness in the field of work I am ambitious to fill, namely that of a highly skilful osteopathic operator. I have no hesitancy in saying that I know the world needs the kind of osteopathy that I wish to be able to practice and if I do my part there will be no difficulty about my services being in demand. Believing as I so firmly do in keeping our profession distinctive, entirely independent of other schools of practice, and knowing that our field of usefulness is as wide as we can intelligently fill, I still have only words of praise for the osteopath who feels it his duty (and is inspired by love for the work) to become a skilful surgeon in connection with osteopathy. His love for surgery and his devotion to fill a place of necessity in every osteopathic center as an osteopathic surgeon is most laudable; but for the sake of those who rush into surgery more as a matter of pride than

because of the necessity let us as a profession remember that the great surgeons are few and far between, and if our preparation for emergency and minor surgery is incomplete in its practical application or if we feel a sense of dissatisfaction let us be willing to give up the time and money necessary for such an undertaking, and go to an osteopathic college which in the present day gives the course we may feel the need of, but let us not misdirect our efforts or sacrifice our enthusiasm or development in osteopathy under any circumstances. You will pardon, I hope the personal manner in which I have discussed "the all importance of the osteopathic lesion", but I considered it a heart to heart talk with Oregon osteopaths rather than a paper for publication. I love Oregon and I love osteopathy and my wish for us all is to be the right kind of osteopathic physicians practicing the right kind of ten fingered osteopathy.

LINGUISTIC.

Once, in Nice, an Englishman and a Frenchman were about to separate on the Promenade des Anglais.

The Englishman, as he started toward the Cercle Mediterranee, called back:

"Au reservoir!" And the Frenchman waved his hand, and answered: "Tanks."

Structural Physical Defects.

THOMAS H. SPENCE, D. O., New York, N. Y.

A proper attitude of body and mind contributes much toward the attainment of physical perfection.

If there is one fact emphasized more than any other in DR. STILL'S PHILOSOPHY OF OSTEOPATHY, it is that man's design and construction is the perfection of infinite skill and the noblest product of the workshops of nature.

With such a noble conception and natural interpretation of the completeness of the human structure, we can most intelligently direct our efforts toward its maintenance in beauty of proportion, or, to its adjustment and restoration where strained beyond its limit of elasticity.

Assuming that the human body is the finished product of the Divine Mind, we should study carefully the design and cultivate those habits of posture which produce harmony between structure and function.

The skeleton, or bony frame work of the body, is the structure from which are suspended all the softer tissues. The normal activity of every organ of the body depends largely upon the integrity of its structural support.

To maintain this integrity of structure there must be a condition of equilibrium between the tension of the muscles and their reactions on the bony framework, like the "see-saw" game of childhood.

Upon the pelvis, which is the bony arch between the supports below and the weight to be transmitted to them from the trunk above, much of this structural stability depends.

If the pelvis be habitually tilted forward or backward or to either side by reason of an unbalanced tension of the muscles which should maintain it in equilibrium, the result will be a corresponding change in the normal shape of the spine. The shape of the openings through which the nerves pass from the spinal cord to all parts of the body depends upon the shape of the spine.

The normal spine insures the free passage of the spinal nerves which is essential to their normal activity.

The strained spine, unevenly supported on a tilted pelvis, produces stress upon the nerves, causing weakness and distress in the exercise of their functional activity.

As the keystone of the arch must fit perfectly in order to transmit the strain from either side so must the sacrum, which is the "keystone" of the pelvis, be true in its alignment and perfect in all its bearings, otherwise there will be an abnormal strain developed, which may be the initial cause of structural weakness in any part of the spine.

To support the trunk in an erect posture there must be a condition of balance between the muscles of the back and the weight of the viscera in front, otherwise the force of gravity will bend the body forward, and overstrain the spinal muscles, causing them to be irritated and reflexly affect the nerve centers in the spinal cord. This strained condition of the muscles of the back produces an uneven pressure on the cartilages between the vertebrae which affects their shape and elasticity and if long continued results in their compression and partial absorption.

When we consider the importance of the spine, as the main conduct of the nervous system between the brain, or, dynamo, and the various organs which constitute the manufacturing establishment of life, we begin to realize the necessity of maintaining the spine in form and function, according to the laws of applied anatomy.

We cannot neglect or abuse the structure and expect its working capacity to be unimpaired.

Health means harmony in the human organism. The vibrating tone which is essential to health and harmony cannot be produced by an unstrung or an overtense instrument.

There must be the proper balance between the muscular and bony systems, the one contracting and the other supporting and each maintaining in noble unison, the perfection of poise in graceful proportion.

The habitual attitude of sitting, standing, walking and breathing, influences materially the tone of our muscles and the ordinary exercise of these in our daily duties should be sufficient to keep them in good condition, if their nerve and blood supply is normal. Now let us consider what are some of the effects of neglect or failure to maintain the proper attitude of body.

Much of the joy of life is lost because of poor circulation through unused muscles that should be doing their part toward holding the body in its proper form.

The conscious direction of the mind to this end will do much to maintain a healthy action between mind and muscle.

To one who has a keen eye for form and carefully observes the relation of habit to health, the language of a limp and languid body, bent in form and lacking in dignity, speaks louder than words of the disorder and distress within.

Instead of the head being supported directly over the shoulders it is allowed to incline forward. This overstrains the muscles and ligaments of the neck and upper part of back and interferes with the function of important nerves connecting the brain and heart.

The weight of the unbalanced head, multiplied by the leverage due to its abnormal position, causes the shoulders to bend forward, thus depressing the walls of the chest and relaxing the abdominal muscles. What may we expect as the result of this depression upon the vital organs within? The diaphragm, which plays such an important part in keeping separate the upper and lower laboratories of life, loses its tone and in its distorted condition, is inadequate to support the important organs depending upon it, or to give free passage to the abdominal blood vessels and nerves as they pass through it.

The heart being crowded into a smaller space and mechanically oppressed, becomes excited and irregular in its action. This may be increased by spinal irritation to the organic nerve centers of the heart, and thus the very citadel of life has to labor to sustain itself and all the rest of the body, under conditions which predispose it to disorganization and disease.

As we proceed in our inquiry into the effect of a depressed condition of the thorax, we note the inactivity of the intercostal muscles, reducing the vital capacity for breathing. This diminishes the quantity of oxygen inhaled, retards the elimination of carbon-dioxid and results in auto-intoxication. With this impoverished blood, a weakened heart and compressed lungs, it is evident that the vital organs above the diaphragm, lacking support through the relaxation of the abdominal muscles, and pressed upon from above, become altered in their normal relations and suffer from congestion and inflammation.

Surely we do not need to strain our common sense to see in this maladjustment of the mechanism of the body, one of the prime causes of its failure to preserve health and thus prevent disease; were this simple fact not self evident, it needs but to be tested by any mechanical derangement of the structure to prove its truth.

In dislocation or subluxation of any joint in the body there is immediate pain with impairment of function and pathological change.

What is the remedy but to replace the parts by mechanical manipulation as soon as possible to their normal relations and thus restore the vital harmony.

In the more gradual derangement of structure due to faulty posture, the pathological changes are not so marked nor the sensory effects so intense, as in a sudden dislocation; but they are cumulative and tend

to depress and weaken the power of the body to resist disease. As the whole is equal to the sum of all its parts, the same reasoning applies to every individual joint of the body. If any vertebra or rib, by reason of stress or strain, bears a faulty relation to its neighbor, an irritation or obstruction is thereby established and maintained which may seriously interfere with the function of important organs depending for their proper blood and nerve supply upon the integrity of that particular articulation.

It is most important that we should develop a habit of self-consciousness with respect to the proper form and carriage of the body.

It is not wise to leave this matter to chance or to natural inclination since the body requires as much intelligent training as does the mind.

The normal attitude of the body varies, within certain limits, with the development of the antero-posterior curves of the spine; but in general, the erect posture should be such that a perpendicular plane would pass through the middle of the ear, and the joints of the shoulder, hip, and ankle, when the head and trunk are held erect. In this posture the abdomen should not protrude beyond the chest line.

One of the most encouraging signs of the times is the emphasis placed upon the prevention of disease. Science demonstrates that this is the best means for preserving health and great progress is being made along the lines of hygiene and sanitation.

But the essential factor in the preservation of health, most often overlooked, is the physical condition of the human structure.

Physical defects are due to structural weakness. To prevent them, have the structure adjusted, thereby you will remove the predisposing cause of the physical defects.

If the physical defect is due to indolence, or lack of thought, the remedy is obvious, but more often it is caused by some strain or injury to the framework which has been overlooked and which nature, unaided is unable to overcome.

The correction of any fixed habit of body or mind is no easy task to accomplish, and many give up in despair after trying to overcome it by means of persistent general exercise or physical culture, when they might be wonderfully helped by the direct application of Osteopathic adjustment.

To keep the body vigorous, there must be opportunity for free natural play of every muscle and organ and every joint of the structure.

This condition of freedom constitutes a bulwark of defense in re-

sisting or quickly overcoming the structural effect of accident or injury, when within the limits of natural elasticity.

When this elastic limit of the tissues is exceeded, the parts remain strained in their relations and require external aid to adjust their differences.

If this aid is given promptly, the process of disease is aborted; but if not, then nature supplies a splint of tough fibrous tissue which limits the motion of the joint and restricts its physical and functional activity.

The removal of these restricting adhesions by Osteopathic manipulation, permits the further adjustment of the bony structure and the gradual restoration to normal function.

Time is an important factor in the matter of prevention of the processes of disease as will be noted in the foregoing.

When the distorted structural relation has existed for many years, the pathological changes that have taken place, limit the complete restoration of normal function. But by persistent effort, relief can be given in the most chronic cases, and many, after a quarter of a century of suffering are freed from pain by removal of pressure, through adjustment of structure. The vital principle is thus given free play and the waste products of inefficient mechanism are eliminated.

It is always important in any consideration of physical defects to investigate thoroughly the predisposing cause and have it corrected as soon as possible. Nothing is more important for the right development of a child than the careful physical examination of the deep underlying structural conditions of the body and the early correction of any abnormal variation.

"As the twig is bent the tree's inclined." In youth the structure can be gradually moulded into proper shape and developed normally by the free circulation of the vital fluids.

Herein lies the secret of health, in discovering the beginning of trouble, removing it, and thus preventing the establishment of disease. This is a sacred duty which we owe not only to ourselves and our children but also to society.

Perfect poise is the product of a sane mind in a structurally perfect body and for this attainment, Osteopathy is the twentieth century contribution of the healing art.

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18 West 43th St.

An Interesting Experience.

[As will be seen by the following report and correspondence, Dr. Paul W. Geddes of Shreveport, La., was placed in a particularly trying situation, and as the case was reviewed by Dr. George Still at the request of Dr. Geddes, and may contain valuable pointers for other osteopaths placed in a similar position, we submit the full report of the case, together with the correspondence.—Ed.]

LETTER FROM DR. GEDDES TO DR. GEO. A. STILL.

DEAR DOCTOR:—

Enclosed find report of recent case on which I would like your personal criticism. Of course, I had no fair chance to cure the case since she was taken with the initial chill the 29th of January and I was not called till noon February 17th when she had been pronounced dead by the nurse and "hopeless" by the physicians in charge. The case has attracted a great deal of attention and Dr. Truman is strongly criticised by many who knew nothing of osteopathy but only of what I had done in a case apparently hopeless, for his supine weakness in permitting the Medical Society to bulldoze him into such a heartlessly inhuman action. The nose and throat specialist, Dr. Dowling, who was the president of the Local Medical Society was expelled and they even tried to revoke his license but found they could not do that. He told them that this was an emergency call and that he would again respond to such a call if necessary though he would not treat a case continuously with an osteopath—so they ousted him. I have not heard a word of or about Dr. McCracken and both he and I have treated cases before with M. D's. but I reckon its my scalp they are after and if so they will have to "go some" to get it. If you wish to use the enclosed, you may do so in any way you see fit, but I would like your personal criticism of my conduct of the case.—Yours fraternally, PAUL W. GEDDES, D. O.

CASE REPORT OF SPINAL MENINGITIS.

Daughter of Mr. X., eight years old, on the 29th of January was taken with chill, pains in head and neck, etc., and the family physician, Dr. Frater, was called. She was treated for malaria at first. On February 14th Dr. Willis called in consultation and the case was pronounced typhoid. On February 15th Dr. Kimball was called and retained on the case with Dr. Frater; the diagnosis was changed to spinal meningitis on the morning of the 16th. On Thursday the 17th at noon the case was given up by Doctors Frater and Kimball, and I was called by some other members of the family whom I had before treated. The baby had been pronounced "dead" by the nurse and the last hypodermic at 1:10 p. m., which was 1-60 of grain of strychnine, produced a very strong convulsion. I found opisthotonos present, face cyanosed, pulse and respiration not perceptible. I went to work, however, and pulled her up by night so that she was breathing easier. Her temperature varied from 101 to 103 all night; pulse varied from 144 to 156 all night. I stayed on the case day and night, letting my practice go until discharged.

The only nourishment was nutrient enemas of the whites of two eggs, one table spoon of Ducro's Elixir and normal Salt Solution to make three ounces. The temperature, pulse and respiration during my sole conduct in the case were very fairly in ratio. On Saturday evening, February 19th, mucus gathered in her bronchial tubes in great quantities so that she apparently would have drowned in her own

secretions had I not dropped her head and neck off the edge of the bed to allow the fluids to drain by force of gravity. When the fluids reached her mouth, I raised the head and neck and she would swallow the accumulations.

The family has a relative by marriage who is a nose and throat specialist and I suggested that he might be called to see if this excessive secretion could not be controlled. It was impossible to open the jaws to mop out the throat, or give any internal nourishment or medication because of tetany. I did not believe the child could live, but I wanted the family to feel that I had done everything possible to help her. The Specialist refused to come as an osteopath was on the case. Said if they would discharge me and call a general practitioner he would then come. Another specialist was called without knowing that the first had refused to come. He said that I was doing everything that was possible, because it was necessary to open the jaws (impossible in this case) to administer Adrenalin, and he would not advise the Tracheotomy.

I continued the same treatment all Saturday night and all day Sunday. As evening approached she began to lose her ability to swallow. At this time Dr. Furman, who had been the family physician in another branch of the family and whom I had practically supplanted in that family, telephoned to see how the child was doing. The brother's wife told him of the child's extremity and he asked to be permitted to try atropine to dry up the secretions. She 'phoned over to the husband and he asked me if I objected to trying it and I said, "No, anything might be tried to dry up these secretions." I could not afford to antagonize the brother and his family by any stand I might take in the matter and, in fact, thought the child would die before he could get there. Dr. Furman came about 4:25 p. m. and the atropine gave the desired effect. He also gave her nitro-glycerine to which I made no objection. I left him free to do his medication and attended to my own treatment in every particular, deeming it wise to extend to him unusual professional courtesies under the circumstances.

Dr. Furman and myself continued on the case until the night of the 22nd. On that evening I came to the office and set a dislocated shoulder. Then I went home intending to treat two more patients near my home, then back to this patient to remain all night again. A few moments after I reached my home the auto came for me. When I got there I found the pulse 182, temperature 104-2-5 in the axilla and respiration 76. The nurse had given at 6:10 p. m. 1-200 nitro-glycerine, and 1-150 of atropine which had not had the desired effect. I arrived at 6:30 and at 7:00 o'clock the pulse was 144, temperature, per rectum, 102-3-5, respirations 17. The nurse, while I was treating the case, giving a sponge. In addition to my treatment inhalations of oxygen gas were given which had been tried the night previous by Dr. Furman. About 8:00 p. m. D. Furman came and I was called down into the hall where he stated before the father of the child and myself that he had been severely censured by his medical friends (not interested in the case at all) for treating a case in conjunction with an osteopath; that the Medical Board of the City would meet next day, Wednesday; and that he had been threatened with expulsion from the Society if he could not report at that meeting that either he or myself had been discharged from the case. He said he had received from me the highest courtesy and recognition that he had ever received on any case, but he felt it due to himself and the profession to put the question plainly to both the family and myself. I think he thought I would withdraw, but I told the father that I felt competent to take the responsibility without the atropine and thought the five times that I had brought the child up from apparent collapse and death was sufficient demonstration of my work and the

efficacy of osteopathy in extreme crises. I told him he had been under such strain that he was hardly capable of cool judgment in such extremity and suggested that he call his two brothers and consult on the question with them, and then give Dr. Furman and myself their decision. The ladies of the household were all distracted; the mother nearly went into hysterics, got on her knees to Dr. Furman and pleaded with him to let this drop and let things go on until morning, but he refused to do it, stating that it must be settled at once.

Dr. Furman was decidedly wrong in two particulars at this time. Inasmuch as the Board would not meet until the next afternoon, it would not have mattered had he continued on the case with me until the next morning, as he was urged to do. He also told the family that the two nurses, both of whom were in attendance at that time, would practically be boycotted by the physicians of the city if I were retained on the case and he dismissed. Both nurses there affirmed that this was absolutely false, as it would not compromise them in any particular.

With the powerful action of the atropine in drying up the secretions as a lever, the decision was against me and I was discharged. I then told the family that it had been reported that when Dr. Furman first came in on the case that I was unwilling to accept the responsibility and I had purposely made them take the responsibility of my discharge to protect my own reputation. They all assured me that the true facts in the case would become known and that the arbitrary method taken to force the family to discharge the osteopath would be told in every detail.

Since that time the tide of life has ebbed and flowed. The report on Friday morning was that she was kept alive only by constant artificial respiration and the oxygen gas all night. The child has been placed in the same position which I used, the head lower than the feet, she is not doing well, and on Friday Dr. Frater, who was originally on the case, and Dr. Lloyd were called, the latter in consultation.

The child died very peacefully at 1:00 p. m., February 26th. During six days she had 126 hypodermics of atropine, strychnine, spartine, heroin, nitro-glycerine, ergone, digitalis, and whiskey and brandy, and also chloroform by suppository.

The child died at 12:40 actually; 20 minims of brandy were administered and she received a hypo. of spartine. At 1:00 she was pronounced dead by Drs. Furman and Frater.

I believe I have been justified in the trying situation in which I have been placed and I would like for you to know, and the profession at large, the attitude of the Medical Association towards the so-called "Irregulars," which term includes ourselves.

It seems to me that there should be a means of revoking the license of a physician of any school who acts in such a manner as to jeopardize the life of a patient. In other words, it seems to me that the individual should have the right to enforce the physician to remain on such a case as the one described.

The boast has been made by Dr. Lawrason, head of the Charity Hospital, that the osteopaths would be run out of town, and to indicate the means he has a blind masseur here who is to have an office at the Charity Hospital and also in some downtown building, probably this one. The intention is to have all the physicians who have patients wanting osteopath treatment to send them to this masseur, but I do not apprehend much trouble from that. If he uses or advertises to use any semblance of osteopathy, of course, we have legal recourse, but otherwise can ignore him entirely.

I wish to gain the benefit of others experience in such cases and would like to ask if any means aside from atropine could have been devised to check this copious secretion of mucous in the bronchial tubes, which I believe was the first indication

of approaching dissolution and probably caused by the condition of extreme prostration.

The child died exactly four weeks from the day of initial chill. She was unconscious for seventeen days preceding her death. The tetany and spasmodic convulsions were first noticed at 5:20 p. m. February 15th from which time all medication was given by enemata or by hypodermics.

To the best of my knowledge everything was done for the child that was possible to do. I have a great personal friendship for the members of this family and I preferred, if possible, to have the child die breathing easily rather than convulsively struggling for breath, as she would have done had she not had the benefit of some means to get rid of this secretion. The case has caused a great deal of excitement and notoriety here in the city because of the prominence of the people and the fact that the child had been twice pronounced dead and I had been able to resuscitate her. I was able to bring her back from apparent death a number of times.

Both the nurses, who are beyond all doubt the best in this city, one being a graduate of the Women's Hospital of Philadelphia, are fully convinced of the efficacy of osteopathic treatment and are capable of judging in this case because neither had ever seen an osteopathic treatment before nor the effect of any such treatment. The nurses are both on my side in this matter and condemn the action of the Medical Board and this physician in particular very severely.

I have in my office the records of the case, and the temperature, pulse and respiration under osteopathic treatment alone shows a greater regularity than when under medical treatment.

The experience has been a very valuable one to me personally and I am more than ever an out and out osteopath and believe less in drugs than ever before, but I would like to know if anything has been neglected in this case, or if any means could have been devised in this case to prevent the accumulation of mucus in the bronchial tubes aside from the use of medicine, particularly in the use of hypodermics of atropine.

REPLY BY DR. GEO. A. STILL.

MY DEAR DOCTOR:—

In regard to your letter and the enclosure, I will say that I would not criticize your action in the case except from a business standpoint, and that is based on this general rule. At any time you mix with a man belonging to a group that is antagonistic to you, you are going to get the worst of it if they have any possible chance, and I would certainly have refused to treat the case in conjunction with medical treatment.

I haven't time to go into the pharmacology of the case, but suffice it to say that the suppression of secretions in this matter is not, in my opinion, good medicine, and that I do not believe that that child or any other would have drowned in their secretions if placed in the correct position and kept that way, in a case where the secretion is not fibrinous. And, on the other hand, 1-150th of a grain is far too much for a child of eight, and it is a "cinch" that the kid is as dead now as it would have been earlier, and from the ungodly list of hypodermics that were given to it, I don't believe any healthy child could have survived the medication. Indeed it is enough to incapacitate a healthy adult.

There is certainly no special point on which to criticize your action, but at the same time I would always work under the plan that if they needed somebody else, who wasn't a personal friend, they didn't need me. I have worked with men whom

I had never met, and who belonged to no particular fanatical society, and got along with them, but I generally find that anybody who has been boosted in by other relatives and friends, after I have charge of a case, are boosted in with the idea of supplanting and not of helping.

I will turn your manuscript over to the editor of the Journal, and he can utilize it as he desires.

Yours fraternally,

GEO. A. STILL.

* * *

SOME MORE SURE CURES.

Dr. Metchnikoff, the distinguished Russian surgeon, states that the removal of the large intestine will ward off old age. Inspired by the tremendous value of this discovery our scissors editor has gone into investigating on his own account with the following results, all of which are absolutely guaranteed.

The amputation in infancy of both legs of a male child will keep him from walking away from his nurse while she is talking to her cousin, the policeman, and getting lost.

To cure a man of an insane devotion to the game of golf the most effective method is to cut off his arms at the elbow joint. This has never been known to fail.

A child whose teeth are pulled the moment they appear will not suffer in after years from the toothache.

The Metchnikoff method of warding off old age is considered by some persons to be a trifle drastic. A cup full of arsenic mixed with paris green will have the same effect if taken internally three times a day before meals.

Spinal meningitis has never yet been known to attack any one who had taken the trouble to have his spine wholly removed before reaching the age of maturity.

Decapitation between the ages of 10 and 15, though a somewhat heroic measure, will prevent the hair from falling out and thereby enable you to avoid premature baldness.

To cure a dog of barking at night only a slight operation is necessary. This consists of removing all that section of him that rests between the back of his ears and the point of juncture between his body and his tail. The same operation is effective in keeping cats from quarreling.

An excellent cure for a gnawing hunger will be found in three portions of rare beefsteak, two pounds of mashed potatoes, a chicken-ham pie, four helpings of suet pudding and a welsh rarebit taken whenever you feel the fit coming on.

The surest preventive of a fit is an English tailor taken in frequent doses.—Chicago Tribune.

Hospital Notes.

A Remarkable Case—Recently Dr. George Still was called to Garnett, Kansas, to operate on a patient of Dr. S. L. Drake of that city, which gave the following remarkable history:

Eight years ago she began to complain of bladder trouble, with the symptoms of a sub-acute cystitis, including frequent micturation, etc. After about three years medical treatment she was treated by an osteopath who advised an exploration of the bladder, but it was neglected at the time.

She then resumed medical treatment, and continued it until last winter, when, the symptoms getting very much worse, and in addition to mucous and pus being increased she passed considerable quantities of blood, she went to Kansas City and consulted some specialists.

She was supposed to have a cystoscopic examination and was treated all winter by a well-known Kansas City physician, who also gave her local bladder treatments.

After an expense of five or six hundred dollars and a winter's time, she returned and went under the treatment of Dr. Drake, who on attempting to catheterize her for retention, struck a hard object in the bladder, and then on passing a sound, located by the distinct chink, a calculus.

The bladder had gotten in a painful condition, and in addition to the retention there developed a complete paralysis during the last five weeks before operation, which was finally agreed to, with the following results:

A large double calculus, altogether about the size of a small lemon and practically filling the bladder, was removed by a vaginal incision, and the crushing of the stone.

Due to inflammation, etc., crushing through the urethra was impossible.

The stone was mainly of a lime salt formation and extremely hard, two instruments being sprung in the attempt to crush it. The entire incision through which it was removed, piece-meal, was about as large as the index finger.

To allay the urethral irritation and try to cure up the serious ulceration of the bladder which had occurred, a fistula was left into the vagina, which of course will give no more bother than the incontinence, which was already present.

The stone was laminated, and must have existed for years.

It is a good example of one of the cases where the M. D's. as they very often do, overlooked a most gross condition, and where it was found by an osteopath who had good common sense enough to try to find the cause, even if it wasn't entirely spinal.

It is impossible that any real internal examination of this bladder was ever made within a year, and there is nothing in particular about the symptoms later, except their exaggeration, that differs from what they have been for eight years.

The entire operation was performed with no outside assistance. Dr. Drake administered the anaesthetic. A nurse held the limbs, and Dr. Still did the operation alone.

The palpation of a calculus by a sound is usually very simple and where there is any indication to suspect a calculus, the bladder should always be sounded, with ordinarily clean precautions.

Case Number Two; Dr. Grace Urban of Maquoketa, Iowa, brought a patient to the hospital the earlier part of the month for extra uterine pregnancy; the left tube being the location of the trouble,

There was also a small growth in the wall of the uterus which very likely caused the condition to occur in this location; that is, it caused the ovum to implant elsewhere than on the uterine wall.

Both tube and tumor were removed, and the patient recovered nicely, and returned home in the usual length of time.

Case Number Three: Dr. Bailey of St. Louis, Mo. Patient: A woman of sixty years. Cancer of the right breast. Operation consisted of complete extirpation of the mammary gland; axillary glands; together with the pectoralis major.

Case Number Four: Dr. Kilgore of York, Nebr. Patient: A woman of forty years: double inguinal hernia; a rare condition in the female. Operation: reduction and sutures of both sites of rupture.

Cases Numbers Five, Six and Seven: Dr. Fred B. DeGroot of Rock Island, Ill. Patient number five: Woman of thirty. Ovariectomy. Patient number six: Ovariectomy. Patient number seven: Perineorrhaphy.

Case Number Eight: Dr. A. D. Ray, Cleburne, Texas. Patient: Woman thirty-five. Operation: perineal laceration.

Case Number Nine; Dr. R. W. E. Newton, Clay Center, Kansas. Patient: Woman of thirty-four. Laparotomy.

Case Number Ten: Dr. Ira W. McRae, Trenton, Mo. Patient: Woman forty years of age. Operation: laparotomy.

Case Number Eleven: Drs. Satterlee, El Paso, Texas. Sent a patient for examination which proved not to be surgical, and was turned over to the osteopathic department.

Case Number Twelve: Dr. N. D. Wilson, Manchester, Iowa. Patient: Child of six years. Congenital hip dislocation. The Lorenz operation was performed.

Case Number Thirteen: Patient from western Missouri. Operation: Gall stones. Resulting in the removal of thirty stones from the gall bladder. Each stone was a faceted triangular deposit, about the size of a small marble. Patient: A woman of fifty; while in a very depleted condition, is nevertheless making a good recovery.

Case Number Fourteen: J. S. Logue of the Upper Junior class, was operated upon for an old fracture of the radius, of five years standing. The bone had been set in such a manner that it was overriding at least one and one-fourth inches, producing deformity of the hand to the radial side, as well as swelling and loss of use. The bone was dissected out and sutured in correct position. Pictures of the deformity, together with the post-operative correction, will be published in the Journal later. Mr. Logue is attending classes, and will be able to perform all usual work with his arm in due course of time. The operation was, by the courtesy of the patient, done before the Upper Junior class.

Case Number Fifteen: The Senior Quiz class, held three evenings each week by Dr. George A. Still, had the advantage of an emergency case brought into the hospital about 6:30 o'clock, Friday evening, March 25th. A painter falling from a scaffold at one of the business houses in Kirksville, sustained a double comminuted fracture of the left ulna. Dr. George Still removed a number of the bone fragments, sutured the tendons, and immobilized the arm, flexed at right angle. A week later the cast was removed before the Senior class, disclosing good union and motion.

Forum.

EDITOR JOURNAL OF OSTEOPATHY:

Sometime since I wrote you that I had been appointed medical examiner for the Brotherhood of American Yeomen of Des Moines, Ia. I desire to correct the statement as published and will give reasons and explanations herein. I was assured by the local organizer that osteopaths were recognized on a parity with M. D's. and thus allowed my application to go in. I was also requested to put in my application for position of Medical Examiner at this point which I did. The application was filled out and mailed to Dr. O. G. Winters, Chief Medical Director of aforementioned company at Des Moines, Iowa. The following was his reply:

DES MOINES, IOWA, MARCH 3, '10.

EARL D. JONES, D. O., Pocatello, Idaho.

DEAR DOCTOR:—We received your application as examiner for our society. Would say that we have been advised to reject same, as it is contrary to our laws and to the laws of the State of Iowa to accept examinations made by osteopathic physicians.—Fraternally yours,
(Signed) DR. O. G. WINTERS, Chief Medical Director.

I immediately wrote Dr. Winters and enclosed a list of some of the companies recognizing Osteopathic Examiners and also called especial attention to some of the Iowa Companies that recognize us and asked why it was that the Iowa laws permitted some companies to select their examiners and forbade the Brotherhood of American Yeomen to do the same. I also informed him that things had been misrepresented to me by the local organizer and that if recognition was refused us I intended withdrawing from the order.

I am to-day in receipt of the following from Dr. Winters:

DES MOINES, IOWA, MARCH 11, 1910.

EARL D. JONES, D. O., Pocatello, Idaho.

DEAR DOCTOR:—Replying to your favor of the 10th, inst., would say, as I mentioned in my former letter, that we could not accept examination made by osteopathic physicians. I am sorry that you intend to drop out of our society on that account as there are a great many physicians holding certificates with us that do not examine for our society, simply holding certificates with us, as they consider it the best Fraternal insurance on the market.

Fraternally yours,

(Signed) O. G. WINTERS, Chief Medical Director.

I shall again inform Dr. Winters that it is not the insignificant fee for examination that I desire but Recognition and that I will drop from their order at once. I, as one osteopath, positively refuse to carry any insurance or belong to any order that will not recognize my profession.

One of the officers of the Local order here has informed me that this matter of osteopathic recognition was fought out on the floor at their last general meeting and that it was decided to recognize osteopathy. The matter will be taken up by him with William Koch, Grand Foreman for final decision.

Trusting that all osteopaths will, in time, take the same stand that I am taking in matters pertaining to recognition and that we will in time come into what is rightfully ours, I beg to be,

Fraternally yours,

EARL D. JONES, D. O.

* * *

Suffixing the Degree of Doctor of Medicine.

EDITOR JOURNAL OF OSTEOPATHY:

The March number of the Journal contains an article by "A. D. O." which is so remarkable for what it fails to make clear that I wish this D. O. would give his name and come out into the open. While, as a rule, I do not care who is writing, because I do not go much on "authorities" there are some propositions that have to be dealt with from the view point of the writer and this is particularly true in this instance, as "A. D. O." is giving his personal experience. However without waiting to learn who is who I wish to review the article by "A. D. O."

To begin with I find myself disagreeing with him, if he is a him, and not as Judge Howard is reported in to-day's daily papers as saying in his description of certain people—"They are vapid, sapless, spineless, chinless, sexless beings, sprung from no race and owned by no race." For convenience the article is reprinted as it appeared—italics are mine.

"DEAR SIR:—While the question of *suffixing the degree* of Doctor of Medicine to that of Doctor of Osteopathy is occupying the attention of a proportion of the profession I desire to relate an experience of mine which will serve to illustrate what we can expect *if such ever occurs*.

"I recently located in a town near a city of some twenty thousand inhabitants. Having business to transact in this city I decided *also* to call upon the osteopaths located there. Referring to the osteopathic directory I found there were only two osteopaths there and *they also* had the title M. D. Being a stranger in the city I was unable to locate them, so began inquiring in business houses and of persons on the street

if they could direct me to an osteopath. I probably made no less than twenty inquiries and never but twice was I able to find anyone who knew the address of any and acting upon *their* directions I found the smoothest fake I had ever met. He had no credentials that I could discover in his reception room. But he was kind enough to direct me to the two osteopaths I had been looking for. I had passed the office of one no less than half a dozen times but failed to recognize it as his sign read Dr. —. This man appeared to have a good surgical and medical practice having a well equipped office for *them, also* nebulizer and atomizer, etc., galore. Judging from my observations that day I would not hesitate to wager that his osteopathic practice would not pay his office rent. *My visit* with the other osteopath *proved to be a discovery* similar to the first. During the past few years several purely osteopathic physicians have *been* located in that city but failed to stay. The reason is obvious.—Yours truly, A. D. O."

Admitting that the above report is as related the conclusion reached illustrates something else far better than the subject A "D. O." is discussing, it illustrates the folly of drawing a conclusion upon a great subject from a single experience, and this D. O. is not the first D. O. to do this. In paragraph two the D. O. says, "Referring to the osteopathic directory I found there were only two osteopaths there and they also had the title M. D. Being a stranger in the city I was unable to locate them, so began inquiring in business houses." Business men are too busy to answer questions of that nature. Why did you not use the osteopathic directory, or the city directory, if there was one, or ask a policeman, if there was one? There should be a least one in a large city of twenty thousand inhabitants.

A "D.O." surely does not state, in good faith, that he was making a real effort to locate the two medical osteopaths when he made no less than "twenty inquiries and never but twice was able to find any one who knew the address of any and acting upon their directions found the smoothest fake I had ever met." "He was kind enough to direct me to the two osteopaths."

How did it happen that the people in the stores and on the street could not give the desired information and this "fake" could give the address of both osteopaths so readily? What does "A. D. O." expect the public to think of his intelligence when he looked at the sign of an osteopathic physician "half a dozen times but failed to recognize it as the sign read Dr."—Is "A. D. O." aware of the fact that an osteopath is permitted to call himself doctor, notwithstanding the fact that some

medics aided by some osteopaths are making strenuous effort to deprive him of that privilege?

Again as if by way of climax "A. D. O." says in closing, "During the past few years several purely osteopathic physicians have been located in that city but failed to stay, the reason is obvious." Is it? I confess that it is not clear to me. I do not agree that the only way that an osteopath can remain in a town of twenty thousand inhabitants is by adding M. D. to his name nor do I accept the other possible conclusion of "A. D. O." namely, that a purely osteopathic physician can not stay in a town where there is "the smoothest 'fake' I had ever met", even if there are two medical osteopaths, who are not doing enough osteopathic practice to pay office rent. I consider the place an ideal one for a good osteopath. By all means let us know where the place is, so we may send one of the graduates of the June class to that city.

I am glad "A. D. O." has written without giving his name because I discuss his paper the more freely as no one can suspect that any thing of a personal nature is involved in the discussion. He may be my best friend for all I know. I am only interested at present in what he says and not in who says it.

The last national convention only saved itself from just criticism for bigotry when at the eleventh hour it granted a hearing to those favoring the M. D. degree.

Personally I have not given this matter the consideration necessary to come to a well settled conviction pro or con. I should be glad to see a fair discussion of the subject free from prejudice, dogmatism, and hysteria. One of the most honored members of our profession and his two associates have taken the M. D. degree as have many other osteopaths. I shall be "delighted" to hear from a number of them, if they will give their reasons for taking the M. D. course.

At our district convention last week, if my memory is correct, only two osteopaths were quoted, both were M. D.'s. A. T. Still, M. D., D. O., and Carl McConnell, D. O., M. D., and the latter was elected president of the A. O. A. at the first meeting I recall seeing him present, and he made a good president, not to mention the fact that he has "made good" both as a practitioner and as an investigator.

Since writing the above the March number of the O. P. arrived and my friend, Dr. A. B. Shaw appears in its columns with a contribution along lines similar to those hinted at by "A. D. O." I have read many things from the pen of the late Col. Shaw, now Dr. Shaw, but this is the first time I ever saw him limp badly.

I hope his lesions are not "by-the-way" or "typically osteopathic."

S. S. STILL.

Associations.

The Detroit Osteopathic Society Meets—The Detroit Osteopathic Society met in regular monthly meeting, March 14th. Dr. Edythe Ashmore read a paper on the "Treatment of Neurasthenia," discussion led by Dr. Geo. B. Clarke.—REBECCA B. MAYERS, D. O., Sec'y.

Seventh District Iowa Meeting—The Seventh District Iowa Osteopaths held their quarterly convention at Marshallton in the offices of Drs. Bullard on March 16th. A good attendance is reported.

Texas Association Will Meet—The Texas Osteopathic Association will meet in annual convention at Cleburne, Texas, May 6th and 7th. A good program is expected and all visitors will be welcomed. All members are especially urged to drop their work for a few days and attend. "It will do you good in more ways than one."—A. D. RAY.

Meeting of the Denver Association—The Denver Osteopathic Association met at the Dispensary Saturday evening, March 5th. There was no paper but a general informal discussion and clinic.—CORA G. PARMELEE, D. O., Sec'y.

Sacramento Valley Association Holds Annual Meeting—The Sacramento Valley Osteopathic Association held its annual meeting for election of officers and its annual banquet at Sacramento, Calif., on Feb. 19th. Dr. W. D. Slater of Marysville was elected president; Dr. P. V. Aaronson of Fresno, vice-president; Dr. H. F. Miles of Sacramento, secretary; Dr. C. A. Haines of Sacramento, treasurer; Drs. L. R. Daniels, Sacramento, W. C. Owenby, Woodland and J. C. Rule of Stockton the Board of Trustees. The meeting was devoted almost entirely to practical work. Demonstrations of technique were given by Dr. J. C. Rule of Stockton, Dr. W. W. Vanderburgh of San Francisco, Dr. W. H. Ivie of Berkeley, Dr. P. V. Aaronson of Fresno and others. All the coats were removed and everyone tried the manipulations on somebody else. In the evening a dinner was held at the Hotel Sacramento when Drs. C. A. Haines, L. R. Daniels, W. W. Vanderburgh, William Horace Ivie, and Mr. F. G. Tyrell, the promotor of the new osteopathic hospital in Los Angeles, responded to toasts. After the dinner further demonstrations of technique were given. The meeting was voted a success.

Dr. H. D. Palmer has returned to Fresno and has opened offices there.

Dr. Gordon G. Ives has bought the practice of Dr. May Marts of Fresno and will locate there.

Dr. Dana G. Schniff has located in Escondido, Calif., after the completion of his P. G. course at the L. A. C. O.

I might add that the Hotel St. Francis has been chosen as the headquarters for the A. O. A. during the convention. They will give us some of the best accommodations that we have ever had.—WILLIAM HORACE IVIE.

Missouri Osteopathic Association.

The time for our annual meeting is almost here. Make your plans now to be present. We expect a rousing meeting. Come and help make it so. Every osteopath in the state ought to be in the association. If not a member of the M. O. A. send your name at once to Dr. Bertha A. Buddecke, St. Louis, Mo.

E. D. HOLBERT, Pres. M. O. A.,
Sedalia, Mo.

PROCLAMATION calling the annual convention of the M. O. A. and M. V. O. A. to convene at Kirksville, Mo., June 8, 9 and 10.

We offer the following joint program:

It is the intention of the Committee on Program to have a purely professional program; to discuss professional subjects from actual practice. No long tedious papers copied from old medical books will be in order. What we want to know is: "How to cure sick people by osteopathic methods and from your own actual experience," and not from how the books say to cure them. What do you care to sit and listen to me tell how to cure Spinal Meningitis when I never saw a case, much less cured one. But you would sit up all night listening to some one tell how to cure it, having treated and cured case after case. The latter kind of talks are the ones we want to hear.

Now let every osteopath who can attend this meeting volunteer to discuss one or two subjects under each division—those in which he has had the greatest success. Be as willing to give as to receive.

Let those having M. D. degrees to confer, adjuncts to exploit, advice on advertising, and instructions on price of treatment, leave them all on ice at home as we won't have time to discuss them at Kirksville.

The three evening sessions have been left open for any special subject that may come up, or to listen to some distinguished guest we may have with us.

Osteopaths, not now members, who wish to join the Association will please send their names to the undersigned.

All osteopaths are cordially invited to attend and join in the discussions.

Very respectfully,

E. D. HOLBERT, Pres. M. O. A.

W. J. CONNOR, Pres. M. V. O. A.

PROGRAM.

9 to 12—Open Parliament: Dr. A. G. Hildreth, St. Louis, Mo., Director.

Subject: Chronic Diseases and Deformities. (1) Rheumatism. (2) Neuralgia. (3) Goiter. (4) Hip Joint Disease. (5) Spinal Meningitis. (6) Insomnia, etc.

Open Parliament: 9 to 12: Acute Infectious Diseases. Dr. George Laughlin, Kirksville, Mo.

9 to 12 a. m. Open Parliament: Dr. W. S. Hibbetts, Grinnell, Ia., Director.

Subject: The Respiratory Tract: Viz.: (1) Tonsillitis; (2) Diphtheria; (3) Croup; (4) Pneumonia; (5) Bronchitis; (6) Pleurisy, etc.

2 to 5 p. m. Lectures by Dr. Geo. Still and Wm. Smith, Kirksville, Mo.

Subject: Minor Surgery and First Aid to the Injured, George Still. Emergencies of the Lying in Chamber, Dr. William Smith, Kirksville, Mo.

2 to 5 p. m. Open Parliament: Dr. H. K. Benneson, Clay Center, Kansas, Director.

Subject: Alimentary Tract and Abdomen: viz.: (1) Indigestion; (2) Constipation; (3) Gall-Stones; (4) Malaria; (5) Typhoid; (6) Flux, etc.

2 to 4 p. m. Open Parliament: Dr. Ella D. Still, Kansas City, Mo., Director.

Subject: The Pelvis. (1) Menstrual Irregularities; (2) Versions; (3) Flexions; (4) Headaches, etc.

Announcement of Indiana Osteopathic Association Meeting—The semi-annual meeting of the Indiana Osteopathic Association will be held on Saturday, May seventh, 1910. Dr. K. T. Vyverberg, the president, will deliver an address. Dr. Lydia Copper will discuss "Dysmenorrhea," and "Pellagra" has been assigned to Dr. W. S. Thomasson. Dr. J. F. Spaunhurst will speak on "Conjunctivitis," and "The Philosophy of Osteopathic Treatment" is the subject to be presented by Dr. M. E. Clark. This will be followed by a question box, general discussion, and case reports. M. E. Clark, D. O., Secretary.

Report of the S. W. Missouri and S. E. Kansas Association—The S. W. Mo. and S. E. Kansas Osteopathic Association met at Joplin, Mo., March 26, 1910, at 6:30 p. m. Dr. L. D. Gass, president of the association then conducted the doctors to the Yates Hotel for dinner.

After doing ample justice to the good things presented and a social chat around the festive board, the osteopaths then returned to the Y. M. C. A. rooms for a business session. The association has completed two years of good work in both a professional and social way. The following officers were elected for another year; President, Dr. M. S. Slaughter of Webb City, Mo.; vice-president, Dr. F. M. Geeslin of Lamar, Mo.; secretary and treasurer, Dr. Frances Wolf, Carthage, Mo.

Drs. Geeslin of Lamar, Mo., presented as a clinic a case of hip dislocation.

A discussion on a code of ethics then followed, led by Drs. Boswell, Strickland and Allen of Joplin.

The association is in a better condition than it ever was and looks forward to good work during the coming year.

Fifth District Illinois Association—The Fifth District Osteopathic Association held a splendid meeting at the Beardsley Hotel, Champaign, Ill., on Friday afternoon, March 18th.

A feature was the clinic in the afternoon by Dr. F. C. Farmer of Chicago. He also lectured at night.

The officers chosen for the ensuing year are:

President, Dr. J. A. Norton, Farmer City; vice-president, Dr. J. A. Overton, Tuscola; secretary-treasurer, Dr. F. A. Parker, Champaign; The annual state osteopathic convention will be in Springfield on May 25 and 26.

Honors for Dr. Carl P. McConnell.

Enthusiastic tribute was paid March 26th to Dr. Carl P. McConnell, of Chicago, at a dinner given by the osteopathic societies of the city and of the State of New York in the Hotel Knickerbocker.

Although young in years, this adept in the science of the manipulation of the framework of the human body has made possible an accurate demonstration of the theory of osteopathy, and his name is now linked with that of the founder of this school of healing, Dr. A. T. Still, of Kirksville, Mo., to whom a telegram of congratulation and greeting was sent. The investigations of Dr. McConnell have been conducted in the A. T. Still research laboratory, in Chicago, over a period of five years, and it was of them that he spoke before a large audience. His lecture was illustrated by numerous lantern slides of micro-photographs. There were present, besides practitioners from all parts of the country, many laymen who are interested in the matter.

It was explained by Dr. McConnell's assistants that the osteopaths had long been waiting for complete proof of their theory by laboratory experimentation. Holding that most of man's bodily ailments, particularly chronic ills, are due to spinal lesions, the osteopaths have heretofore had only clinical proof of that theory; that is, an osteopath finding a man suffering from a certain disease would treat him on the assumption that it had been caused by trouble along the spine and so effect a cure.

It was the aim of Dr. McConnell and his assistants to cause all sorts of diseases on healthy dogs, and then to examine the nerves running from the spine to the part affected, as well as the blood vessels and tissues, noting the condition of the spine under the microscope, and also to mount on slides parts of the affected dog to be used for exposition of the experiment at lectures throughout the country.

Dr. McConnell explained in the beginning that the backbone is affected sometimes by a cold, by a fall, or by a slight jostle, any of which may be forgotten by the patient. He told how he had given one dog the goitre by kinking the neck bones. Some time afterward there appeared a swelling in the dog's neck, and then the dog was killed and the neck examined, whereupon it was found that the goitre had been caused by a lesion interfering with the nerves running to the affected part.

Dr. McConnell's assistants explained to the reporters at this point that osteopaths believe in the germ theory, but hold that the germs do

not cause trouble until the part breaks down through lack of nutrition, due to nerve stoppage, and this nerve interference is due to the backbone ills.

Dr. McConnell showed on slides specimens taken from a dog thus infected with Bright's disease. Some time after the backbone had been affected, he said, evidences of the disease were found. The dog was killed and dissected. Dr. McConnell's slides showed how the lesion had affected the parts. The nerves from the affected section of the backbone had been more or less atrophied, small blood vessels had broken down, their corpuscles breaking through the walls, and the kidneys showed the effect of mal-nutrition, which had brought on the Bright's disease.

He showed slides relating to a case of indigestion similarly given to another dog. He told how, in some cases, dogs and cats were affected with ordinary diseases in the same way, and then cured by osteopathic treatment. In five or six years of experimentation at Chicago, he said that several hundred dogs and cats were used.

Dr. McConnell cautioned his hearers against overtreatment. Not infrequently the cure needed time after it had been arranged for by treating the spine. While the nerves and weakened parts were using up time in getting strong again after sufficient treatment had been given, the practitioners and their patients should be patient under the continuance of some of the symptoms, which would eventually disappear.

It was stated by the doctor's assistants that the practice of osteopathy is growing rapidly all over the country. Though it is of comparatively recent growth here there are more osteopathic students in the colleges now, it was declared, that in all the homeopathic and eclectic institutions together.

Dr. McConnell is in the city as the guest of the New York City and New York State Osteopathic Societies, under whose auspices his lecture was given. He is an ex-president of the American Osteopathic Association, and author of text books on the practice of osteopathy. The fund for the experimentation work which he and his assistants have been doing was raised by subscriptions of osteopathic practitioners all over the country.

Arthur Brisbane talked to 320 osteopaths at their annual dinner at the Knickerbocker. The dinner was in honor of Dr. McConnell. Mr. Brisbane testified to the good that osteopathy had done children within his own knowledge. He also promised to do his best to fight the prejudice in some sections against the practice of osteopathy.

This national meeting is the most important which the osteopaths

have yet held and amounted to a show of their strength and increasing number.

Dr. George W. Riley, president of the Osteopathic Society of the City of New York, was the toastmaster at the dinner last evening. He spoke of the growth of the school throughout the country and declared that it had in its eight colleges within two hundred students of as many as were in all the institutions of the homeopaths, and the eclectics combined. Considering that its first college was founded only eighteen years ago, he considered this a very strong showing.

Dr. C. M. T. Hulett, of Cleveland, Ohio, gave a concise exposition of the science and in praising Dr. Still, compared him with Huxley and Darwin as a pioneer in investigation.

Mr. Trumbull White, a magazine writer, a convert to osteopathy, was a lay speaker in praise of osteopathy.

"And by the way," he continued, "That was sage advice which an old physician once gave to his students and that was never to accept the diagnoses of their patients. There was an aged woman who called for a doctor and told him she was suffering from 'aurora borealis.' 'Hardly, madam,' he said, after an examination. 'I find that you have cholera morbus. Your mistake is quite natural. Cholera morbus is an affection of the liver and aurora borealis a derangement of the lights'"

Five hundred of the osteopaths and their friends were present at the dinner. The menu was as follows:

Hors d'Oeuvres Varies.

Cape Cod Oysters.

Veloute St. Germain aux Croutons.

Celery. Olives. Salted Almonds.

Supreme de Striped Bass, Laguipierre.

Medaillon de Filet de Boeuf. Saute au Madere.

Pomme Rissolees Fondantes.

Tomates Farcies au Gratin.

Mousse de Jambon de Virginie, Kossuth.

Petit Pols Frais au Beurre.

Punch a la Romaine.

Philadelphia Capon, Roti a la Broche.

Salade Chiffonnade.

Mandarine Glaces.

Panier de Mignardises.

Cheese and Crackers.

Cafe Noir.

White Rock.

Other speakers were Mr. "Joe" Mitchell Chapple, of Boston; Mr. George H. Shibley, of Washington; the Rev. Mr. W. L. Fisher, Mr. S. S. McClure, Mr. Edward Jerome Rice, Dr. Martin W. Littleton, Mr. Alexander Black and Mr. Herbert M. Casson.

AS REQUIRED BY LAW.

Parents of Wayne, a suburb of Philadelphia, are required to report promptly any case of contagious disease, in compliance with the regulations of the local board of health.

In accordance with this order, Health Officer Leary received this post card recently:

"Dear Sir: This is to notify you that my boy Ephraim is down bad with the measles as required by the new law."—Harper's Weekly.

Science Circles of Osteopathy.

These reports are made up of the opinions of the members of the circles, and are published without comment. The Journal does not assume any responsibility for any of them. We would suggest that any criticisms pro and con be sent to Dr. S. W. Heath, Sioux Falls, S. D.—Ed.

SUPREME CIRCLE.

Dr. C. B. Hunt, of South Omaha, Neb., having organized a circle in his state, became a member of this circle in this round of letters and Dr. F. A. Sloan of Mountain Home Idaho is organizing a circle in his state and will be a member in the next round. This leaves just one vacant seat to be occupied by the first applicant and this circle will be full. Any live D. O. who has sufficient ambition to organize a circle in the states not organized will be given a hearty welcome to the vacant chair.

1. Thinks that any organization to grow must have a regular system of work adapted to its membership as well as financial support. We need a system for collecting all the data possible from the membership, assorting and classifying it in a way to be used in verifying old theories as well as discovering new truths to be proven. The Science Circles are working along three lines: First case reports needing discussion and suggestions as well as giving to each the experience of others in the same kind of cases. Second, some new subject in the field of advance investigation, which has not been worked out. Third, the best articles in the Literature of the profession to be taken up and the main points discussed and fixed in the minds of the members. He suggests the "Tides in the circulation of the blood as a subject worthy of investigation; also just what is included in Osteopathy; what it is and what it is not.

2. Says he is very fond of a wordy scrap and thinks he will find his element in the circles. He likes the plan of the work as it is completely democratic and every member has his say. He thinks that is one of the greatest troubles with so many of our organizations, which meet only once a year. The work is in the hands of a few and the great body of the membership are not required to do anything but pay their dues. He suggests the idea of the referendum in which the membership is required to pass on all questions whether they are brought up at the annual meeting or not for discussion there and it would prevent much bad feeling that is often generated at the annual meeting for lack of time to thoroughly think out what is best to do in the case. He thinks if such a plan should be adopted a much larger membership would be secured and less factionalism developed over any decision made.

3. Says it is not so much what is said in this circle but what is echoed out into the other circles. He asks the question whether an Osteopath should join a local Medical society when invited? He has been elected to membership of the local M. D.s of his town, without making any application for membership, and asks if it would be unethical to accept the invitation. He is also invited to go on their program for the next meeting. He asks if the Independent Boards have been satisfactory in the states where they have been adopted. He says it has been reported unsatisfactory by some who want a composite board.

4. Gives a hearty welcome to new members and hopes to see the one vacant seat soon filled. He says they are in the midst of a fight for legal recognition in his

state and they have just sent in a long petition of influential people, but the M. Ds. are trying to do them. An M. D. had recently declared that antiseptics, antidotes and anesthetics is all there is to regular medicine. He thinks there is a good show for a favorable law. He thinks the greatest work accomplished by the Osteopathic organizations has been getting rid of the irregular schools and establishing a uniform standard of work as well as qualification for matriculation. He says all the Directories that have amounted to anything have been published by the A. O. A. Several outside concerns have attempted to get out a directory, which have usually been failures.

5. Says the suggestion on the mailing card in regard to reporting cases of special interest in the different circles and the new ideas gained from them should be followed out. He says a number of cases of poliomyelitis have been reported in his circle and the results of the treatments have been fine. The area of the cord involved and the severity of the disease causes a longer or shorter time to effect a cure. One member reports fine success in treating carbuncles with one half ichthol and lanolin, applying it to the carbuncle and a half inch around the area. Another finds it difficult to get members to discuss the articles in the Journals. This is a very important matter, for by expressing our views on the points in the various articles requires a closer reading and fixes the essential facts more firmly in the minds of the reader. He wonders if Dr. Farmer is correct in his statement that the graduates before 1900 are more successful than those graduating since. He says the Osteopathic law in his state allows them to practice all the medicine that is necessary.

6. Would advise No. 3 to join the Medical society and thinks we should meet the M. Ds. at least half way in any advances they may make towards friendly relations. His circle has been discussing the vaccination question and serum therapy question and have reached the conclusion that it is unscientific to produce a disease in a healthy body to prevent another disease that you are not likely to contract. He thinks anti-toxins for infantile paralysis, meningitis and typhoid are all bosh. The question of the colleges conferring the degree M. D. has been discussed in his circle and it was generally opposed. In discussing the use of the colon tube it was generally believed that it would pass beyond the sigmoid flexure contrary to the claims of some late authorities. Some of the members take issue with the forced form of feeding in tuberculosis.

S. W. HEATH, Leader, Sioux Falls, S. D.

SECRETARIES CIRCLE.

The Secretaries Circle made its first round after a few delays, which were unavoidable and are not liable to occur in the future. The letters are well loaded with good suggestions, though not all agreeing on the same points, but good will grow out of these differences, if we will try to see the subject from each other's view point.

On the question of giving back to members an equivalent for their membership fee and annual dues the following points were brought out: Some states give back nothing; not even a membership certificate; others publish hand-books containing reports of the annual meeting, list of officers of the state Association. It is claimed by some that the State Association is for the purpose of keeping the members of the profession lined up against the common enemy and to secure the control of all matters pertaining to the profession and place them in the hands of its friends, where it is not in some states. It is suggested by one that where a state has a sufficient membership there should be a state organ, publishing matters of special interest to the state. When the fight of self government has been won, he thinks

then the funds of the Association may be turned to getting out a book containing all the papers read at the annual Association meetings.

Another gives as a reason for the existence of Associations: First to conserve and protect ourselves against attacks from the enemy, to change our legal, political and economical environment, so that it will be more congenial to our existence and growth and make our position impregnable to attack by competitors, rivals and favorites. Second that we may meet each other occasionally and get our wits sharpened, buffed and polished and the accumulated rust removed and some new ideas interchanged; and incidentally a social time. He favors the idea of each state publishing a handbook containing matters of interest to the members of the state, such as a directory of D. Os. in the state, court decisions and rulings, lists of colleges and publications and a list of the officers of the different organizations from the A. O. A. down to the local organizations, with their addresses and times of meeting. He asks the secretaries to take up and discuss the idea of uniting all the associations into one organization from the A. O. A. down to the district or local organization. An organizer should be employed to visit the different states and formulate a plan of securing the cooperation of all the members of the profession in bringing about this organization. This plan will no doubt be taken up and discussed in the next round of letters.

Another suggests that our success and very existence depends on our holding our forces together and for this reason every Osteopath should be a member of his state organization. In regard to giving members an equivalent for their annual dues, he thought that was done in many ways of which the most important was the acquaintance throughout the state with other members, who would very often send them patients, who would reimburse them many times for what they had paid out. His state is at the present time getting out a directory of their state association membership to be furnished to members for office use and to hand out to patients, who may wish to recommend their friends to an Osteopath, who is a member of the association. He had just received a request from Dr. Chiles, Secretary of the A. O. A., for a complete list of all Osteopaths within his state and a similar request had been sent to all the secretaries of state associations; if so some of the secretaries have not received them. Such an idea is certainly practical as every secretary should have a list of all the D. Os. in his state; that is all the live D. Os. for in every state there are some "once-upon-a-time-D. Os." who are so dead not even a grunt can be gouged out of them.

In union there is strength provided the union is on a basis of work as well as pay. A union of all the organizations for a definite purpose is to be desired and worked for, but it will be more difficult to outline and plan a system of cooperative work adapted to all classes of members than it will be to fix membership fees and dues. The greatest benefit the membership of any organization receives comes from the actual work they do to promote the principles for which that organization stands. Take the history of any great reform and its underlying truths were known hundreds of years before its general adoption due to a lack of systematic organization and cooperative work in promulgating the underlying principles and securing the attention and cooperation of the public, as well as those who advocated the new art or science. The principles of Osteopathy were advocated by Erastratus 380 B. C. but he neglected to reduce it to a science and to formulate the art of application. Dr. A. T. Still accomplished both and has left it to the profession to work out further details of both the science and the art and to educate the public in its general

adoption. Many have mistaken the art of manipulation for the science and have organized schools under various names and are misleading the public into the belief that there is no difference between what they are teaching and Osteopathy. It is the greatest fight of our profession to stop this fakery and require them to qualify in the science as well as the art.

IOWA.

1. Says this is one of the best bunches of letters that has passed, and he has enjoyed them immensely. He speaks very highly of the articles being written for the A. O. A. Journal and commends especially the one on "Theory and Practice." He says he has not had the success in cases of Poliomyelitis that some others report. He says in cases of pseudo-angina pectoris, the muscles of the abdomen will become as tense and as hard as a board and will be relieved only by relieving the intercostal neuralgia. He says a case where there is not proper expansion of the chest wall is a good subject for tuberculosis. He reports a case of a lady four months pregnant who fell down stairs, and then got up and went about her work, but the third morning after, she was unable to get out of bed and has not walked since. He got the case at the fifth month period and carried her through full time and delivered a fine baby girl; but now eight weeks after she is still unable to walk. She seems all right every way except paralysis in lower part of limbs. She is able to get on her knees and crawl but not able to walk.

2. Says he has not had the best of success with a case of Poliomyelitis of three years standing, but thinks he has not had sufficient time yet. He reports a case of pus discharge in the urine which has yielded nicely to treatment and seems to be completely cured. He agrees with some others, that we scarcely ever find a case of pelvic trouble in which there is not a misplaced innominate. He reports a case of piles which he was called to treat at night as the man was suffering so he could not sleep and he found the piles protruding and pushed them back and used a Betz dilator; after which he applied an ointment and the patient rested easy and a few days later the piles had disappeared. He reports a case of a man with attacks of severe pain in the left pectoralis major muscle and which seems to worry the man greatly. He relieves the attacks but does not seem to prevent their return. He has made it a rule not to treat a case being treated by an M. D. until the M. D. has been discharged. He is opposed to combining all the Associations as suggested by Dr. Kottler, as under the present plan nearly every D. O. is in some one of the organizations and under the combined plan many would stay out. He asks the opinion of the members on Dr. Murray's book of Elgin.

3. Had just returned from a visit to his old home in southern Illinois where he found that Osteopathy had made great advancement since his former visit five years ago. The case of the old lady previously reported as diagnosed by an M. D. as a sprain, and kept on her back nearly a year before he was called and diagnosed the case as a fracture of the head of the femur calling in an M. D. to verify his diagnosis, the former M. D. refusing to council with him had a skigraph made, which showed the femur broken at the neck and resting on the lower border of the acetabulum, with the socket filled up with a deposit; he considered the case hopeless after so long standing and the old lady died while he was away on his trip. He thinks the "Solar Germicide" may be a good thing, but fails to see \$25 value in it for the amount of use it would be in his practice. He says he is too deeply interested in Osteopathy to be bothered by fakers. He thinks every means of relieving human suffering should have a chance at humanity and when all have done their best, there

will still be too much suffering. He does not want a monopoly in Osteopathy, as we would all commit suicide by over work. He says a rigid spine is lesion enough for him in a case if he can convince the patient that it is sufficient to cause the trouble. He considers an operation for gall-stones one of the most critical and also the most unsatisfactory as to permanent results. Unless the cause is removed they will reform.

4. Says he receives great benefit from the case reports in the letters and congratulates the doctors on the success they have with the cases reported. He reports a case of sciatica that he treated which did not progress as well as he would like, due to a tipped pelvis and lateral curvature of lumbar and lower dorsal and after the first month the pain shifted from the left limb to the heel of the right foot, where it remained and she now claims that the Osteopath injured her nerves after consulting an M. D. and threatened a suit for damages, and he proposes to be with them to the last ditch. He thinks such cases create talk unless they are fought out to a finish, and the truth brought out. He thinks an Osteopathic Defense Company would be a practical organization for Iowa. He thinks there is still an under current in opposition to an Independent Board, who favor a "Tripod" board composed of an M. D. a D. O. and an attorney. He don't think such a board would help Osteopathy any and is therefore opposed to it.

5. Reports a case of cystitis which he first saw about three years ago, and which he treated at that time for Sciatica and relieved that trouble but he thought the cystitis was surgical and so advised. She later went to an M. D., who advised an operation. The case went to a Chicago specialist, who could cure the case very easily by electricity and after a few weeks treatment sold her a machine to use at home with an occasional trip to Chicago for treatment. The case went from bad to worse and he was finally called in consultation on the case with two M. Ds. and they all agreed that an operation was the only hope, and she was taken to Des Moines where the operation was successfully performed and three quarts of pus was removed and she gained ten pounds in six weeks, when the pus began to form again and another operation had to be performed and a pus sack which had adhered to the bladder and opened into it was removed and at the close of the operation the heart stopped and two M. D. surgeons who were watching the operation said she was dead; but 1000 c. c. of normal salt solution administered and two hypos of Adrenalin Chloride with some Osteopathic stimulation to the heart and Dr. Bond working the oxygen tank and keeping up artificial respiration, finally a gasp came and more vigor put in every effort and in four hours she was able to talk; and the next morning she was able to draw the limbs up and straighten them out; and four days after the operation she was doing fine when a reaction from the shock set in and in spite of every effort she died. Had the operation been performed when the case was first pronounced operative there is no question as to the results being more favorable.

6. Had just returned from a trip to New Mexico about which he is very enthusiastic. He agrees with the idea that, what is everybody's business is nobody's business, and for that reason he makes the Independent Board his business. As to the chiros, mechanos, etc., he is not worried. He is opposed to any form of union with M. Ds as they would swallow us up the same as they did the Homeopaths. A majority of them would rather see a patient die than for them to be cured by an Osteopath. If any one doubts the position of the M. Ds. as to Osteopathy, he asks them to read in Jan. number of the Medical World. He has had good success with Poliomyelitis and thinks any D. O. can have if they can hold

the case a reasonable length of time. He advises No. 4, not to be scared over any M. D. taking a case into court against an Osteopath and expose his ignorance, which they do every time they try it.

7. Reports a case in which he first diagnosed as vertigo, caused by cervical lesions, which he seemed to overcome in two weeks treatment, when he was sent for in haste and found the patient unconscious, with left side of face and left arm paralyzed, and every indication of cerebral hemorrhage. He gave a vigorous cervical treatment for a half hour, when consciousness returned and the paralysis disappeared and the patient said that the first symptoms were black spots appearing before her eyes and he then suspected a thrombus in the middle cerebral region. After thinking the matter over he thought best to make an analysis of the urine and to his surprise he found it heavily loaded with albumen, urates and casts. He immediately changed his diagnosis to acute Bright's disease, with uremic poisoning; the cerebral symptoms cleared up so quickly and caused him to look for other reasons. The family became frightened and called an M. D. from another town, but he was pretty decent kind of a man and he decided to leave the case in his hands. He treated her every day and the M. D. every third day and the case got along fine and is now practically well. He says that Musser says in his Practice of Medicine that the symptoms of cerebral hemorrhage and acute Bright's disease are so much alike that it is often difficult to tell them apart, unless an analysis of the urine is made. He hopes his experience will be a warning to others not to make this mistake.

MINNESOTA.

1. Thinks Osteopathy includes all forms of hand treatment, whether we use them all or not; as it is not always best and seldom ever in the way that fakers use them; especially such as the Chiros use. Some of the members of his circle are reporting patients coming to them from the chiros to get the soreness taken out of their backs and cure the effects of the Chiro "thrusts." He reports a case that he had just dismissed, who had his arm broken four years ago and the muscles of the forearm and hand had atrophied so that he could use his hand but very little. He relaxed the muscles of the radio-ulnar region, the arm and hand soon regained its normal size and strength. He expresses his appreciation of Dr. McConnell's article on "Plastic Osteopathy" and thinks it contained many valuable truths. He has had only one case of Hysteria and in that case there was a misplaced uterus and a large bunch on the breast. When the misplacement was corrected the bunch disappeared.

2. Finds the letters not only enjoyable but very helpful in many ways. His case of Clergyman's sore throat is progressing under two treatments a week. He reports a case of spinal neuralgia with some neuritis of the posterior branches of the sacral nerves. The patellar reflexes are exaggerated and there is a marked lesion at the lumbo-sacral articulation, in which the joint seems to be in extreme flexion, and fixed by great rigidity. The case is improving under treatment. The pain at first was so severe that he had to resort to a hypo. He says after two years the people of his town are waking up to the difference between Osteopathy and Chiropractic. He thinks we should understand what is included in all the various forms of hand treatment and be able to select that which is best and applicable to the case in hand. He quotes Dr. Atzen as saying "that if we will thoroughly convince ourselves, that Osteopathy is the treatment above all others, and work along that line we cannot fail of success."

3. Says while Osteopathy is the treatment of disease, we sometimes find acute

conditions that cannot stand adjustment, and other appliances should be used until conditions are suitable for adjustment. He has a case in which there are attacks of lumbago, and in connection with that condition there is bladder trouble and incontinence of both urine and feces. The patient had been under medical treatment five weeks, with no improvement; but after three days of Osteopathic treatment the bladder emptied normally and the fourth day the bowels moved naturally, and after that there was normal sensation for these movements. In this case the spine was very rigid and badly rotated from the ninth dorsal down, with the greatest soreness at the fifth lumbar. He has had splendid success with Clergymen's sore throat.

4. Reports a case of Poliomyelitis in a child 15 months old, with both arms and legs paralyzed. He has had the case a week and there is some improvement, but he doubts overcoming the paralysis entirely, unless under a long course of treatment. He thinks the Chiros should be taught, that it requires something more than a thrust to overcome disease. He thinks that every doctor regardless of his school should be required to keep posted up in his office his qualifications to treat disease, and allow all people to select their own doctor. He thinks all schools should be required to have a uniform course of study as a basis and then be allowed to practice whatever theory they wished.

5. Thinks Osteopathy should include all hand treatments as well as all other methods of value giving relief to suffering humanity. He does not believe that Osteopathy, from a decided vertebral lesion standpoint, is any more of a complete system for the treatment of disease, than any other, and the sooner we find this out and get busy the better.

6. Thinks Osteopathy should include all kinds of hand treatment under whatever name. The case of apoplexy reported in a previous letter is doing fine. She is able to be up and around and do some work. He found the 3rd Cervical to the right. He recently received another apoplectic patient who had had a third stroke, and he found a very bad condition of the cervical region, which was so sensitive they could not bear the slightest manipulation.

7. Thinks there has been a decided improvement made recently in the Journal, and expresses his appreciation of the articles by Drs. McConnell, Millard, Burns and Becker. He thinks the position the Osteopaths have got to take in regard to Massage, Swedish movements etc., is that while they are not Osteopathy their relation to Osteopathy is that of a county to a state.

SOUTH DAKOTA.

Men's Circle: 1. Is very much interested in the case the State Board has under indictment for violating the law.

2. Is inclined to agree with the diagnosis Hysteria for the case reported from Aberdeen last month, in which a paralyzed lady died and came to life as a baby; but the question is what caused the Hysteria? He has had a number of cases of Neurasthenia in which he found very little wrong in the physical make up of the patient and the trouble seemed to be more in the environment, and he would call it an environmental disease. Recently a man calling himself an M. D. arrived in his town and announced that he was going to open a sanatorium and give Mechanotherapy treatments. He looked him up and found that he had no license from the State Medical Board, and that he had a wife and two children in Chicago, and that the woman that he was living with was not his wife and a few other things not very creditable, and he was notified to move on, which he did by the next train out of town. He called

himself Dr. Frost and the public is warned to look out for him lest they be Frost-bitten.

3. Thinks the case reported from Aberdeen is more of a psychic than a physical disease. He thinks Dr. Burns article in the J. O. will explain it as near as an explanation can be given. He reports a case of Myxedema in a child two years old that is unable to walk and asks for the experience of others in such cases.

4. Encloses a newspaper report of the case of the young woman who became a babe following a seige of paralysis, and is now rapidly recovering. He says it was a case of "Transition and not Dissolution." He says it was all in harmony with the laws of nature, and adds that all chemical reactions are instantaneous. No chemical reactions can take place until the elements involved in the reaction are in harmonious relation with each other. Harmony is the fundamental law of health. Nerves do their work with lightning-like rapidity. Every move of the Osteopath is to secure harmonious adjustment. In this case there was an unbalanced condition between the mental and the physical and he had to work the mental down to a point where the physical reaction could take place before cure could be effected. The cure was instantaneous when it came and the work now is to rebuild the emaciated physical structure.

5. Is quite familiar with the above case and is pleased to see so many of the circle interested, as he thinks it is one of the most remarkable cases on record. He is not inclined to agree with those who class it with Hysteria. He claims the cases cited are not similar. He thinks this case is more physical than psychical and should not be classed with neurasthenia nor hysteria. He is making a special study of this case to classify and locate it specifically.

6. Thinks the paralysis in the above case was caused by a clot on the brain, which accounts for the paralysis. He thinks if such is the case the prognosis is not very favorable, but will wait with interest the outcome.

7. Reports a case he treated that was peculiar. The man traveled for three days without food, but just aimlessly sauntering along. When they got him home he didn't know his wife nor the doctor when he called. He treated him twice a day for three days, when everything came back to him and he has been all right since. He is inclined to agree with the brain clot diagnosis of the Aberdeen case.

8. Is a new member and very glad to get into the circle even if it is over full and he has to hang onto a strap. He reports a case of "Reciprocal Somnambulism" of a girl at the age of puberty, who fell into a sleep and on awaking was both deaf and blind, in which condition she remained for six weeks; when her hearing was suddenly restored. A few weeks later she had another fainting spell, when all her senses were fully restored but her mind was a blank and she had to learn everything over. This state lasted a few weeks when she returned to her first state, when she recalled all her former life except the six weeks of blindness and deafness, that was all a blank. These attacks were kept up until she was 35 years old.

NEBRASKA.

No. 1 Reports case of chorea in a girl of 17, a high school student. Symptoms frontal headache, weak eyes, weak stomach, neuralgic pains through abdomen, nervous. After taking some treatment symptoms of chorea as jerking of the head and shoulders, also of eyelids developed. Treatment has benefitted—spoke of the curious bringing out of symptoms through treatment.

No. 2. Case of chorea in a girl of 5 who couldn't walk or talk, lesions were 1-3 dorsal. Diet of fresh milk. Cured after 15 months treatment.

No. 3. Had case of chorea in a girl of 11—lesions in upper dorsal region cured after 2 months treatment. Wants advice on what osteopathic books are considered best. Wants to know per cent of cases cured in reports given.

No. 4. Sickness in family, not able to write anything.

No. 5. Case chorea in a girl of 17. Temperature 99.6 pulse 112, insomnia, constipated, slight murmur in apex with no lesions apparent. Five months treatment improved greatly. Pregnancy brought back some symptoms which were partially relieved immediately. Would like to know proper method of replacing a retro-flexion when body of uterus stays in vault of sacrum.—C. B. Hunt, leader.

MINNESOTA SCIENCE CIRCLE NO. 2.

No. 1. Case of infantile paralysis which he reported last month is now able to walk and is in good shape with the exception of some of the remaining spinal curvature, but that is improving right along. Says that every D. O. has a practice to sell if he can find a "sucker" to buy, but that it is hard to deliver the goods after you have sold them. When a D. O. has done good faithful work in his field and has a good business worked up it ought to be worth more than the furniture, providing his reasons for selling are what they should be. A man must build up his own practice but when the D. O. will stay and turn over all the patients that he can to the new D. O. it is then up to him to hold them if he can. Some ask too much for their practice. Would never recommend vaccination as he has seen bad results too often and this has led him to think he would rather have the smallpox, since it is so mild nowadays, than to run the risk of being vaccinated. Reports case of so-called appendicitis, or impaction of the bowels which he relieved in a few treatments. Is very busy and cannot write more this time.

No. 2. Doubts that it is best to give much above office furniture when buying another's practice. Knows of a case where a D. O. bought out another at a high price and then after selling, the same D. O. got another friend to go in and get all of the practice that he could. Thinks that a little materia medica in the last year of the osteopathic course will not hurt anyone. Says that the D. Os. opinion of the treatment will predominate and that we have no need to fear that materia medica will receive much prominence in the osteopathic colleges. Has a friend who is a graduate of the John Hopkins College who told him that very little attention was given to materia medica and that three months was all the time they spent with it. Has seen bad results from some cases of vaccination but believes that both the theory and practice is the best when all the surgical precautions are used and the vaccine is purchased from some well known reputable firm. This makes it impossible to do the work cheap, but the cheapness is not what the people are looking for, it is safety. He would like to know whether anyone has ever known of a case developing small pox after three or more unsuccessful attempts to vaccinate? Was recently called to care for a case of diabetic coma. Young man of twenty who would not follow up the diabetic diet and this attack was one of the several that he had had. Dyspnea was very marked and became more frequent and finally he called in a Bro. M. D. to satisfy the family. The M. D. gave a hypo of morphine and patient soon went to sleep and remained unconscious for about twelve hours when he died, It was too late for any method to do him any real good, Urinalysis showed albumin, sugar and acetone.

No. 3. Can speak advisedly on buying a practice as he has had experience in both buying and selling. Says it all depends on what kind of a man you are buy-

ing from as well as what kind of an osteopath he is. If he has been "right," you can usually hold most of his patients and in such a case his practice is worth a good deal to you. Thinks that a chair in materia medica would be all right in the colleges for several reasons. Many want more knowledge of medicine and surgery than we get in the osteopathic colleges and there is not any reason why it could not be given either in connection with the D. O. course or be made elective. Would like such a course himself if it did not take so much time. Thinks we can never know too much. The one objection that he sees comes in the M. D. boards not recognizing our degree when coming from this source but they could not take away our knowledge and this would soon be overcome. Is quite conservative in the question of vaccination; however the preponderance of evidence seems to be on the side of vaccination.

No. 4. Feels that a D. O. has not very much in the way of a practice to sell as he himself has to show the people what he is and demonstrate what he can do. Thinks the M. D. course might be all right provided we do not use it after leaving the college but he fails to see why we should feel the need of it as we can get all the materia medica from some text book that we would ever want to use and in a very short time we would be just as well versed in it as the average M. D. The M. Ds. are trying every imaginable way to get away from drugs and he does not see why we need to be anxious to get into it. Believes that the way we were brought up has much to do with feeling the need of a little drugs. All of us have made our money and friends from patients who have had all kinds of dope poured into their throats and it is this class of patients that keeps an osteopath alive until he has proved himself efficient. He tries to tell the people that they usually keep taking drugs until they could not get any good from them and then they come to him after the harm has been done and he has to cure the disease and relieve the bad effects brought from the drugs. Believes that bacteria are sometimes the cause of disease and in many other cases the cause is due to something else. Thinks that there are too many exploded theories and that after a few years we will have a whole lot more new theories to explode so thinks that we may learn that germs are due to disease. Thinks that zymogenic germs could become pathogenic as in the intestines where constipation exists and there is absorption of the toxins. Does not believe in vaccination under any circumstances and would prefer the small pox to the risk of being vaccinated as a healthy person would have less risk. Just cured a case of pneumonia in a little girl two and one half years old. Says that osteopathy is the only thing for pneumonia. He is giving lectures to the nurses at the city hospital and is in for spreading the good work of osteopathy in all the places and at all times possible.

No. 5. Says that any student can get the same knowledge from a good materia medica and practice of medicine as from an additional course in our colleges. Says that the advantage of his knowledge of drugs is this: when a case is obstinate and the patient gets discouraged, he tells them that he has studied drugs but that he does not advise them in this case for he knows that osteopathic treatment will do better than the drugs. He thinks that we could all study up and have a little more influence in this way and thus do some good instead of using our knowledge in the wrong way. He gives a drug in killing tape-worms and says that it may be that there is a better way, but that by his method the tape-worm is killed and that is what the patient and he are after. Believes that many of us are alive with germs but that where the vital force predominates the germs lose out in the fight but where the germs are strong enough we will lose out. Thinks that the present mild form of

small pox is due to thorough inoculation ever since Jenner. Favors the use of good clean virus and thinks that it aids nature in the fight against the germs. Lays special stress in the curing of constipation in rheumatic patients if you hope to cure the rheumatism.

No. 6. Thinks that few D. Os. would leave a perfectly satisfactory field of practice providing their health would permit their remaining. Says it costs money to educate the people to it. Is not in favor of the M. D. course in our colleges, cannot see the value of it and believes that if we learn one thing well we will have all we can do trying to learn what there is to osteopathy, it will be a life-long study and still that will not have mastered it. Is not in favor of vaccination and thinks that if people are afraid of the small pox they could use the spanish fly method with equally good results and without danger.

No. 7. Says a D. O. who has the respect of a community has a practice to sell. His work and prestige is worth something. Thinks that we have our schools for materia medica already and they are purely medicinal and so let us keep our osteopathic schools purely osteopathic. Says that zymogenic germs can become pathogenic. Does not believe in vaccination. He has been up so much nights that he has not had time to write much and has to go out into the country on another long drive as soon as he can get ready to go so must stop and send the letters on.—Arthur Taylor, D. O.

Legal and Legislative.

The Situation in New Jersey—By vote of forty-four to ten, the Assembly in New Jersey, passed the Ramsey bill. This bill provides for an osteopathic member on a mixed board, but does not allow osteopaths to sign either birth or death certificates, practice surgery, or wait on infectious or contagious diseases. The osteopaths are to be congratulated for their opposition to this bill, which originated in the Medical Society, and fathered by Ramsay, the M. D. Representative in the House. To give an idea as to the drift of public opinion with regard to the bill, we quote the following from the Jersey City Journal:

A bill introduced in the House by Assemblyman Ramsay, who is a physician, would establish a doctors' trust in New Jersey. It need not be said that the people of this State are not yet ready for that. As a sample of intolerant legislation, this bill probably out-ranks anything hitherto proposed.

The bill is number 156. It purports to be an act for the regulation of the practice of medicine and surgery. In reality it is an act to strangle osteopathy. If it should pass, no osteopath could practice his profession in this State except by grace of the medical doctors, who are opposed to osteopathy; or he could practice it only in such a manner as the medical doctors, who admittedly know little about osteopathy, would dictate. The bill starts off by giving an inadequate, and, therefore, a false definition of osteopathy. What an outrage it would be upon the rights of the public to enact such a glaring injustice into law!

Osteopathy is a beneficial science. Like all sciences, it should be free and independent, not hampered or persecuted by professional enemies. Least of all, should the arm of the State be employed to crush it, at the dictation of rivals. For twenty years the osteopaths have been treating disease scientifically and successfully. To their credit, as the public pretty generally understands, are thousands of cures in cases given up as incurable by medical specialists. Many of these cases have occurred in New Jersey and are well authenticated. There are some 6,000 graduate osteopaths practicing in the United States. There are eight or ten duly incorporated osteopathic colleges, in which the course of study is as scientific and thorough as that in the medical schools.

Not a few of the osteopaths are also graduates in medicine. It is not known, however, that any of them has ever resorted to drug treatment. The osteopaths have been harassed by the medical doctors from the beginning. They have been haled to court in different States, but in every instance where the right to practice osteopathy as a healing art was in question, the osteopaths have won. They justified their claim by the supreme test that osteopathy does cure disease and that its methods are natural and scientific.

In all but five or six of the States there are laws regulating the practice of osteopathy, just as there are laws regulating the practice of medicine, chiropraxy, dentistry, optometry and even the barbers. In some of the States the osteopaths have separate boards of examiners composed of men of their own school; in other States the examining boards are composite, made up of allopaths, homeopaths, eclectics and generally one or two osteopaths. This latter plan does not work well. It places the osteo-

paths at the mercy of a hostile majority. The osteopaths use no drugs in the treatment of disease, and, therefore, the drug practitioners are all against them. Osteopathy interferes with their business, of course.

The State of Pennsylvania has a law which gives the osteopaths a separate board of examiners. This law works very satisfactorily. No one has ever heard a word of complaint against it. It protects the public from quacks which is the main object of such legislation, and permits osteopathy to develop along its own lines, as a free and useful science, under State supervision. For the matter of that, the public has yet to hear of a patient being injured or of a case of malpractice, at the hands of a graduate osteopath. The same, unfortunately, cannot be said of the drug treatment.

The Ramsay bill proposes a board of examiners to consist of ten members, only one of whom shall be an osteopath. What a chance the osteopaths would have with nine hostile doctors against them, holding a club of authority over their heads! A citizen of this State, under that arrangement, would have no right to call in an osteopath to treat any disease save only such diseases as the drug doctors would condescend to permit the osteopaths to treat. This would be a doctors' trust in earnest. As a commercial proposition, it would beat the Beef Trust to a frazzle. It would compel the public and the osteopaths to look at disease and its treatment through a little gimlet hole bored for them by the drug practitioners.

The people of New Jersey want no narrow, vindictive legislation such as the Ramsay bill offers. They want no doctors' trust. They want osteopathy and every other helpful science or art to have play and free sailing under regulations that will safeguard and advance, not hinder, the public welfare. The osteopaths should have a separate board of examiners in this State, as they have in Pennsylvania. They have made good in the treatment of disease. They come with no experiment, but with scientific results demonstrated by thousands of cured patients, victims of diverse diseases, who had been abandoned as incurable by other physicians.

It stands to reason that only graduate osteopaths are competent to judge of the qualifications of applicants who wish to practice osteopathy. The drug practitioners are not competent. They don't try to understand osteopathy in a scientific spirit; they prefer to stand off and throw bricks at it. That has been the history of every public hearing on osteopathy bills in Trenton during the last seven years.—Jersey City Journal.

The Osteopathic Association of New Jersey has unitedly sent in a strenuous protest, and at last reports they were given a hearing before the Senate Committee, and the prospect seems favorable to have the bill either properly amended or killed in the Senate. The bill as passed by the House is an intolerable imposition upon the osteopaths, and should not be permitted to become a law.

As Expected, Physicians Attack Osteopathy Measure in Rhode Island—Representatives of practically every medical association in the State entered formal protest against the passage of the osteopathy bill, at a joint hearing of the House and Senate judiciary committees, March 24.

The measure which created such a furore among the medical men provides that none shall practice osteopathy in this State except graduates of the osteopath colleges of standing. It also provides for the establishment of a State board of registration in osteopathy, which shall have control of the examination of osteopaths.

Numerically, the array of medical men at the hearing was impressive, but the amazing exhibition of ignorance of what really comprises the science of osteopathy, which they displayed at the hearing, was, to say the very least, disappointing and

distressing. The medical men divided their attention between attacking osteopathy as a system of healing, and pointing out flaws in the bill. The osteopaths were ably defended by Dr. Charles C. Teall, and Drs. Hasbrook and Lallah Morgan. The following is a copy of the proposed bill:

AN ACT Creating a State Board of Registration in Osteopathy and Regulating the Practice of Osteopathy Within This State.

It is enacted by the General Assembly as follows:

Section 1. There shall be a state board of registration in osteopathy, consisting of five members, each of whom shall be a graduate of some regularly incorporated or chartered school or college of osteopathy, and shall have practiced osteopathy within this state for at least one year.

At the present session of the general assembly the governor, with the advice and consent of the senate, shall appoint one member of said board to hold office until the first day of February, A. D. 1911; one member to hold office until the first day of February, A. D. 1912; one member to hold office until the first day of February, A. D. 1913; one member to hold office until the first day of February, A. D. 1914; and one member to hold office until the first day of February, A. D. 1915.

In January, 1911, and thereafterwards in January of each year, the governor, with the advice and consent of the senate, shall appoint one member of said board, to hold office until the first day of February in the fifth year after his appointment, to succeed the member of said board whose term will next expire.

Any vacancy that shall occur in said board shall be so filled by the governor for the unexpired term: Provided, however, that, in case a vacancy occurs when the senate is not in session, the same may be filled by the governor until the next session of the senate, when he shall, with its advice and consent, appoint some person to fill such vacancy for the remainder of the term.

After the last day of September, A. D. 1910, no person shall be appointed to membership in said board unless licensed to practice osteopathy within this state, as hereinafter provided.

Any member of said board may be removed by the governor for such cause as he shall deem sufficient and shall express in his order of removal; and each member of said board, unless he resigns or is removed, shall hold office until the appointment and qualification of his successor.

Sec. 2. Members of said board shall qualify by taking the oath provided by law for public officers.

Within thirty days after their appointment, and annually thereafter on the first Tuesday in February, said board shall organize by electing one of its members chairman, one of its members secretary, and one of its members treasurer of said board, and such organization shall continue until the next meeting for organization as aforesaid, and until the election of successors to said offices, except in the case of any vacancy in any office, in which case such vacancy may be filled forthwith for the unexpired term.

The secretary of said board shall keep a record of all its proceedings, issue all notices and certificates, and attest all such papers and orders as said board shall direct; and shall perform such other duties as shall be designated by said board.

Said board shall hold two regular meetings in the city of Providence in each year, one on the first Tuesday of February and one on the first Tuesday in October, and such additional meetings, at such times and places, as said board shall determine.

A majority of said board shall at all times constitute a quorum for the transaction of business.

Said board may prescribe rules, regulations, and by-laws, in harmony with the provisions of this act, for its own proceedings and government, and for the examination of applicants for license to practice osteopathy, as hereinafter provided.

Said board shall adopt a seal to be affixed to its official documents.

Sec. 3. On and after the first day of October, 1910, no person shall practice, or pretend or attempt to practice, or use the science or system of osteopathy in treating diseases of the human body, unless licensed so to do by said board, as hereinafter provided.

Evidence of license and authority to practice osteopathy within this state shall be a certificate of registration granted by said board, and which shall be granted by it to every person applying therefor who shall satisfy said board:—

First, that he is at least twenty-one years of age and of good moral character; and

Second, that he is a graduate in good standing of a regularly chartered or incorporated college or school of osteopathy, which had, at the time of the graduation of such applicant, a course of study of at least twenty months' duration; and

Third, either that said applicant, having applied for registration on or before the last day of September, 1910, was actively engaged in the practice of osteopathy in this state at the time of the passage of this act, or shall pass an examination satisfactory to said board on the subjects of anatomy, physiology, physiological chemistry, toxicology, pathology, bacteriology, osteopathic diagnosis, hygiene, obstetrics, gynecology, minor surgery, and the principles and practice of osteopathy: Provided, however, that a certificate may be granted by said board, without such examination, to any person having the other qualifications above provided who has been in active practice of the science of osteopathy in some other state for a period of five years, and who shall otherwise satisfy the said board as to his fitness to engage in such practice in this state.

Each certificate issued by said board shall be signed by its chairman and secretary and attested by its official seal, and shall grant to the lawful holder thereof the right to practice osteopathy within this state.

Sec. 4. A record shall be kept by said board in a book specially provided for that purpose, on which shall be entered, on a separate page, the name and age of each applicant; the name of the school or college of osteopathy from which he is a graduate, with the date of graduation; whether or not such applicant was examined by said board, with the date and result of any such examination; and whether or not a certificate has been granted, and, if refused, for what reason; together with such other information regarding the applicant as said board shall, by general rule or special order, provide. And, upon the granting of any certificate of registration, said board shall promptly report the same to the state board of health.

Sec. 5. All questions given to any person who takes the examination shall be written or printed in ink, and the answers given shall be written in ink. The questions and answers shall be placed and kept on file for at least two years by said board, and shall be open to the inspection of any person or persons who are affected by such examinations.

Sec. 6. Every person applying for an examination, or for a certificate without examination, shall pay to said board, upon making such application, the sum of twenty-five dollars, which shall in no case be returned: Provided, however, that applicants who apply for registration on or before the last day of September, 1910, and who are actively engaged in the practice of osteopathy in this state at the time of the passage of this act, shall be required to pay the sum of ten dollars only on such application.

In case of failure on the part of any person to pass a satisfactory examination, such person shall be entitled to a second examination before said board, upon a subsequent meeting thereof, upon the payment of an additional sum of five dollars.

Sec. 7. The actual expenses of said board shall be paid out of the funds received by it from applicants for examination and registration, and all fees received by it shall be held and applied by the treasurer to the payment of such expenses.

All payments from funds in the hands of the treasurer shall be made on requisitions therefor, signed by the chairman and secretary of the board.

Said board is authorized to allow to each member, for each day's actual attendance, a sum to be fixed by vote of said board, together with actual travelling expenses, if there be sufficient funds therefor in the hands of its treasurer after payment of the other expenses of said board; but in no event shall any expense of said board be a charge against the state.

Sec. 8. Said board may, after due notice and hearing, in its discretion, revoke and cancel any license and certificate, issued or granted by it theretofore, whenever it shall be satisfied by sufficient evidence that the holder of such certificate is not of good moral character or has violated any law of the state, or has been guilty of any grossly unprofessional conduct, or conduct of a character likely to deceive or defraud the public, or of any fraud or deception committed in obtaining any certificate, license, or diploma, or for any other cause which, in the opinion of said board, shall render the holder of said certificate an unfit person to practice osteopathy in this state.

The members of said board are hereby severally authorized to administer oaths in any matter connected with the performance of its duties; and said board, in all cases and proceedings pending before it, is hereby authorized and empowered to summon witnesses by subpoena, signed by the secretary of said board, and to compel such witnesses to attend and testify, in the same manner as witnesses are compelled to appear and testify in any court; and said board is authorized to compel the production of all papers, books, documents, records, certificates, or other legal evidence that may be necessary or proper for the determination or decision of any question pending before said board, or the discharge of any duty required or authorized by law, by issuing a subpoena duces tecum signed by its secretary; and every person disobeying any such writ shall be considered as in contempt, and said board may punish any contempt of its authority in like manner as contempt may be punished by any court.

Any person who shall wilfully swear falsely in any proceeding, matter, or hearing before said board shall be deemed guilty of the crime of perjury.

Said board shall serve a copy of its decision or ruling upon any person whose certificate has been thereby revoked; and any person aggrieved by any such decision or ruling of said board may, within ten days after receiving said notice, exclusive of Sundays and legal holidays, take an appeal therefrom to the supreme court, and shall file therein his reasons of appeal and serve a copy thereof on the secretary or person performing the duties of secretary of said board, and said supreme court shall, as soon as may be, hear and determine said appeal.

On the revocation of any certificate, the holder thereof shall cease to have the right to practice osteopathy in this state, unless otherwise ordered by the supreme court by interlocutory or final order on appeal, as above provided.

Sec. 9. The certificates hereby provided for shall not authorize the holders thereof to prescribe or use drugs for internal medication, nor to perform major surgery.

Registered practitioners of osteopathy are hereby made subject to all state laws and municipal regulations governing physicians and practitioners of other schools in making and filing certificates of death, in the control of contagious and infectious diseases, and in other matters pertaining to the public health.

Sec. 10. Any person who shall practice, or pretend or attempt to practice, or use the science or system of osteopathy in treating diseases of the human body contrary to the provisions hereof, or who shall use any of the titles, terms, or letters "Osteopathy," "Osteopath," "Osteopathist," "Diplomate in Osteopathy," "D. O.," "D. Sc. O.," "Osteopathic Physician," "Doctor of Osteopathy," or any other title, term, or letters, either alone or with other qualifying words or phrases, under such circumstances as to induce or to be calculated to induce the belief that the person who uses such title, term, or letters is engaged in the practice of osteopathy, without being the lawful holder of a certificate as herein provided, or who shall sell, buy, or fraudulently obtain any diploma, license, certificate, record, or registration to practice osteopathy, or tender, exhibit or display any such diploma, license, certificate, record, or registration, signed or issued unlawfully or under fraudulent representation, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined fifty dollars, and upon each and every subsequent conviction shall be fined one hundred dollars or imprisoned for the term of thirty days, either or both, in the discretion of the court; and, in no case where any provision of this act has been violated, shall the person so violating such provision be entitled to receive compensation for services rendered.

Sec. 11. Complaints for the violation of the provisions of this act may be made by any person, and, if made by a member of said board, said member shall be exempt from giving surety for costs on any complaint made as aforesaid.

Sec. 12. Nothing in this act shall apply to osteopathic services rendered gratuitously in case of emergency, nor to any services rendered by any practitioner of osteopathy residing without the state and called in consultation or to the assistance of any physician or practitioner duly authorized to practice under the laws of this state.

Sec. 13. This act shall take effect from and after its passage, and all acts and parts of acts inconsistent herewith are hereby repealed.

The Medics Busy in Illinois—The County Medical Societies throughout Illinois are advocating activity in the legislative campaign, claiming that the osteopathic bill endangers the standard of the medical profession in Illinois, and are urging physicians to use their votes.

"Scientific medicine" is the watchword of a quiet political movement that has been begun by county medical societies throughout Illinois.

Under cover of the injunction "strictly confidential," physicians are being urged to work actively against, or for, legislative candidates who favor or oppose "vicious medical legislation"—legislation that is held to be prejudicial to the high standards of the medical profession, or injurious to the public health. The work of political organization is being conducted by the public policy committee of the various county medical societies.

Doctors are Questioned.

An indication of the nature of the campaign that is being prosecuted is contained in the following questions that have been sent out by one medical society to all its members:

"Do you favor the election of legislators from this district who stand for scientific medicine and vote to conserve the health of the community? Answer "Yes" or "No."

Does the course of the minority representative in the matters commend itself to you? Do you favor his re-election? If not, who is your choice?

Does the course of the majority representative from county in these matters commend itself to you? Do you favor his re-election? If not, who is your choice?

Does the course of the state senator in these matters commend itself to you? Do you favor his re-election? If not, who is your choice?

Will you support and work for such candidates as are recommended by the public policy committee, regardless of partisan politics?

Will you contribute your pro rata of an assessment to carry on this work?

Do you agree to use your influence and vote against any one for the legislature who does not favor scientific medicine and who will not use his influence and vote to conserve the good health of the people in this state?

When called upon by the public policy committee do you agree to write promptly to the governor or legislators stating your views and recommendations on matters pertaining to the public health?

Aroused by Osteopathic Bill.

Accompanying this list of question are the names of the legislative representatives from the district in which the physician resides, together with a memorandum of how each representative voted on a so-called "osteopathic" bill which was defeated after a hard fight in the Forty-sixth general assembly.

This osteopathic bill, with another bill that proposed that opticians as well as oculists would have the right to examine and test the eyes, was what prompted the medical societies to enter the political field. The osteopathic bill provided that all osteopaths who had graduated from osteopathic schools prior to July, 1909, should be licensed as full fledged physicians without state examination.

In reporting the defeat of the osteopathic bill to the Chicago Medical Society, Dr. Charles J. Whalen, chairman of the public relations committee, said:

"You should at once get busy and perfect your organization so that in the future you can prevent at the next election the return to the Forty-seventh general assembly representatives who in the past have voted for vicious legislation. Furthermore, you should see that prospective legislators are pledged before election to vote against all vicious medical legislation, that may come before the assembly.

To Guard Public Health.

In explaining the proposed political action, Dr. Whalen during the day said:

"The fight that the medical societies are making is in support of high medical standards, and in the interest of the public health. We do not care what sort of medicine a person practices after being licensed, but we do contend that no person should be licensed as a doctor of medicine without the proper technical training and education. The people should know at all times that the sign 'M. D.' back of a doctor's name is a guarantee of the doctor's qualifications."

It is the same old cry of the osteopaths not being "as well educated as the M. D's." and the osteopaths of the state should see to it that representatives in the legislature are thoroughly disillusioned on this point during the coming campaign. As a further statement as to the condition of things in Illinois, we append an article written by George E. Moran and which appeared in the Chicago Inter-Ocean:

"In Illinois no recognition is given to osteopathy, but those who practice any other system or science of treating ailments who do not use medicine internally or externally, and who do not practice operative surgery, may get a certificate "to treat human

ailments" by examination by the state board of health, but no educational qualifications are required.

The osteopaths feel that such a law is no protection to the public, and that it works an injustice to a rapidly developing profession. The Supreme court of Kentucky in a recent opinion says: "Osteopathy is a perfect system, having the approval of skilled and scientific men and schools and colleges in which its doctrines are taught."

In many states legislation and judicial decisions have gone hand in hand in giving legal status to osteopathy and placing it within the pale of the science and art of healing as a reputable system of practice.

Our Illinois law throws its strong arm around the old schools of medicine and bunches or makes a sort of job lot of all other arts and so-called arts of healing. Herein lies the alleged injustice: Any person who is so disposed can obtain a certificate or license to practice the art of healing human ailments, providing they do not use drugs or the knife. The door is therefore thrown open to the unscrupulous practitioner who, having obtained the state license, letters his window and prints on his or her card and stationery the popular and respected title, "Osteopath."

Osteopathy merely asks and is certainly entitled to the protection accorded to the professions which use the knife and drugs, and that is to demand of the applicant for a license his record as a student of the science of osteopathy and his diploma from a college legally empowered to confer the same.

This legislation must and will come, because the public will require it for its own protection, and osteopathy is too big and strong to be used as a cat's-paw by quacks and charlatans. The statesman who will interest himself in this matter will find he is serving many of his constituents and increasing his own popularity.

Unlimited Power.

Osteopathy has discovered a practically unlimited power in the living body. It has demonstrated that this power is all sufficient for purposes of health. It has found this tremendous though mysterious power intimately permeating every atom of the body and constituting its very life.

This life force or power has built for itself and constantly maintains and renews a marvelous and complicated system of mechanism each complete and independent, though co-ordinated into a federal unity which is furnished with a perfect armament of supplies and reserves for perpetuating itself and resisting all attacks foreign or hostile to its vital interests. The purposes of its creation are always attained when the integrity of its several parts is preserved in sympathetic relations with its essential unity.

The Ideal Body.

The supreme court of this ideal body has made it the essential law of its constitution that each part severally and all the parts unitedly are entitled to life, freedom and the pursuit of health; that this life, freedom and health are impaired when its structural unity is lost and that to restore the unison or health is to bring the sectional parts together into harmonious relations; that health is altogether a matter of internal improvement and physical reciprocity, with incidental protection against dangerous influences, accidents and emergencies.

American Therapeutics.

It is the distinctive claim of osteopathy that it has discovered, demonstrated, developed and defended the distinctive doctrine of American therapeutics as an application of all true production and progress to the disease and ailment of suffering humanity and has achieved such helpful and healthful results confessed by the testimony

of such a mass of intelligent people as have made it phenomenal and without parallel in the history of therapeutic science.

Get Well and Stay Well.

Osteopathy preaches and practices the doctrine that it is the function of the true physician to treat the people in such a way that they can get along healthily without him, and it is true that when people get well by its methods naturally they stay well, for it is not only curative but preventive. One of its widest ranges of usefulness lies in its powers of prevention.

The physical structure can be put into natural and healthful condition without drugs, and it is the tendency, when naturally adjusted, to remain so, and much of the practice of osteopathy, after its corrective work, is to keep the body normal, healthful and active.

A Separate Board Desired

The bill which was introduced in the Senate during the Forty-sixth General Assembly for "An act to regulate the practice of osteopathy in the state of Illinois" is the base of a campaign now being engineered by the county medical societies throughout our commonwealth.

When doctors disagree in the matter of politics the patient, which is, in this instance, the general public should have something to say. The great question of this therapeutic fight is M. D. or D. O.

The M. D's. are not in favor of any legislation that will recognize osteopathy. They hold that the present law which was enacted before osteopathy was born is sufficient and that the state board of health, which is composed of members of the old schools, should continue to examine and license all applicants who desire to practice the art of healing human ailments.

The Everlasting Conflict.

The prejudice which exists in one school against all others is the everlasting conflict now being waged in our land and the end is hard to foresee.

All candidates for members of the Legislature will be questioned closely, during the ensuing campaign, as to their position in this matter, and the rivals will use every means to down their opponent.

"We want no vicious medical legislation that is prejudicial to the high standards of the medical profession or injurious to the public health," is the slogan of the county medical societies.

The osteopaths of Illinois regard the political activity of the M. D's. in the state as an evidence that the medical men are waking up to the fact that they have failed in their efforts to stem the increasing tide of public popularity which osteopathy is enjoying and are now going to try and manipulate the political machinery of all parties in an effort to prohibit the practice of osteopathy in this state or at least attempt to bring it into disrepute by sidetracking any laws intended to protect scientific osteopathy and the public from the quacks and pretenders who are not qualified to practice osteopathy.

The Public to Choose.

The contention of the osteopaths is that the law should provide that the physician must understand and be thoroughly qualified to administer the treatment which his particular school of practice prescribes and then let the public decide whether it wishes the services of the M. D. or the D. O.

It would seem as though the public is entitled to a law by which it can be assured

that when an osteopath is called he will be an osteopath who has studied and mastered the science and art of osteopathy.

The bill before mentioned provided for a state board of osteopathic examiners to examine osteopaths and license those who are qualified to practice osteopathy as it is taught in the osteopathic schools. It also provided that osteopaths who were graduated from reputable colleges of osteopathy and who already had a license and were in active practice should be issued a new license without another examination.

Don't be a Sham.

To quote the founder of osteopathy: "If you are going to be an osteopath don't be a sham, but a genuine osteopath. Put all your time on the study of the science in some reputable school and when you have graduated have a diploma of which you will not be ashamed and which the law will recognize and give you its protection."

Now, herein lies the trouble. That is just what the present laws of this state will not do; recognize and give protection to osteopaths. And hence the bill, the enactment of which the drugless profession desires and which the anti-drugless paths are now fighting politically and otherwise.

To Bury the Dead.

Some one has said the physician is allowed to bury his mistakes. But this is not true of the osteopath. Under the present law he must call in one of the privileged class or the coroner; in either event an unpleasant and complicated matter.

Section 6 of the bill quoted provides: "Osteopathic physicians shall observe and be subject to all state and municipal regulations regulating the control of contagious diseases; the reporting and certifying of births and deaths, and all matters pertaining to public health the same as physicians of other schools of medicine."

Death is inevitable, it matters not the physician. And when the osteopath is confronted with a case beyond human power, it is unpleasant, to say the least, to be compelled to call in his professional antagonist to pass upon the matter and certify the cause, etc., before the undertaker can act or the mourning family and friends of the deceased perform the last sad rites due the dead.

The only other alternative is the public coroner, and his presence in ordinary cases is not necessary, certainly seldom desired. The osteopaths claim that the law as it stands should be changed. It is an injustice to the living who desire the services of the osteopath, and it seems an outrage to the dead to be the subject of medical contention and a coroner's quest.

Osteopaths Win Appeal in Ontario—Judge Morson on March 23rd quashed the Police Court conviction against Robert B. Henderson, an osteopathist, for practicing medicine without being registered. He was brought up at the instigation of the Ontario Medical Council.

On the 4th of February Dr. Henderson appealed before Judge Morson but his Honor would not give out his judgment until the Legislature closed, as it was understood that the osteopaths were preparing a bill on the subject of osteopathy.

Two private detectives gave evidence that they had gone to Dr. Henderson's office complaining of different pains and aches, and he had told them what was the matter and treated them. Dr. Chambers testified that he did not think that Dr. Henderson made a thorough enough examination in the case of David E. Kissock, one of the detectives.

Judge Morson quashed the conviction on a judgment of Mr. Justice McMahon,

which stated that practicing medicine entailed the giving of drugs for curing or mitigating disease.

"There appears to be no case holding that medicine can be practiced without the use of medicine," says Judge Morson.

"There was no medicine administered in this case. If the Ontario Medical Council desire the meaning of the word medicine extended to cover the present case they must apply to the Legislature."

Osteopathic Bill Approved by the Commissioners at Washington, D.C.—Another step toward the placing of the practice of osteopathy on an equal footing with that of allopathy or homeopathy was taken on March 4th, when the Commissioners returned to Senator Gallinger, chairman of the District Committee, with their approval, the bill recently introduced in the Senate which is designed to regulate the practice of osteopathy in the District, to license osteopathic physicians, and to punish persons violating the provisions of the proposed act.

Since being referred to the Commissioners for report and recommendation several public hearings have been held, and the objections of the opponents, as well as the advocates, of the measure given due consideration, which resulted in a recommendation that as a substitute for the original section 12 the following be adopted:

That osteopaths licensed under this act shall be subject to the same laws, rules, and regulations that govern physicians in making and filing certificates of death and in other matters pertaining to public health, except that they shall not treat contagious diseases nor administer drugs or medicines, except in emergency cases of poisoning, nor treat obstetrical cases.

It is to be regretted that the osteopaths were not able to secure complete recognition with the other schools of healing but they are to be commended for their activity and success as it is to be remembered that the Senate Committee was headed by Jacob H. Gallinger, M. D., who is one of the old allopath school.

Vacancies on Indiana Medical Board—Two choice plums, the juiciness of which is known to few outside of those who have tested the succulence of the fruit, are to be given out by Governor Marshall in April. The places are two appointments on the state board of medical examination and registration, to succeed Dr. W. A. Spurgeon, Democrat, of Muncie, and Dr. M. S. Canfield, of Frankfort, Republican, whose commissions expire April 23. No applications for appointment have been received at the office of the Governor thus far, and the Governor, it is understood, has not given a great deal of thought to whom he will name for the places. In addition to the places being desirable from a financial viewpoint, a struggle now on among the members representing the old order of things medical and those representing the new order adds interest to the approaching appointments, as the Governor can, in naming men for the place, throw the balance of power to the former, which has dominated the board for several years, or throw it to the latter, with whom he is understood to be in more or less sympathy.

The financial value of the appointments is not at all understood, even by physicians over the state who come into more or less close contact with the operations of the board. Through the osteopathic journals and by advertisement in sundry publications, Dr. Spaunhurst bitterly assailed the board as then made up, and incurred its resentment and enmity.

The old board members, therefore, were astonished when it was announced that Spaunhurst had been named the osteopathic member by Governor Marshall, when Holland's term expired last July. There at once began a bitter warfare, which has

grown in bitterness, and which has caused some of the meetings of the board since then to be marked by vigorous accusations and denials. Spaunhurst, in the last meeting, attacked the financial methods of the board on the ground that they were not justly administered, and succeeded in having a committee appointed to look into the justness of certain alleged discriminations which he held to have been made against himself, and the existence of the committee, which has not yet reported, has served to keep the fight alive.

CHARGES OF SPAUNHURST.

Spaunhurst charged, in open meeting, that the bills allowed the members for grading manuscripts in the July, 1909, examination were not properly equalized since the members were allowed equal sums, although they did not grade an equal number of papers nor prepare an equal number of question lists. The committee which has the question under consideration is composed of Dr. Spaunhurst, Dr. Dinnen and Dr. Gott.

A question which is agitating the older board members is whether Spaunhurst, in his attacks on the board's manner of operation, is acting under specific instructions from the Governor. At the office of the executive, it is said, in his absence, that it is not known that Spaunhurst is acting under specific orders, and Spaunhurst himself says that no such orders were received by him. However, it is known that the Governor professed, on going into office, to believe that the operations of the board could be greatly improved. The older members, believing that the Governor is determined to infuse the organization with new blood, have little hope of Drs. Spurgeon and Canfield being reappointed although they are candidates for the places they now hold. Dr. Spurgeon is a physio-medic, and Dr. Canfield an eclectic.

Colorado Association Organizes for Campaign—The Colorado Osteopathic Association, with upwards of 150 members, has organized to carry on a thorough and systematic campaign to secure the enactment of an osteopathic law at the next session of the legislature.

During the last session the senate voted favorably on the bill but it was defeated in the lower house by a small margin.

Dr. C. S. Klein of Colorado Springs has been appointed a member of the legislative committee by the president of the association, Dr. J. T. Bass of Denver.

Book Reviews.

Exercise in Education and Medicine—By R. Tait McKenzie, A. B., M. D., Professor of Physical Education, and Director of the Department, University of Pennsylvania. Octavo of 406 pages, with 346 illustrations. Philadelphia and London. W. B. Saunders Company, 1909. Cloth, \$3.50 net. Half Morocco, \$5.00 net.

The close relation which exercise and proper physical training bear to the physical development and the maintenance of normal body functions and therefore the health of the "human machine" and the place which these considerations hold in the treatment of abnormal or diseased conditions, must always be of especial interest to the student of medicine, as well as to the physician. Great advances have been made in medical science, towards the solution of the great questions of public health, involving the proper feeding, housing, exercise and physical training of the people. The pernicious influence of indoor life on growth, has been sufficiently demonstrated to bring about measures looking toward a remedy in proper facilities for exercise and play, and nearly all of the colleges and universities have considered this line of education of sufficient importance to form a part of their regular curriculum.

This book comprehends the best in all systems of exercise and physical training employed in Europe as well as in the best gymnasiums and schools of this country, together with the succinct treatment of the subject in its relation to medicine. It is thoroughly illustrated, and is an extremely valuable exposition of this subject, and should be in the hands of every physician and student.

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Examination of the Urine. The New Second Edition—A Manual for Students and Practitioners. By G. A. DeSantos Saxe, M. D., Instructor in Genito-Urinary Surgery, New York Post-Graduate Medical School and Hospital. Second edition, enlarged and reset. 12mo. of 448 pages, illustrated. Philadelphia and London. W. B. Saunders Company, 1909. Cloth, \$1.75 net.

This work is intended as a comprehensive guide, useful alike to students and practitioners for laboratory reference. The constant employment of urinalysis in the daily routine of the physician makes it especially desirable to have a concise practical and thoroughly trustworthy reference for ready use in the laboratory. The theory of urinary

secretion and the methods of functional examination of the kidneys are given prominent place and special attention is paid to technique, and the interpretation of urinary findings. The new edition is a thorough revision, several chapters dealing with acidity, albuminuria, albumoses, mucin, nucleo-albumin, indican, uric acid, sulphates, phosphates and nitrogenous bodies, having been practically rewritten. New and important chapters on urethral shreds, vesicular sago-bodies, diabetes and toxæmias of pregnancy have been added.

The arrangement of the work and the subject matter is good, and in the light of advances made in the field of physiologic chemistry and chemical pathology, the book is thoroughly up to date. This, together with the special emphasis given to the clinical side of urine analysis, makes the book valuable reference to both student and physician.

* * *

Sluss. Emergency Surgery, Second Edition—By John W. Sluss, A. M., M. D., Professor of Anatomy, Indiana University School of Medicine; formerly Professor of Anatomy and Clinical Surgery, Medical College of Indiana; Surgeon to the Indianapolis City Hospital. With 605 illustrations, XIV-748 pages. 12 mo. Flexible Leather. Gilt Edges. Round Corners. \$3.50.

Quite in line with the general excellence of the other works in the series of gilt edge, flexible leather books already announced, is this new work on Emergency Surgery. It is a very convenient volume, and is intended for the use of the general practitioner, who, while not making a specialty of the practice of surgery, occasionally finds himself in a position demanding his services in a surgical case. For this reason all superfluous references are omitted, and the subject matter confined to explicit direction and a lucid discussion of the best methods to be employed in the individual case. Methods of administering anaesthetics are explained, and means of controlling hemorrhages, preparing material, etc., as well as illustrations and discussions covering most of the common operations, are included. Due consideration is given to the treatment of dislocations and fractures. It is an intensely practical work and we unhesitatingly recommend it to practitioners as a ready reference in cases of emergency surgery.

News of the Month.

Pure Food Violators Fined—The Kohler Manufacturing Company charged with misbranding two hundred and sixteen packages of the "Dr. Kohler Antidote," sized at Nashville, April 15th, 1909, is said to have pleaded guilty in the United States District Court, February 19th, to violation of the pure food and drugs act, and to have been fined twenty-five dollars. The misbranding referred to was the statement that the medicine cured headache, neuralgia and disorders of the stomach.

Epidemic of Measles—Measles is reported to be prevalent in Carrol County, Missouri, where several deaths are said to have occurred.

Report Concerning Adenoids—Last October the Department of Public Health issued a pamphlet directed to the parents of the younger school children, concerning the nature of adenoid growths and their danger to the child. Recent investigations prove that the presence of adenoid growths are responsible for the increasing number of backward children in the lower grades, but that instant and marked improvement has followed the operation for removal. During the last school year the inspectors found in the public schools, 1,326 cases of adenoids, and the pupil in each case was referred by letter to his parents. Of this number 482 were operated on.

Street Cuspidors—It is reported from Black River Falls, Wis., that street cuspidors are to be installed in that city as an aid to prevent the spread of tuberculosis.

Ontario's Milk Supply to be Improved—The Ontario Milk Commission, appointed by the legislature last spring has presented its report to that body. It recommends that the legislature fix the conditions under which milk is produced; that more attention be paid to the cleanliness of cattle, and conditions under which milk is produced as well as the health of cattle; that no milk be sold in shops in cities of over 50,000 inhabitants; and that proper care be taken in the handling of cans, bottles and other utensils. The milk supply of Ottawa was found to be the best in Ontario, and that of Toronto the worst. The government is earnestly enjoined to render assistance to stem the increasing tide of infant mortality by improving the milk supply.

Blindness From Heroin—It is well known that certain agents when injected in large quantities, or for a considerable length of time, cause an amblyopia which is due either to an acute interstitial inflammation of the central or macular nerve fibres of the optic nerves, or a gradual degeneration of these fibres. Wood alcohol, or some preparation containing it, Jamaica ginger, etc., are the agents more prone to cause the acute variety, while the habitual excessive use of tobacco and alcoholic beverages, the administration of stramonium, cannabis indica, chloral, etc., or long continued exposure to lead bisulphide of carbon, naphthalin, etc., are frequently responsible for the chronic form. That the heroin amblyopia, frequently referred to in various works on therapeutics and pharmacy belongs to the category of retrobulbar neuritis is evident from clinical history and ophthalmic findings.

Drop Wrist Sign of Organic Central Paralysis—In the *Reveu Neurologique*, J. M. Raimiste calls attention to a sign that confirms organic central paralysis of the arm. The patient rests his fore-arm in pronation on a table beside him, and the examiner gradually raises this forearm, using both hands but very lightly without pressure, until the forearm is vertical, the elbow still resting on the table. The patient's atten-

tion is then diverted, and the examiner gently withdraws his supporting hands. The palm, turned inward, and forearm form a straight vertical line, and thus remain in the healthy. But in the case of cerebral paralysis it will drop when the support is removed, forming an angle of 130 or 140 degrees with the forearm.

Infected Books—A plan has been formulated by the librarian of the Louisville, Ky., free public library for handling books in homes where a communicable disease has been reported. In cases of smallpox and diphtheria the books are destroyed. In other cases a notice is sent to the infected houses requesting that library books there be delivered to the health officer when the house is disinfected. The health officer is notified that books are being held for disinfection, and after disinfection a certificate to that effect is placed in the book by the disinfecter.

Campaign Against Blindness—The Maryland Society for the prevention of blindness has issued an appeal for a publicity campaign to instruct the public regarding the means of preventing ophthalmia neonatorum, and other diseases which may cause blindness.

Circulation of Blood Demonstrated—Dr. William H. Luedde of St. Louis, Mo., recently demonstrated the circulation in the human conjunctiva by means of a binocular microscope with special illumination. The red corpuscles were plainly visible, coursing with variable velocity in the smaller arteriols and capillaries. He called attention to its use in detecting the earliest changes in arterio-sclerosis, and the formation and the velocity of the blood current.

Crusade Against Spitters—Members of the health squad in New York City have been traveling on trains, trolley cars and boats, warning the passengers that they must use cuspidors and not spit on the floors of these vehicles. Many arrests have been made and fines imposed.

Tuberculosis Sunday—The National Association for the study and prevention of tuberculosis has announced that April 24th has been selected as National Antituberculosis Sunday, on which day it is planned that sermons on tuberculosis will be preached in all the churches in the country.

Ramon y Cagal Honored—The King of Spain recently appointed Professor Cagal a senator of the realm for life. The prime minister in presenting the name of Cagal for this honor stated: "Senor Ramon y Cagal is the greatest glory of the Spanish fatherland."

Syphilis and Paresis—Now that it is practically admitted that the Wassermann reaction is, when positive, an incontestable evidence of active syphilis somewhere in the system, and that it has been found by recent observations to be practically constant in paresis and in a large proportion of cases of tabes, the old notion that these disorders are para-syphilitic or not syphilitic at all in many cases, will apparently have to be given up. As the case stands at present, it appears that these, as well as all the objections to the syphilitic nature of paresis will have to go by the board, and this disease will have to be classed as a tertiary or quartan manifestation of syphilis.

Physical Education for Women—The Woman's Physical Education Association has been organized at Baltimore, with the object of awakening a wider and more intelligent interest in physical education for women, and of laboring for the improvement and extension of gymnastic games and athletics among women and girls.

Typhoid Inoculation—Lieutenant Colonel William D. Bannister, first surgeon at Ft. Snelling, Minnesota, is to inoculate with typhoid serum, sixty-five soldiers in Ft. Snelling, who have volunteered for the purpose.

Scarlet Fever Prophylaxis—The belief in the use of streptococcus vaccine in scarlet fever seems to be grounded on the acceptance of the streptococcus as the cause of scarlet fever. The results obtained in recent experiments are believed by many to establish the primary rule of the streptococcus in scarlet fever. The only cases in which the vaccines seem to be contraindicated are, first, in patients having a high temperature, and recently, since the conviction that no harm is done has been established, even these have received doses without untoward results; second, in very young infants, or patients who, from some cause or other, are greatly exhausted, and, third in those having nephritis. It is urged that vaccines should be given a wider application in this country to prove or disprove the contentions of the Russian physicians who have used them extensively.

Modern Views of Heredity—Dana says that the teachings of advanced investigation show that in improving and educating poor stock, including defective and retarded minds, education is of little value and does not effect racial production. Mendel's law applied to human nature will show that a mixture of races having distinctly different characters produce a hybrid stock which never altogether breeds pure. Mixed races which have opposite character units will not produce a new pure type unless we segregate the impure and hybrid three-fourths. A helpful indication from Mendel's law is that by the third generation the breed is perfect in certain strains. With a family psychosis a pure record of three generations in direct line will remove all liability to the psychosis.

Operative Treatment of Gastric Crisis of Tabes—Professor H. Kuttner and Dr. O. Foerster (Beitrag. z. Klin. Chir., Bd. 65, Hft 2) believe that the gastric crises of locomotor ataxia are due to an irritation of the roots of the seventh to the ninth dorsal nerves, and have therefore attempted to cure this condition by resecting these roots from the seventh to the tenth. The case operated upon was of great severity and could not be relieved by any of the customary methods of treatment. The operation was done in two sittings. Laminectomy was first performed, and this was followed fourteen days later by resection of the nerves. The result was striking. The pain and vomiting, which had persisted in an intense degree—so that life was despaired of—after the laminectomy, subsided at once after the resection. Four months after operation, the patient enjoyed good appetite and digestion, without any return of the crises.

Victim of Antitoxin—A Minneapolis paper reports the case of a Mrs. Guy E. Smith who died at the residence of Mrs. Benjamin Franklin, Jr., March 21st, while on a visit. The death occurred shortly after the family physician had inoculated both the hostess and Mrs. Smith with antitoxin as a diphtheria preventive. It is said that Mrs. Franklin has been indisposed for the last few days, and while Mrs. Smith was visiting the Franklin home, the family physician arrived to make a diagnosis of Mrs. Franklin's illness. The physician pronounced her ailment diphtheria, and administered antitoxin. Believing that Mrs. Smith had been exposed to the disease, the physician also administered antitoxin to her. She died a few minutes later, according to friends of the two families. Both women were inoculated with the same quantity of antitoxin, but Mrs. Franklin showed none of the symptoms manifest in the case of her friend, just before the latter's death.

Denver Chemical Company Secures Restraining Order—These well known manufacturers of "Antiphlogistine," recently took the case of one imitator, the Colorado Chemical Company, of Chanute, Kansas, to the courts and secured an injunction against this company, from employing in any manner the name "Denver Mud" in



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The doctor who disregards the proof that both chemical tests and years of service offer in evidence of the fact that **Tyree's Antiseptic Powder** is the most potent, prompt and practical remedial agent in every form of practice; from genito-urinary and rectal in all phases, to the treatment of the slightest skin abrasion—I say the doctor who fails to recognize this truth is losing both professionally and financially.

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connection with an article this company produced and which was an imitation of Antiphlogistine. It appears that early in the history of the Denver Chemical Co., its product "Antiphlogistine" was nicknamed "Denver Mud" and for many years was known and sold under that name. We are glad to make this announcement to the profession that no one may be imposed upon by being induced to accept any but the genuine Antiphlogistine.

Shows Error in Olsen View—That Chief Justice Olsen of the Municipal Court, when he addressed the committee on legislation of the American Medical Association on osteopathy and mental healing did not understand his subject, was voiced in the Chicago Evening Post, by Dr. J. Martin Littlejohn. Justice Olsen was quoted as saying that all osteopaths and mental healers should be required to pass a regular physician's examination, including medicine and surgery. To this, Dr. Littlejohn replied that the homeopath is not asked to pass the examination given the allopath, and intimates that a thorough test in osteopathy is sufficient for a student in that school. There is, at the present time, an organization known as the Associated Colleges of Osteopathy, whose aim is to make osteopathic colleges equal to the medical colleges, if not better. The people demand osteopathy because it has benefitted thousands, the colleges do not fear comparison of their graduates with a medical graduate, and the colleges do not wish to turn out ignorant practitioners. We stand ready to meet equal requirements, because we believe in educated physicians, competent and responsible, whom the people can trust.

An Emergency Incubator—Reposing snugly in the recesses of a large chicken incubator, and apparently growing healthy and strong, is a tiny mite of humanity, born March the second, into the home of Mr. and Mrs. A. W. Nyland, Tacoma, Wash. The infant, which arrived nearly two months before its expected advent, would probably have died but for the prompt assistance thus rendered. The incubator was made comfortable with pillows and sheets, and the physician in attendance prophesies the child will thrive and grow healthy in the incubator.

* * *

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The practical instruction in Agriculture which is now being offered by the University has attracted the attention of the entire state. More recently the railroads of Missouri have come to believe that every man who receives instruction in Agriculture at Columbia and settles along their line is an economic asset. After careful investigation of the work of the Agricultural Department of the University of Missouri, the Frisco Railroad has decided to offer forty-five scholarships, each valued at \$100.00.

One scholarship will be awarded in each county through which the Frisco Railroad passes in Missouri.

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The scholarship will be given to the young man over sixteen years of age who grows and exhibits the best ten ears of corn in each county. This corn will be grown under the direction of the College of Agriculture and finally judged by an expert judge at a county corn show to be held in the fall.

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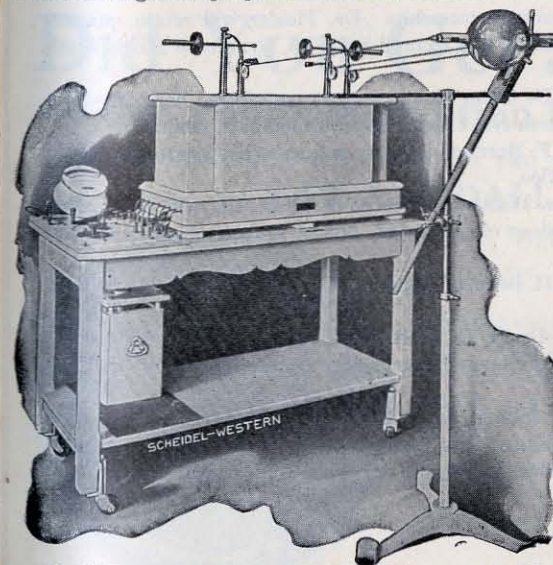
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machines manufactured, doing X-Ray work with exposure of seconds instead of minutes, as with the old static machines. Negatives can be made of hand, foot or leg in one second, and of the chest, abdomen and hip in from ten to thirty seconds. This makes a most valuable addition to the diagnostic equipment owned by the A. S. O. A new dark room, in has been constructed and equipped for the rapid development of the X-Ray prints.

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Personals.

Changes Location—Dr. George M. Whibley has moved from Grand Forks, S. D., to Portland, Me., where he has one of the best locations in the city at 684 Congress St.

Succeeds Dr. Fraser—Dr. J. L. Henry, a graduate of the A. S. O., who has been practicing at Watsonville, Calif., has opened new offices at Mill Valley, Calif., as successor to Dr. H. M. Fraser.

Visiting in Kirksville—Dr. Margaret L. Ammerman of Shamokin, Pa., has been visiting in Kirksville recently. She brought a patient to the A. S. O. Hospital.

Change of Address—Dr. Evelyn Young asks us to change her address from Tulsa, Oklahoma, to 5½ North Jefferson St., Iola, Kans.

Receives Appointment—We understand that Dr. E. E. Long of Albert Lea, Minnesota, has been appointed examining physician at that place for the Mystic Workers. Another star of recognition for osteopathy in the insurance and fraternal world.

Removal Notice—Dr. and Mrs. V. O. Whitcomb announce their removal to The Ansonia, Broadway at Seventy-third St., New York City.

Locate in Colorado—Drs. Josephine and Sylvia Printy, formerly of St. Joseph, Mo., have purchased the practice of Doctors Nelle Barker and Frank K. Bates at Fort Collins, Colo.

Calls at Journal Office—Dr. Grace Phelps of Maryville, Mo., was in Kirksville recently, and incidentally called at the Journal office.

Correction of Error—We wish to call attention to the fact that an error was made in announcing the location of Dr. Helen H. Shelley, as she is at Eureka, Calif., and not at Fortuna, as stated before.

Dissolve Partnership—Drs. E. C. Pickler and A. G. Willitts of Minneapolis, Minnesota, have decided to dissolve partnership. Dr. Pickler will retain quarters in the Warner Bldg., and Dr. Willitts has secured Suite 48, Syndicate Block, Sixth & Nicollet.

Change of Office—Dr. Clara De Grees McKinney has transferred her office from Lebanon, Mo., to Suite 507-8 Fourth Nat'l Bank Bldg., Cincinnati, Ohio.

Locates in Mexico—Dr. John F. Morrison informs us that he has located at Marble Hotel, Topchico, Monterrey, Mexico.

Establishes Branch Offices—Dr. Walter A. Preston of Aledo, Ill., will be in New Boston Tuesday and Friday mornings of each week, and in Viola on Wednesday and Saturday afternoons.

Dr. Beets Buys Auto—Dr. R. H. Beets of Bethany, Mo., has purchased a new Ford automobile.

New Osteopath at Riverside—Dr. H. E. Reed, formerly connected with the Los Angeles College of Osteopathy, took charge of the offices formerly held by Dr. H. C. Atwood, on March first.

Resumes Practice—Dr. J. E. Jobe of Santa Rosa, Calif., has resumed his practice in the Santa Rosa Bank Building. For many weeks past Dr. Jobe has been at the Burke Sanitarium in attendance on his wife, who was critically ill, but who has recently improved.

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Removal Notice—Drs. L. E. and Grace Wyckoff announce the removal of their office to Suite 310 W. P. Story Bldg., Sixth and Broadway, Los Angeles, Calif. They will have two operating rooms, five dressing rooms and a reception room.

Sells His Practice—Dr. E. J. Martin of Coffeyville, Kansas, has sold his practice to Dr. V. V. Everson of Kansas City, who will take charge immediately. Dr. Martin has had a good practice but seeks a change of climate.

Change of Address—Dr. L. Ludlow Haight has transferred his office from 402 Hamburger Bldg., to 330 Mason Bldg., Los Angeles, Calif.

Osteopath Ill—Dr. Ollie E. Lynn of Stamford, Conn., is ill.

Leaves Canada—Dr. J. F. White, who has until recently been located in Toronto, Canada, is now located in the Glass Bldg., Corona, Calif.

Dies After Operation—Dr. Alice Elliott Howe of Portland, Maine, died March eighth after an operation for appendicitis.

Will Succeed Dr. Reed—Dr. W. W. Jeter of Los Angeles will succeed Dr. H. E. Reed at his Watson Block office in Glendale, Calif.

To Locate in Colfax—Dr. Nina Wilson Dewey of Des Moines, late of the Still College of Osteopathy, is arranging to locate at Colfax. Colfax is quite a health resort.

Change of Address—Dr. L. H. Noordhoff has removed his office from 153 Main St., to 187 Main St., Oshkosh, Wisconsin, where he has a more commodious suite of rooms.

Removal Notice—Drs. Pierce & Austin of San Diego, Calif., wish to announce the removal of their offices from the Fletcher Salmons Block to Rooms 54-55 Sefton Block, Fifth & C Streets.

Form New Partnership—Dr. J. M. Wolfe, formerly of Marion, Virginia, is now associated with Dr. Charles R. Shumate of Lynchburg, Va., and reports himself well pleased with the change.

Purchases New Residence—Dr. W. J. Perkins of Carbondale, Pa., has purchased a new residence at 54 Wyoming Street. His office address will remain the same as before.

Announces Removal—Dr. A. M. Hewitt informs us that he has changed his office from 122 Cajon St., to 23-4 Fisher Bldg., Redlands, Calif. He also reports that his family has been recently visited by a severe attack of typhoid fever.

Change of Location—Dr. Harriet E. Hinds has gone from the Westbank Bldg., San Francisco, Calif., to Alta Vista Apartments, Berkeley, Calif.

Will Locate in the West—Dr. Grace G. Wilson asks that her address be changed from Unionville, Mo., to 1132 N. Oakes Street, Tacoma, Wash.

Leaves St. Louis—Dr. Julie B. Matsler of St. Louis has recently gone to Forth Smith, Arkansas, where she will soon open up offices.

Dissolve Partnership—Drs. Helen Kinsell and Dr. Nettie Hoffman of 609-10 Carleton Bldg., St. Louis, Mo., have dissolved partnership. Dr. Kinsell is now located at No. 4 Lockwood Ave., Webster Groves, Mo., and Dr. Hoffman at 816 Carleton Bldg., St. Louis, Mo.

Changes Address—Dr. W. R. Byars asks that we change his address from the Fletcher Salmon Bldg., to 306-8 Granger Block, San Diego, Calif.

Occupies New Offices—Dr. J. A. Linnell of Chicago has moved from the Methodist Book Concern to the Trude Bldg., 67 Wabash Avenue.

Another Removal—Dr. K. A. Broderick announces that she has removed from the Agard Block to No. 70 Litchfield Street, Torrington Conn.

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Resolutions of Sympathy—Whereas the osteopathic profession has suffered by death the loss of one of its members, Dr. Alice Elliott Howe, Resolved, that we realize that our profession has lost a valuable member, one who was held in high esteem by the profession, known as a faithful and conscientious practitioner and one who was loved and respected by all who knew her. Resolved that we tender our heartfelt sympathy to her sisters, Dr. Viola D. Howe and Mrs. Fred T. Thoms. Resolved, that we send a copy of these resolutions to the sisters, to the Journal of Osteopathy, and to the American Osteopathic Association. Committee, Mayme K. Tuttle, Sophronia T. Rosebrook, Mary Warren Day.

An Invitation for St. Patrick's Day—We are in receipt of a very clever little invitation from Dr. Ambrose B. Floyd of Buffalo, N. Y., to take a trip on St. Patrick's Day to "Jamaica" by way of an illustrated lecture. The lecture was given to the guests at the Jackson Health Resort at Dansville, New York. The doctor spoke from experience of what he saw on this trip recently.

Diet for Diabetics: Gluten Flour the Ideal Food for all Cases of Kidney and Liver Troubles. Rheumatism, Obesity and Ills Arising From Excess of Uric Acid—For over thirty years the various Farwell and Rhines products have been prescribed by physicians for sufferers from Acid Dyspepsia, Indigestion, Intestinal, Kidney and Liver Troubles. This concern manufactures a Gluten Flour that is being widely used to-day in cases of Diabetes. It is without bran and as free from starch as it is practicable to make a flour for general use. Many delicious dishes can be prepared with it, such as will prove most acceptable to people who love to eat good things. This firm, recognizing the fact that a trial only can prove the full value of this flour, will send a liberal sample to inquirers who are sufferers. In addition to manufacturing Gluten Flour, the firm also manufactures Cresco Flour and Special Dietetic Food. These are used in making bread, griddle cakes, biscuits, etc. Of equal fame and usefulness are their Cresco Grits and Barley Crystals—delicious, wholesome breakfast and dessert cereals. A request by mail to Farwell & Rhines, Watertown, N. Y., will bring a liberal sample of any of these products.

* * *

Died.

Died—At Washington, D. C., March 2, 1910, Lois A. Campbell, mother of Dr. Emma O. DeVries and Dr. Laura Hawkins.

Died—At Carpenteria, Calif., Charles S. Parcels, brother of Dr. M. L. Parcels, of San Bernardino, Calif.

Died—At Portland, Maine, March eighth, 1910, Dr. Alice Elliott Howe.

Died—On March 25th, at Enid, Okla., Mrs. Nay, mother of Dr. W. F. Nay of Enid, Okla. Death was the result of septic poison caused by abscess of middle ear and tonsil and throat. Age sixty-nine years.

Died—On March 21st, 1910, at the home of his parents on Atlantic Street and Twelfth Avenue South, Seattle, Wash., Dr. E. Antonne Peterson. Dr. Peterson was one of the pioneer osteopaths of the Pacific Northwest, and had practiced in Seattle for twelve years.

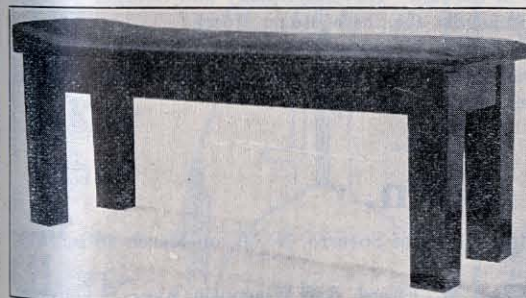
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Business Opportunities.

Wanted—Position as assistant, or care of office for summer. Graduate A. S. O., June, 1910. Address 2259 care of the Journal.

Wanted—Position as assistant to some practitioner in the field for summer by Junior student of A. S. O. Address 4510 care of Journal of Osteopathy.

Lady osteopath registered in Missouri would like to take position as assistant or charge of office during summer. Address, Osteopath, 908 Paseo, Kansas City, Mo.

Wanted—A position as assistant, by a lady, (Senior A. S. O., June) during the summer months, with an osteopath in Pennsylvania or some other state, Reference Dean, A. S. O. Address 322, care Journal of Osteopathy.

Wanted—To buy practice on easy terms, or take charge of practice. Preferably in West Virginia Maryland, New Jersey or Pennsylvania. Four years experience. Address 1910, care Journal.

Secretary—Young woman, possessing tact and business ability, desires position as secretary to an osteopath or in an institution. Well educated, experienced; excellent references. N., care of Journal of Osteopathy.

Wanted—Some one to enter into partnership in the promoting an invention we call "The G-H Headache Appliance." It is osteopathic, and will relieve almost every affliction of the head and face, where there is no abrasion. We wish some one for the "ground floor." Address, Clyde Gray, D. O., Horton, Kans.

Wish to leave the south as soon as the hot weather begins, and would like a good location further north, until late in the fall. Have Kentucky and Georgia licenses. Address Dr. Meta M. Lucas, Thomasville, Ga., care Stuart Hotel.

Wanted—By a Senior (male) position as assistant during vacation, have had two years in school will be glad to correspond with some one who contemplates taking summer vacation. E. C. D., care Journal of Osteopathy.

Born.

Born—To Dr. and Mrs. Walter Mayes of Socorro, N. M., on March 26th, 1910, a son. Walter Stealy.

Born—To Dr. and Mrs. William W. Efford, 330 Wisconsin Ave., Sheboygan, Wis., on Friday, March 25th, a son.

Born—To Dr. and Mrs. W. Rollins Oliver of Johnstown, Pa., on March 9th, 1910, a daughter, Eleanor Rollins.

Born—To Dr. and Mrs. K. T. Vyverberg, 651 Main Street, Lafayette, Ind., on February 14th, 1910, a son.

Born—To Dr. and Mrs. D. M. Kline, of Malvern, Iowa, on March 7, 1910, Carey Randall Kline.

Born—To Drs. Edmund H. and Nellie L. Parker of Carlinville, Ill., on March 2, 1910, a daughter.

Born—To Drs. Clyde A. and Ella Ticknor Gable, 4545 Evanston Ave., Chicago, Ill., a son. William Ticknor.

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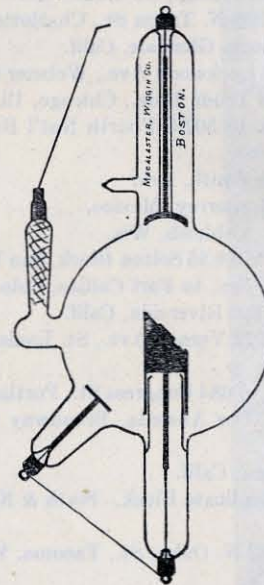
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Atwood, H. C., 266 Lime Street, Riverside, Calif.
Austin, Isabel E., from Fletcher Salmons Block to Rooms 54-55 Sefton Block, Fifth & C. Sts., San Diego, Calif.
Baker, H. N., from Loving to Carlsbad, N. M.
Broderick, Katherine A., from Agard Block to 70 Litchfield St., Torrington, Conn.
Byars, W. R., from Fletcher Salmon Bldg., to 306-8 Granger Block, San Diego, Calif.
Cooper, R. M., Leader Bldg., Lawrence, Kans.
Courtney, Owen J., from Kansas City, Mo., to Russell, Kansas.
Dewey, Nina Wilson, from Des Moines, to Colfax, Iowa.
Everson, V. V., from Kansas City, Mo., to Coffeyville, Kans.
Farmer, Frank C., from 5247 to 5659 Magnolia Ave., Chicago, Ill.
Gable, Clyde A., from 1896 Evanston Ave., to 4545 Evanston Ave., Chicago, Ill.
Graham, Mary E., from Lincoln, Nebr., to Temple, Okla.
Gray, Homer, from Olympia to North Yakima, Wash.
Haight, L. Ludlow, from 402 Hamburger Bldg., to 330 Mason Bldg., Los Angeles, Calif.
Henry, J. L., Leale Bldg., Mill Valley, Calif.
Hewitt, A. M., from 122 Cajon St., to 2-4 Fisher Bldg., Redlands, Calif.
Hinds, Harriet E., from San Francisco to Alta Vista Apts., Berkeley, Calif.
Hoffman, Nettie E., from 609-10 to 816 Carleton Bldg., St. Louis, Mo.
Houghton, Jennie, from Philadelphia, Pa., to 208 N. Tryon St., Charlotte, N. C.
Jeter, W. W., from Los Angeles to Watson Block, Glendale, Calif.
Kinsell, Helen Rhoda, from St. Louis to No. 4 Lockwood Ave., Webster Groves, Mo.
Linnell, J. A., from 57 Washington St., to 303 Trude Bldg., Chicago, Ill.
McKinney, Clara DeGreese, from Lebanon, Mo., to 507-8 Fourth Nat'l Bank, Cincinnati, Ohio.
Matsler, Julie B., from St. Louis, Mo., to Fort Smith, Ark.
Morrison, John F., Marble Hotel, Topchico, Monterrey, Mexico.
Noordhoff, L. H., from 153 to 187 Main Street, Oshkosh, Wis.
Pierce, Nellie M., from Fletcher Salmon Bldg., to 54-55 Selton Block, San Diego, Calif.
Printy, Josephine and Sylvia, from St. Joseph, Mo., to Fort Collins, Colo.
Reed, H. E., from Los Angeles to Loring Bldg., Riverside, Calif.
Schaub, Minnie, from 610 Carleton Bldg., to 5172 Vernon Ave., St. Louis, Mo.
Shelley, Helen H., at Eureka, Calif.
Whibley, George M., from Grand Forks, N. D., to 684 Congress St., Portland, Me.
Whitecomb, Vernon O., and Mrs. Vernon O., The Ansonia, Broadway at Seventy-Third St., New York City.
White, J. F., from Toronto, Canada, to Corona, Calif.
Willits, A. G., from the Warner Bldg., to 48 Syndicate Block, Sixth & Nicollet, Minneapolis, Minn.
Wilson, Grace G., from Unionville, Mo., to 1132 N. Oakes St., Tacoma, Wash.
Wolfe, J. M., from Marion to Lynchburg, Va.
Wyckoff, L. E., & Grace, from the O. T. Johnson Bldg., to 310 W. P. Story Bldg., Los Angeles, Calif.
Young, Evelyn, from Tulsa, Okla., to 5½ N. Jefferson St., Iola, Kans.