

The Journal of Osteopathy

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The Journal of Osteopathy

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Shall it be "Detroit 1912?" Those who have any designs on landing the National Convention for 1912 had better get down to business, or else that live, hustling Detroit committee will have the thing cut and dried, and nicely stowed away before their competitors are aware of it. Anyway, what is the matter with "Detroit for 1912?" Personally, we do not see why it would not be an ideal place to hold the Convention. It is one of the cleanest and most attractive of our American cities.

Blood Supply of the Spinal Cord The illustrations which appeared as a frontispiece in the March Journal were so favorably received by the profession, and so many requests have come both to Dr. Willard, the artist, and to us, for unfolded copies for framing, that we have decided to get out a special edition of these drawings. They will be printed on heavy enamel paper, and mailed in papier mache tubes to any one desiring them, at 25 cents each. Postage stamps will be accepted. Send all orders to the Journal of Osteopathy, Kirksville, Mo.

The Attitude of the Medical Profession Toward Osteopathy Under this heading, Dr. J. Madison Taylor of Philadelphia, in the Monthly Cyclopædia and Bulletin of Medicine discusses the subject as he views it. He considers the subject under three subdivisions. The first is from the standpoint of the State Board of Examiners. This phase of the question he disposes of as follows:

"The attitude of the State boards of medical examiners toward osteopathy, and toward any and all methods of healing outside the teachings of the regular practice of medicine, may be summarized by quoting the conditions of a bill recently introduced in, but not passed by, the Assembly of Pennsylvania. These are, in brief, that qualifications for any person to practice medicine should be based upon a uniform knowledge of the fundamental principles of the medical sciences determined as necessary for all persons in all States. The object of licensure is obviously for the sole purpose of protecting the public by demanding that the licensee shall exhibit that measure of knowledge and proficiency which is represented by the examinations of, first, the reputable medical colleges, and, second, the requirements of the State Boards of medical examiners. This constitutes the recognized level of intellectual and specialized equipment in the essentials of med-

ical science agreed upon as necessary for graduation and securing a State license to assume the responsibilities of life and death.

"These qualifications also represent the general consensus of the professional opinion as to what is then indispensable, consonant with advances in medical knowledge and teaching in that particular year. It may be agreed to omit one of these fundamental branches, viz.: therapeutics. Thereupon, if the practitioner elect to practice the healing art according to any peculiar convictions, whether of Homeopathy, Eclecticism, Osteopathy, Christian Science, or other, he shall thereafter appear before special examiners, chosen by themselves to qualify in therapeutics.

"Thus the licensees would be on a par in all respects except as to methods of treatment."

This is all very good, but what the doctor should have said is "this is the attitude of State Boards of Medical Examiners towards Osteopathy" where dirty politics and bigoted discrimination do not play a part. Certainly this is a reasonable attitude to appear "in print," and were it carried out in practice by regarding the osteopath, after having passed the required examination, "on a par in all respects except as to the methods of treatment," there is no regular graduate osteopath living who would object to such a requirement. But instead of this golden-rule-faced attitude, what is the real attitude of State Boards and Health authorities toward osteopathy? In one state in particular, not a million miles from Philadelphia, we have the spectacle of osteopaths being required to pass the regular examination for license, with an osteopath on the Board of Examiners, and if successful they can practice, but on account of an arbitrary decision of a health board, they must not sign "death certificates" but call on a "regular" to sign it for them, or the coroner is called in. In other states they are legally prohibited from taking an examination in subjects, although their college course has fully qualified them to take the examination and practice the particular line. For instance, major or minor surgery, obstetrics, etc., and some laws created by these supposedly fair-minded medical men even prohibit osteopaths from using antiseptics and anesthetics, which cannot be claimed as the sole property of any school of healing. These are actual conditions, and have evidently escaped the doctor. Perhaps he has idealistic tendencies too strong to permit him to delve beneath the surface and look at things squarely, as they will then appear. Unfortunately things are not always what they seem, and they never are when political medicine has had anything to do with them.

He deals with his next subdivision as follows:

"Next, as to the attitude of the great body of regular practitioners toward Osteopathy. I have read many opinions and have heard many more verbally expressed. The commonest impression is that osteopathy is merely a form of massage. Some admit it to be of greater efficiency than the Swedish or oriental methods; others assert it is of less. Many admit themselves puzzled to know what it is, reflecting that degree of awe which is too often engendered by loud, confident assertiveness, based on claims far in advance of the possible, as I have elsewhere shown.

Medical men are, as a rule, singularly ignorant of the nature, scope, methods and efficacy of massage and remedial movements. Not one in a hundred possesses any clear notion of the subject; hence they are far from competent to form right estimates of its effects or to make proper comparisons between scientific manual treatment and any simulants. They are further confused by the existence of a multitude of cults whose principles are analogous, e. g., "bone setting," "mechano-neural therapy," "cheiropaxis," "mechanotherapy," etc.

"To account for this confusion there are many reasons, among which is an unwillingness on the part of physicians to study the fundamental principles themselves, alleging that they do not believe there is any value in the measures comparable to the claims of their exponents, or being unwilling to take the time and trouble required for themselves to become adroit in its application."

To all of which we say a hearty "amen." He certainly hits the nail on the head, and yet there is the peculiar propensity among allopathic medical men everywhere to "regulate" the practice of osteopathy—a science of which they confess they know nothing, and do not take the trouble to find out.

And talk about "loud, confident assertiveness." Can anything beat the "noise" of 606?

Again, under the third subdivision, "My Own Opinions," he says:

"One of the fundamental principles of Osteopathy constantly appearing in their writings is that a large part, indeed the largest part, of human ailments, even acute diseases such as the infections, etc., is due to dislocations of vertebræ, exerting pressure upon the outgoing spinal nerves, thus causing pressure upon vasomotor nerves, and hence inducing derangements of function. They assert it is necessary to replace these displaced or dislocated vertebral bones before maladies can be relieved. In the process of pushing and pulling these bones into place (which constitutes an essential part of their treatment) the 'lesions' are said to be corrected. * * *

"Irregular practitioners of one type and another have, from time to time, attached much significance to the status of the ligaments and attitudes of the vertebræ. 'Dislocation of the bones of the back,' as a common cause of the functional derangement, is not for a moment to be accepted. The highest authorities on anatomy state that except when long standing or progressive morbid processes have been the cause, as in aggravated 'lateral curvature' or tubercular disease, changes in the relationship of the vertebræ are practical impossibilities.

"I am permitted to quote, to sustain the above contention, Prof. George McClellan, of the Jefferson Medical College; Prof. George A. Piersol, of the University of Pennsylvania; Prof. Edward T. Reichert, of the University of Pennsylvania, and Dr. Oscar H. Allis, of the Presbyterian Hospital."

There are several misstatements here which cannot be allowed to pass unchallenged. Is it one of the fundamental principles of osteopathy that these ailments are the result of "DISLOCATIONS of the bones of the back"? We would be pleased to know whence the doctor has his authority. Had he said "subluxations" the statement might have been recognized as indicating somewhat of a correct conception of the principles of osteopathy. Surely there is a vast difference between a "dislocation" and a "subluxation," and the authorities he quotes can undoubtedly put him right on that. That "dislocation of the bones of the back is not a common cause for functional derangement" is truly agreed upon by all authorities, including osteopaths. That subluxations may occur, and that they may be mechanically corrected by osteopathic methods has been proved in thousands of cases where medicine has absolutely failed. They have been forcibly produced in series of animals in the laboratories, and subsequent pathologic changes in the organs innervated from the particular segments where the subluxations were produced have been carefully noted, verified by the most rigid tests, and substantiated by post mortem findings. Not only is a subluxation of the vertebræ possible from all anatomical considerations, but some of the best medical men are openly substantiating this osteopathic contention; for instance, Dr. Alexander Bryce, in the *British Medical Journal* of September 3, 1910. THEY DO EXIST. The malalignment is not only constantly observed in patients, but the differences produced by the corrective treatment as well, all authorities to the contrary notwithstanding. A very little unbiased experimenting and investigation would prove the truth of this assertion. If all authorities agreed, there would be nothing new in osteopathy.

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ations of the vertebræ causing pressure on the nerves." While such a thing is possible, yet the nerve trunk being covered with a thick sheath of dura, the softer blood vessels would certainly suffer most, and the blood supply and drainage of the cord be the most seriously interfered with. Is it not logical to conceive of functional derangements when the nutrition of the nerve cells in the cord is interfered with, and the irritating waste products of metabolism not properly drained? Not only would such a condition affect the spinal nerves, but the sympathetics, as well, through the cell bodies of the Rami Communicantes in the cord.

But why continue the discussion further? The author of the article in question admits the value of "judicious manipulation," but finds that little results follow in "chronic neurasthenics." Peculiar that osteopathy should have made its reputation by curing this very condition! Let the doctor look for osteopathic "lesions;" perhaps his success will be better. In succeeding paragraphs Dr. Taylor says much that is good, and we will be content with quoting one more excerpt:

"On inspecting the back of one who is, and has always been, perfectly sound, there will be seen (if certain attitudes are assumed to bring them into prominence) the spines of the vertebræ in normal alignment, distance apart, and degree of posterior projection. If there has been a history of long-continued or recurrent disturbances of the internal organs, these are frequently revealed by alterations in the tonus of the blood vessels of those muscles and other tissues innervated by, or lying adjacent to, the governing segments of the cord from which the organs at fault are reflexly controlled through their vasomotor connections. The changes of form exhibited is an atrophy of some, infiltration and thickening of others, and if long continued, asymmetries of the vertebræ, the spines apparently pointing in different directions. If the lesions have become chronic, the spines are found separated owing to relaxation of the posterior ligaments, until between two or more marked depressions appear, or several are depressed below the normal line of projection. This disarrangement of the vertebræ is more apparent than real, the asymmetries being due to loss of tone and relaxation in the supporting ligaments, and this disappears under appropriate treatment."

"Finally let me urge physicians to look into these questions critically rather than to belittle or ignore them. It is entirely possible thus to add much to their skill in both diagnosis and treatment. I have shown a large number of medical students and some practitioners the

practical value of inspecting the back, whereby much light is thrown upon the elucidation of clinical problems. It is of great value to have at our command, e. g., more than one ground for inspection and palpation. The appearance and 'feel' of these tissues of the back give evidences which closely correspond to evidences elicited by palpation, percussion and auscultation."

Now, what does the doctor mean when he says in the normal spine when there has been a history of long continued or recurrent disturbances of the internal organs, asymmetry of the vertebræ may occur, the spines "apparently" pointing in different directions? Does he mean that the spinous processes become crooked, which, aside from a real subluxation, is the only way the phenomena could be accounted for? Why should the derangement of vertebræ, due to a loss of tone, and relaxation of supporting ligaments be more "apparent than real"? How could normal spinous processes with even posterior projection become depressed without a subluxation of some kind? To our mind, this comes mighty close to a confession of the truth of the whole osteopathic contention to which the author's own reasoning has led him, but he shied clear of the issue when he saw where he was going.

Then again, the doctor says he has "shown a large number of medical students and some practitioners, the practical value of inspecting the back." He denies the existence of so called osteopathic lesions and we are curious to know what he would look for and how, in the face of this denial, he could hope for "much light . . . upon the elucidation of clinical problems?"

The parting advice to his medical confreres is timely, and we express the hope that the doctor will go still deeper in his analysis of the attitude of the medical profession toward osteopathy, and he will see that political medicine, by no means, is holding out to osteopaths, as fair a proposition as he summarizes it. So far as the attitude of the great body of "regular" practitioners is concerned, that they are "singularly ignorant of the nature, scope, methods and efficacy of massage and remedial movements" we are fully agreed. That "not one in a hundred possesses any clear notion of the subject and are therefore far from competent to form right estimates of its effects or proper comparisons between scientific manual treatment and any simulants" is also evident in a hundred ways, and the statement carries with it the fact that "not one out of a hundred" is therefore fit or able, as an examiner on any state board, to pass upon the merits of osteopathy or of osteopathic applicants for license, all of which is one of our strongest arguments for independent state boards.

So far as his personal opinions are concerned, we credit him for the amount of thought he has given the subject, but his contentions with regard to "dislocations" by which he may mean "subluxations" are pitiable, because so easily disproved and are entirely out of harmony with the intelligence of the rest of the article.

'Cause It's Gettin' Spring

The medder lark is pipin' forth a sweeter note to me,
And I hear the pwees over yonder in the cedar tree;
The popple leaves is quivrin' 'cause the wind is in the west,
And the robin's 'round a-hookin' straws to build his-self a nes';
The blackbird he's a-flashin' up the crimson on his wing.

What's the reason?

Oh, the reason's 'cause it's gittin' spring.

The old man's got the rheumatiz, an' stiff as he can be;
Why it don't git settled weather's moah'n he can see?
But when it clears off splendid, then he's feared the crop is lost,
And he reckons jest a little wind 'ud keep away the frost.
The kitchen door is open; I can hear Elmiry sing.

What's the reason?

Oh, the reason's 'cause it's gittin' spring.

The air is kind o' soft'nin' and you'd think it's goin' to storm;

Sometimes it's kind o' chilly, then again it comes off warm;
An' jest when it's the stillest you can hear the bull-frog's note,
An' it 'pears as if he wonder'd how the frost got in his throat.
The ducks and geese are riotous, an' strainin' hard to sing.

What's the reason?

Oh, the reason's 'cause it's gittin' spring.

—Ben King.

The General Practitioner's Specialty

W. H. McCOACH, B. Ph., D. O., LATE OF THE A. S. O. FACULTY, INFIRMARY AND HOSPITAL STAFF, CLINIC OBSTETRICIAN.

In considering this subject I will endeavor to present a few points in the management of a normal obstetrical case, without regarding the general preparatory obstetrical treatment, whether osteopathic or medical; but I do consider the obstetrical case one equal in surgical importance, and it must therefore be thought of and treated with special regard to asepsis. Not that all obstetrical cases are surgical by any means, but a good similarity exists. For example, we have to combat infection of contused and lacerated tissue, give proper consideration to the support of the system, combat shock, avoid unnecessary loss of blood, keep in mind the preservation of the after health of the patient and assist the return of normal contour.

Among the first things necessary for the successful obstetrician, an absolute necessity, is to "learn when to do nothing but wait." This period varies from a few hours to a few days, but it is much safer to wait a few hours or days than to be guilty of the crime (for I consider it such) of "meddlesome midwifery." If our minds revert back to our classroom teachings we will remember, at term within the uterus lies the engorged decidua, placenta, amniotic sac, amniotic fluid, and the baby, all securely sealed in by the mucous plug, and, as the first stage of labor comes on at term, we have all tissues and fluids going from within out of the birth canal, first mucus, bloody mucus, or "show," amniotic fluid, the child itself, followed by a gush of amniotic fluid, then placenta, membranes and blood, this to be followed for fourteen days or so by the lochia. Considering this, we cannot, even with strictest asepsis imitate nature, for any aid we may offer is from WITHOUT IN, and, as for the field of operation, it is far from sterile at best. I have yet to read of an author who will claim that the vulva is, at any time, or can be rendered, surgically clean. Bacteria, pathogenic and non-pathogenic, are normal to the vulva and its adjacent parts.

The second reason for waiting is to avoid injury to the baby (or presenting part), the cord and the maternal soft parts. Nature attends

to engagement, descent, etc., better than any obstetrician ever can, no matter how skillful he may be. Even skilled manipulation will often retard normal progress. But while we are waiting we can begin the treatment of the case at hand—always being on the lookout for danger signals from four points in particular:

1. Signs of rupture of the uterus, which are: shock, pallor, sharp tearing sensation, pain, rapid pulse, etc.
2. Signs of failing and exhaustion of the mother.
3. Cyanosis or impending death of the baby.
4. Arrest of the cord circulation.

Should any of these four conditions occur, the case is not to be considered strictly normal, and the complication must be dealt with as it may require.

To me, three headings suggest themselves in successful obstetrical practice:

1. **PROPHYLAXIS.**—By this I mean, asepsis (as far as is possible) of the obstetrician himself, the patient, the field of operation, the instruments, use of sterile gowns, rubber gloves, sterile gauze, cotton, solutions, etc.

2. **REPAIR OF INJURIES.**—By this I mean the true surgical repair (surgical coaptation) of tissues injured, of vagina, perineum, vestibule, symphysis, etc. The repair of the cervix uteri at labor or immediately following ONLY when it tears or laceration gives rise to profuse hemorrhage. Neglecting the true repair of any of the other tissues injured offers a moist, contused warm tissue, low in vitality, rich in food, an ideal area to the ever present bacterial family, which when they invade the tissues, give rise to changes chemical, mechanical and toxic, with a temperature of low or high degree. But this drain on the whole system CAN be avoided by proper care.

Another point, the tissues are numb at the end of the third stage of labor, due to prolonged stretching and pressure, therefore no anæsthetic is necessary, as no pain will result from repair at this time. The repaired tissue very rapidly organizes, thereby gaining: First, restoration of continuity; second, shuts up one avenue of certain infection; third, gives back the necessary support to the pelvic structures while the patient HAS TO be in bed, and avoids a subsequent more or less extensive pelvic operation under an anæsthetic, and a period in bed.

While in case of laceration of the cervix, with the one exception of profuse hemorrhage, time can be taken until involution of the uterus is complete and permanent. Better to wait until after weaning of the

baby, if the mother nurses it, otherwise it can be repaired at any time after eight weeks.

3. **TIME DURATION.**—Not by hours, but by the EFFECT OF LABOR, for the obstetrician will watch the effect of labor for the following—if the first and second stages are prolonged:

- (a) For pressure necrosis of the maternal soft parts.
- (b) Formation of bulging of either rectum or bladder.
- (c) Too long strain on perineum, resulting in a permanent relaxation of these structures.
- (d) Rupture of the birth canal.
- (e) The child may suffer anything from a slight palsy to a complete paralysis, or even idiocy, due to pressure on and about the head.

In taking up the actual labor the first thing necessary is to make it a rule to be within call, and next, go at once—as the first stage is usually well over when the doctor is called, or when he arrives. You can observe while making yourself clean, the character of the pains, the cry of the patient, the attitude of the patient in bed, and you can inquire as to former pregnancies, infectious fevers, operations in the genital tract, history of twins in the patient's family. Then with CLEAN WARM hands prepare to make the external abdominal examination, which should consist of:

- (a) Skin—color, temperature, scars of operations, linea nigra, contour.
- (b) Axis of foetus.
- (c) Palpation of head.
- (d) Palpation of breech.
- (e) Palpation of back.
- (f) Finding of small parts.
- (g) Listening to the foetal heart sounds.

Next make the internal examination with gloved hand, noticing:

- (a) Dilation and effacement of cervix.
- (b) Presenting part.
- (c) Condition of bag of waters.
- (d) Position of foetus.
- (e) Size of pelvis.
- (f) Presence of tumors or gross malformations.

At the termination of both of these examinations, satisfy yourself as to:

1. Is the patient pregnant?
2. Is the patient at term?

3. Is the patient in true labor?

4. What is presentation, and position of foetus?

Now, if your examinations have been carefully made, and the last question answered to your own satisfaction, you have a true comprehension of the case at hand, its mechanism, its dangers, its general prognosis, and its complications. You can now direct the patient intelligently, if, she be in early part of first stage of labor. Directions can be given as to:

Position.—Best up and walking around.

Food.—Liquid foods are better. (It is well to avoid solids, as some necessity may arise to use chloroform.)

Tell patient NOT to use the voluntary muscles, to empty the bladder often, to have an enema, and a complete bath—the shower bath is the better, as it prevents the risk of infection of vagina, which some authors lay much stress on. In lieu of the shower, pouring quantities of water over the patient will answer. If your patient feels that she must lie down during this stage, the restoration of the occiput can be aided by her lying on the side in which the occiput lies. As the cervix is effaced, the bag of waters protruding, the presenting part engaged, we now must think of the second stage of normal labor.

In the second stage of labor we advise no food, patient to lie on her back, to bear down with each pain, using the voluntary muscles, and the physician should make an examination early and again when the bag of waters ruptures, and oftener when he suspicions delay or complication.

The mother can go through the first stage and the second stage successfully, alone and unassisted, UP TO THE POINT when the head is on the perineum, if the doctor were miles away. The one great service the physician is employed for is to save the perineum, and to advise and to meet the difficulties which arise after the head is on the perineum. Should he fail to protect, in every way possible, the soft structures at and around the vaginal orifice, he has failed to do his duty. Especially in primipara, who, according to medical statistics, are lacerated in about 60% of cases, while 20% of multipara suffer lacerations from subsequent labors. The effect of a torn perineum is, that the parts are at once exposed to infection, and even if repaired at once it is a wound in an infected field. THE MORTALITY RATE MAKES BUT LITTLE DIFFERENCE, while the MORBIDITY RATE MAKES A VAST DIFFERENCE. Think of the number of women who date their present conditions back to confinement, and yet to conditions quite independent of the actual labor. We all see cases of vaginitis, metritis, endometritis, parametri-

tis, ovaritis, and so forth, which date their onset at, or immediately after, the puerperium. If we consider the pelvic diaphragm as a hammock suspended from the sides of the pelvis, and when torn, bearing a rent through its center transversely to its longer diameter, we can then understand where the support is lost to the uterus and its adnexa. It is very easy to account for cystocele, rectocele, local inflammations, adhesions and versions, flexions, etc. FOR THE UTERUS TO HAVE NORMAL MOVEMENTS IT MUST HAVE NORMAL SUPPORT, so it is "up to" the obstetrician to save the perineum, and he can do it in a few ways:

1. Holding the head back until the soft parts are relaxed thoroughly.

2. Delivering the head when the minimum amount of uterine pressure is exerted on the foetus, i. e., between pains. How few of us remember that the pressure of a uterine contraction is equal to fifty to seventy-five pounds.

3. Maintain the mechanism of labor.

4. Maintaining flexion, for in maintaining flexion the smaller diameter (9.5 cm.) will be made to pass through the vulva, while if flexion is not maintained, and extension be allowed, a greater diameter must pass (eleven cm. at least).

Two methods of maintaining flexion present themselves to us:

1. Keeping pressure on brow of foetus with one or two fingers.

2. Hooking the fingers against the occiput and traction from here, then by "tucking" in the soft parts of the vulva, which lie around the superior and lateral parts of the head, after which it is an easier matter to push the perineum over the face without injury, and allow the head to be born.

The best control of the perineum can be obtained with the patient on her side (English position) for in this position patient cannot bear down so completely as on her back, and the whole perineum is in view all the time, even though the bed and mattress be soft, which is usually the case in private practice.

Various methods are used to preserve the integrity of the perineum. You can lay the hand flat on it, and make the pressure up and forward (if patient is in dorsal position) or do as the foreign midwives do—placing the heel of the palm on the perineum, they press up with equal force of the labor pain, or you can crowd the perineum in and up with the thumb and fingers.

Considering the head born between pains, the amniotic fluid gushed out and the head externally rotated (or restitution complete), we now remove the mucus from the throat with sterile gauze, bathe the eyes

with boric acid solution. If the head has been born with the mother on her side, turn her on her back, thus avoiding the chance of air rushing into uterus and tending to air embolism following the birth of the body. Next look for the cord around the neck. In 20% of cases it is around once, 8% twice, and 2% three times. The wrapping of the cord will cause:

1. Asphyxia.
2. Delay of birth of the body (depending on the length of the cord).
3. Early tearing away of placenta with hemorrhages.

Rarely is it necessary to cut the cord before birth of the baby—the baby receives 1 1-2 ounces of blood after leaving the birth canal; but in real healthy babies the loss of 1 1-2 ounces is not marked, while it is extremely marked in the weaker children.

The importance of hemorrhage or loss of blood is aptly shown by Drs. Lespinasse and G. C. Fisher in an article on "Hemorrhage of the New Born"—"an ounce of blood loss to a new born of eight pounds bears the same relative significance as a quart loss to an adult."

Following the birth of the head comes a SHORT WAIT of from five to seven minutes, during which the uterus must contract more and become accustomed to the lessened bulk of the foetus, while the shoulders rotate and come into the long axis of the pelvic outlet.

In case of delayed rotation of the shoulders, the doctor can do much to help rotate the shoulders by VERY GENTLE traction on head, or with a finger in the vagina, slight pressure on the lower shoulder, pushing it toward the occiput, then deliver either shoulder first. I believe that the shoulders are responsible for more lacerations than the head. Often the head makes but a small "slit" through which the shoulders plow, thus making a deep laceration. To avoid this we must again protect the perineum during the birth of the shoulders.

Next, the baby being out of the birth canal, cover it well, for it must feel as we do after leaving a hot bath, and pneumonia and bronchitis ARE both known to be CONTRACTED at birth. Lay the child on its right side (out of kicking distance of the contused vulva); this favors closure of the foramin ovale, and aids in the discharge of mucus from mouth and throat. It is usual to wait for the placental circulation to stop (some ten to twenty minutes) before cutting the cord. While waiting, begin post partum prophylaxis, at or immediately following the birth, by placing one hand on the uterus and follow it down to the brim of the pelvis. The tone, if normal contraction be taking place, is like the "contracted biceps," and if soft like the "relaxed biceps." Beware of hemorrhage—begin at once the massage of the uterus,

thoroughly and deeply, to aid return to normal contraction. During this time the uterus contains the placenta, some blood clots, and membranes. If at this time the uterus is normal in tone and placenta circulation stopped, the holding of the uterus can be turned over to the nurse and you can proceed to tie the cord. It is, as it looks, a simple matter, but even now there exist some simple things to remember. There are three dangers to the baby.

First, infection of the cord stump, usually a very fatal form of infection.

Second, hemorrhage, for the new born cannot well afford the loss of any blood, as explained previously.

Third, the starting of an umbilical hernia—due to traction.

The material of which the cord is tied makes but little difference. I have used everything from ravellings of gauze to corset and shoe lace. The best material I have found is plain tape, about one-eighth of an inch wide—whatever you use must not be so narrow that it will cut the tissues of the cord, nor so coarse that it will fail to compress the divided structures. Choose a point about 1 1-2 inches from the baby's body, squeeze the umbilical cord between the thumb and first finger. Make the first loop of the knot, and make gentle steady traction for a moment. Wait and renew the traction and you will feel the loop slide up tighter. This can be repeated as often as necessary. Then add the last loop of the knot, being careful to avoid the so-called "granny knot" which will release and allow the rearrangement of the cord tissues with slipping off of the ligature and danger of hemorrhage. Be careful while tying the cord, or while you are busy around the cord, that NO TRACTION be exerted ON THE UMBILICAL cord while it is attached to the baby. One inch from the first ligature apply either a second ligature or a good pair of hemostatic forceps. The only reason I can see or find is in the case of twin pregnancy. The second foetus would suffer a great loss of blood if it were not ligated, and the unnecessary exhibition of blood on the Kelly pad, or delivery sheet.

We again turn our attention to the mother by placing the cord in her groin, where it is easily found when wanted, as it is sure to be. Cover the patient warmly, and give her hot drinks, for she now experiences the "physiological chill" and is cold. The patient has been at work hard, the blood is changed in course and tends to collect in the great vessels of the trunk. Having relieved the nurse, who has been holding the contracted uterus, she can now take the baby off the bed to a warm place, and attend to the eyes, which have been washed with a boric acid solution at the birth of the head. Direct the nurse to drop into

each eye (this is not easy, for the baby has a way of closing its eyelids securely) with a clean sterile medicine dropper, two drops of a 2% Ag NO 3 solution, followed by a normal tenth sodium chloride solution, thus neutralizing the silver (Crede's method), or we can use a modification instead of a 2% Ag NO 3, use a 1% and no neutralizing agent. This modification may be followed in a very few cases by a very mild conjunctivitis lasting 24 to 72 hours, but needing no treatment when it does occur. No other silver salt can take the place of silver nitrate. While many are on the market, they have not proved their value in replacing Ag NO 3.

About this time, following the delivery of the foetus and ending with the expulsion of the placenta and its membranes, the third or placental stage begins. The patient is on her back with the cord in her groin, and her thighs together. (If the thighs are together and hemorrhage occurs, it can be seen at once by the coagulated blood in the triangle formed by the thighs and vulva. The hand which has been holding the uterus is there for three purposes:

First, to aid contraction while supporting the tissues.

Second, to prevent relaxation.

Third, to prevent ballooning. In order to accomplish these three things take hold of the uterus as though no abdominal wall were there, being careful to make pressure on all fingers about the same, and as a contraction occurs you can feel it through the abdominal wall. After waiting about fifteen minutes, it is safe to try for an early, tentative expulsion of the placenta, which may be done in this way: The cord is seen to advance slightly (this can be readily noticed by tying a third ligature at the vulva) and as the cord advances the placenta is separating or separated and lying in the lower uterine segment. Now with the hand which is grasping the uterus, lift the uterine body TO A MEDIAN LINE OF THE ABDOMEN, and make slight PRESSURE DOWNWARD, at the same time squeezing as you would a sponge to express water from it. If pressure be made backward a "kink" will be made in the uterine body, which will prevent expulsion. Do not persist in this method; better wait for stronger contractions, or to use the Crede method at the end of 30 or 35 minutes. This method is not at all hard to even the beginner, and in both of these methods you avoid entering the vulva or birth canal.

To perform Crede's expression of the placenta, have bladder empty, the uterus in median line, the uterus contracting (or aid it to do so by massage), firm forcible pressure on the fundus is made with the fingers behind the uterine body (this causes little or no pain); the placenta will be seen to appear at the vulva by the shiny edges of the amnion.

It is best TO KEEP THE HANDS OFF THE CORD, although in some cases it is permissible to GUIDE the structures through the vulva by grasping the placental tissues and using VERY GENTLE TRACTION. The membranes will be seen to trail back into the vulva as a twisted rope-like process which terminates in a little string. The hand which has been on the uterus will now feel the hard pear-shaped body, and there is no reason for further pressure or massage. If the physician cares to he can reassemble the placenta and balloon up the amniotic sac, but if he has delivered the placenta without any interference by way of the cord, he can rest assured of its being complete in every respect.

The patient is now "cleaned up," a fresh vulvar dressing applied, after an irrigation over the vulva of two or three quarts of warm normal salt solution or boric acid solution.

Next we apply the abdominal binder, which to be of any real service must extend from below the trochanters up to the ninth ribs. The material which is used must be of such a nature as to allow of NO stretching (cotton sheeting, etc.), and it must be pinned parallel to the long axis of the body, and pins should lie in the same direction. If pinned transversely there is always more or less unevenness in the tension of the bandage, while with this occurring, a "rope" of bandage is the usual happening which, to say the least, is uncomfortable.

The use of the binder has a few objects to be gained:

First, after the stretching of the abdominal walls, it aids in, what I may call, involution of the muscle fibres, skin and fascias of these walls.

Second, it aids in maintaining uterine contractions by supporting the abdominal wall, and the two forces returning tone to abdominal wall, and pressure or support of the bandage exerts a very great help to the involuting uterus.

Third, it tends to avoid constipation through its action, that of a splint, preventing rapid dilation of the intestines with gas and feces, thereby aiding return of a natural tone and peristalsis.

Fourth, cosmetic reasons.

Having applied the binder, we now osteopathically examine all the articulations, bearing in mind the vast changes which have taken place in the larger joints in the nine months of pregnancy, paying particular attention to the innominate, the shoulders, the ribs, especially third to sixth, and the spinal vertebræ at and around the first, second and third lumbar.

Now rest and quiet should be given the patient. This means she should drop off into a sleep, having no visitors, and as little noise as is possible.

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Now rest and quiet should be given the patient. This means she should drop off into a sleep, having no visitors, and as little noise as is possible.

The "physician's hour" is not to be overlooked, for it is part of his duty to remain at least an hour, lest hemorrhage, convulsions or syncope occur in the patient or baby. On leaving he can direct:

1. The baby to be put to breast as soon as mother awakens, or within an hour after he leaves.
2. Temperature taken every six hours.
3. Light diet (liquid best for forty-eight hours).
4. Encourage sleep and rest.
5. No visitors other than her husband and her mother is a good rule to follow. This saves the neighbors from filling the sick-room, and the patient's mind with news, gossip, and how sick she may yet be (especially if a D. O. has delivered her).

6. Encourage urination in mother, and note urination and defecation of baby, who has been examined in the "physician's hour" for abnormalities, adhesions in and around the genitals, rectum, etc.

The puerperium has now begun, and all subsequent conditions must be considered under the "lying-in period."

1740 West Madison St., Chicago, Ill.

Some Strange Answers

A number of amusing answers to the questions put to applicants for life insurance have been collected by an English medical journal. The following are a few of them:

- Mother died in infancy.
- An uncle died of cancer on his mother's side.
- Father went to bed feeling well and next morning he woke up dead.
- Grandfather died suddenly at the age of 103. Up to this time he bid fair to reach a ripe old age.
- Applicant does not know anything about material posterity except that they died at an advanced age.
- Applicant does not know the cause of mother's death, but states that she fully recovered from her last illness.
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Some Physiological Effects of Vertebral Movements Experimentally Produced

A Preliminary Report on the Second Series of Mammalian Experiments From the Physiological Laboratories of the American School of Osteopathy.

J. DEASON, M. S., D. O., PROFESSOR OF PHYSIOLOGY.

In this series of experiments, the purpose has been to determine the relation of perverted positions and abnormal movements of the spine to structural perversions and abnormal movements of other parts of the body, and to determine the physiological effects resulting from such operations.

It should be mentioned at the beginning that this work is necessarily very incomplete, because little or no work has, as yet, been done along this line, and the literature, therefore, is sadly lacking. I am much indebted to Mr. L. G. Robb for his valuable suggestions and able assistance.

Methods and Technique of Experiments.

Much care has been exercised in the selection of animals for these experiments. Dogs were used, because blood pressure and pulse tracings can be more readily obtained from these than from smaller animals, and no animal was used which had not been kept for a sufficient time under normal conditions to determine that it was entirely devoid of any abnormalities which might render the results valueless. The spine was carefully examined in each case, to determine that no bony lesions existed before proceeding with the operations.

Reasons for the above precautions will be better understood when the reader is reminded of the fact that the average dog is frequently found suffering from constitutional diseases, many of which are traceable to spinal lesions, the evidence of which statement we hope to bring out at some future time.

It is a well known fact to all workers in physiological research, that not all animals exhibit average normal functions when operated on under anaesthesia. It is necessary, therefore, to experiment on several animals,

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It is a well known fact to all workers in physiological research, that not all animals exhibit average normal functions when operated on under anæsthesia. It is necessary, therefore, to experiment on several animals,

and take the average results of those which seem to display the most normal reactions under the anæsthetic used. The following results have been taken from a common average of ten animals operated upon.

During the operation the animals were kept under complete and regular anæsthesia by ether, which was administered by means of a tracheal cannula, as it is most satisfactorily regulated in this way. Blood pressure and pulse tracings were taken from the carotid artery by the use of a carotid cannula and mercury manometer.

Respiratory tracings were taken from the side arm of a T tube, connected on the one hand to the tracheal cannula, and on the other to a diaphragm tambour, which was made to record on the smoked paper of a revolving kymograph, simultaneously with the blood pressure and pulse tracings mentioned above. An electric signal magnet, connected with an inductorium and metronome was used to record time, and furnish a base line.

Several normal blood pressure and respiratory tracings were taken from each animal before any tests were applied, to determine whether or not the animal was showing normal functional activities. From five to ten minutes were allowed before and after each test for normalization. All results from animals whose tracings failed to show normal activities before any tests were applied were discarded.

Preliminary Test to Determine Relation of the Position of the Animal to Blood Pressure Variations.

The caudal end of the animal was elevated, thorax remaining on the table, to determine blood pressure variations thus effected. Extreme tilting of the body, such as lifting of the caudal end, or relative lowering of the cephalic end, brings about marked increase in blood pressure, due to the effect of the force of gravity, but in the above operation, in which only a part of the animal was lifted, the increase in blood pressure was not great, seldom exceeding two millimeters of mercury, nor was the result a lasting one, as the pressure returned to normal within ten or fifteen seconds after replacement of the caudal end upon the table. The animal was then placed in different positions, such as ventrum on operating board, dorsum on operating board, and changing from side to side, and the blood pressure, pulse and respiratory variations, as recorded on the kymograph were noted. The variations thus produced were not great, but were carefully noted for comparative purposes.

Effects of Pressure and Massage.

Constant and intermittent pressures were applied to various parts of the body, not in immediate relation with the spine, to determine ef-

fects of cutaneous and deep pressure stimulation. Slight variations in blood pressure, heart rate and respiration were usually, but not always, thus affected. Such changes were not constant, a return to normal being noted almost immediately upon removal of the pressure.

Vigorous massage was applied to different parts for the same purpose, and unless long continued the results were inconsiderable. Rapid and vigorous movements of different muscles and groups of muscles were also produced, using the limbs as levers. The variation in blood pressure, heart rate or amplitude, thus effected, were neither marked nor constant, as is shown in the first part of tracing No. 1, in which the hind leg was vigorously flexed and held against the abdominal wall for twenty seconds, causing an increase in blood pressure of one millimeter of mercury, a return to normal occurring immediately upon removal of the stimulus.

The second part of tracing No. I shows similar results, which were caused by the flexion of one leg tightly across the abdominal wall. It will be noted in these two tracings that ample time was allowed for a return to the normal before each stimulation was produced.

Effects of Movements of the Spine Without Fixation.

By fixation we mean the localization of movement. One vertebra is fixed, holding it either by the transverse or spinous processes, producing a localization of movement at the point fixed.

In movements of the spine without fixation, the effects were similar to those of massage, compression or movements of the limbs, as mentioned above. The blood pressure, pulse rate and respiration were usually affected, but there was a quick return to normal after the animal was replaced in its normal position.

The different tests applied were flexion and extension, hyper-flexion and hyper-extension, and lateral flexions and hyper-flexions, care being taken to keep the animal's body level, so that the gravity factor might be neglected.

Tracing No. II shows effect of flexion without fixation. In this test, the whole caudal end of the animal was strongly flexed, and held so for twenty seconds; an increase in blood pressure of two millimeters of mercury was produced, but the rate and amplitude were not effected. Further, the increase in blood pressure was not maintained, but an immediate drop to normal was observed upon restoration of the body to its normal position.

This increase in blood pressure was due either to the position of the animal or to the compression of the caudal vessels, tending to force more blood into the thoracic region, and thus raise the pressure in the

carotids from which tracing was taken. It will be noticed that these effects were only temporary, in contradistinction to the effects induced by flexions and extensions with local fixations which are described below.

Effects of Movements of the Spine With Fixation.

Various movements of the spine were produced, such as extension, hyper-extension, flexion and hyper-flexion, both ventral and lateral, by holding the cephalic end of the animal and using the caudal end and hind legs as a lever while certain vertebræ were held, thus producing an exaggerated movement at, or immediately caudal to, the point of fixation. Rotations were produced by fixing certain vertebræ and twisting the caudal end of the animal.

Careful tracings of blood pressure, pulse rate, amplitude and respiration were taken while the various movements were being produced. When any noticeable variations resulted from such movements, sufficient time was allowed for the animal to return to normal before another test was applied.

These various movements were produced with and without fixation in each animal, and the results compared. In all tests applied with fixation, the effects were much more marked and of longer duration than those in which no fixation was employed.

To remove the possible gravity effect on blood pressure changes, in the above operations, where it might be argued that a part, at least, of these effects were due to the raising of the caudal end of the animal, or to vasoconstriction in and pressure on the vessels of the hind limbs, the abdominal aorta was ligated in the lumbar region, below the branches to the viscera, and the ascending vena cava was ligated in the lumbar region after draining the blood from the caudal extremities. The animals were then allowed to remain quiet for a few minutes until the blood pressure tracings became regular and normal, after which tests were repeated, with similar results.

Tracing No. III was made after such an operation. The lower line shows the normal heart tracing before the test was applied. The upper line shows the result of hyper-extension of the caudal end of the animal, with fixation in the mid-dorsal region, which was maintained for five minutes. This tracing shows an immediate increase of blood pressure of eight millimeters of mercury which lasted for twenty seconds, and that an increase of five millimeters of mercury above normal was maintained for three minutes after the stimulus was removed.

In all of these operations the body of the animal was kept lying level while applying the test, lest gravity might possibly enter in as a causative factor in the variation of the blood pressure.

To determine whether the stimulation of the viscera mechanically by such operations or the stimulation of the sensory endings could by reflex effect, account for such changes, the viscera, stomach and intestines of a few animals were removed, and the abdominal walls on both sides were resected and the tests again applied. This operation was carefully done by ligating all vessels, thus avoiding the loss of blood by hemorrhage; intravenous injection of warm normal salt solution was used when necessary, and the exposed surfaces were carefully protected by pads of absorbent cotton, saturated with warm normal salt solution.

Tracing No. IV was made after the above described operation, which also included the ligation of the abdominal aorta and the inferior vena cava. The tracing shows the result of hyper-extension of the caudal end, with fixation at the twelfth dorsal. An immediate decrease of fifteen millimeters of mercury in blood pressure resulted, which continued to decrease as long as this position was maintained, which was more than sixty seconds. The pulse was very nearly stopped when the extension was released.

After restoring the animal to its normal position, the blood pressure and pulse returned to normal, which showed that the effect could not have been due to shock resulting from the operation or exposure.

Effects of Constant Pressure Applied to Spinal Regions.

This was tried on both operated and unoperated animals, by pressing constantly upon the transverse processes in various regions, kymograph tracings being made as in the above operations. Variations in blood pressure were greater in the unoperated animals, which was probably due to the pressure of the greater blood area of the mesenteric arteries.

Tracing No. V shows the result of constant pressure applied to the lumbar region for twenty-five seconds. The result was a decrease in blood pressure of twelve millimeters of mercury which lasted for two minutes after the stimulation was removed. There was also some decrease in amplitude, but no noticeable variation in the rate of heart beat.

Tracing No. VI shows the result of a similar pressure applied to the region of the tenth and eleventh dorsal. This shows a gradual increase of blood pressure, but no other marked effects.

Deep pressure tests were applied to various parts of the spine, but we have not as yet been able to do enough work to determine definitely the results of such experiments. It must be remembered that this is only a preliminary report, and the work is very incomplete, and cannot be taken as a final conclusion.

Functionally Different Spinal Areas.

In the above series of experiments we have observed that different areas or regions of the spine seemed to produce different functional effects from these perverted positions and pressures, but as yet little work has been done experimentally, so we urge that it not be accepted as conclusive.

From the above pressure tests, the fact that the two different regions seem to be very different in their effects upon blood pressure is seemingly undeniable, as movements of the spine with local fixation in these regions produce somewhat similar results.

Tracing No. VII shows a marked decrease in blood pressure, and amplitude of heart beat, which were caused by rotation of the caudal end of the animal, with fixation at the sixth lumbar. (The dog has seven lumbar, and thirteen dorsal vertebrae.)

Tracing No. VIII shows a marked decrease in blood pressure, which was caused by a rotation of the caudal end of the animal with fixation between third and fourth lumbar. This variation could not possibly have been due to any gravity effects, because the caudal end of the animal was elevated while the rotation was produced.

Summary.

While this series of experiments, as has been repeatedly stated above, is only preliminary, and cannot be taken as final, enough work has been done to show quite conclusively that certain movements of the spine, normal and abnormal, and especially those in which fixation was employed, are much more effective in producing functional variations than movements or massage of other parts of the body. In the future we hope to offer some suggestions on the possible physiological explanation of this, which will be based upon experimental evidence.

That these changes cannot be accounted for by gravity effects, we think is sufficiently evident from the preliminary tests made, and because of the precautions observed to avoid it, as have been described.

That the massage effects could not possibly be responsible for these changes is clearly shown by the nature of the effects produced in that way. Massage, when vigorously applied to any part of the body, does produce blood pressure, pulse and respiratory variations, but in all cases, even when continued for a much longer time than the time given to the spinal movements and pressures, the results are not so great, or of long duration, but quite conversely returning to normal almost immediately after the massage was discontinued. While the blood pressure and respiration are usually slightly increased, the amplitude and

rate of heart beat are usually unaffected. Massage, in its effect upon animals under anæsthesia, therefore, is almost wholly incomparable to movements of the spine with fixation.

The effects of movements of the spine without fixation are very similar to passive movements of other parts of the body. There is always an increase in blood pressure and respiration, but usually no noticeable variations in heart rate and amplitude, and the variations are of short duration as compared to movements of the spine with fixation. Even when hyper-extensions and hyper-flexions were employed the changes so effected were not at all comparable to changes caused by these movements with fixation.

The effects of movements of the spine with fixation, localized movement at some one point, causing an excess of movement or partial temporary subluxation, seemed to be most effective in the production of functional variations. Blood pressure, respiration, being affected in all cases, and in many instances the heart rate and amplitude of heart beat was also affected.

Insufficient work has been done to enable us to determine with any degree of accuracy the exact effect of spinal pressure. From the work which has been done it would seem safe to say that spinal pressure in many ways simulates spinal movements produced with fixation, always varying the blood pressure, usually the respiration, and frequently affecting changes in heart rate and amplitude.

It is evident that such pressures have wholly different effects on blood pressure and rate of heart beat when produced in different areas of the spine, possibly affecting the so-called spinal centers.

The accompanying tracings which have been selected as typical representations of more than a hundred made during the operations, represent the characteristic changes caused by the different tests applied, and are not in any way exaggerated.

Conclusion.

From the results of this series of experiments, we have arrived at no hasty conclusion in stating quite definitely that of all the different tests which we have described above, those movements which affect the spine in such a way as to produce conditions comparable to the osteopathic bony lesion are the most efficacious in producing abnormal variations in certain vital physiological processes, as have been described.

Granting that this be true, does it seem unreasonable to conjecture that other functions, such as peristalsis, secretion, metabolism, etc., would be similarly affected?

Vaccinia and Vaccination

Bacteriological Research Department, American School of Osteopathy.

Statistics and History by W. R. Archer; Bacteriological Research by Dr. J. Deason.

(Continued from last month.)

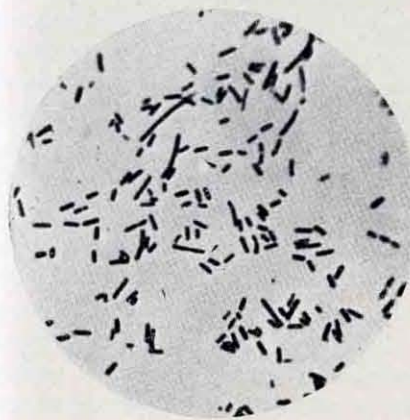
History of Bacteriological Status of Vaccinia.

Previous to the advent of bacteriological study of disease, vaccine virus was manufactured and used without any concept of the ever-present micro-parasitic and saprophytic organisms in the product, as well as disease virus or ultra-microscopic organisms which the microscope does not reveal. The establishment of the germ theory of disease created a stimulus for bacteriologists to try to determine the active principle of vaccinia, which as yet remains undiscovered.

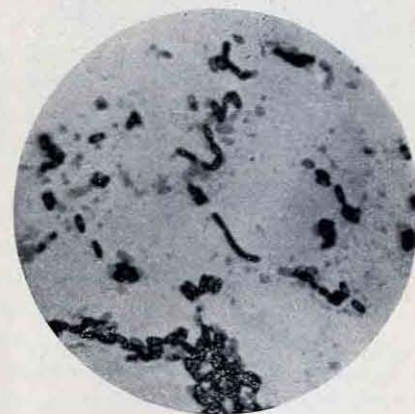
Among those who have done much good work along this line may be mentioned Quist, Martin, Ernest, et al, who found among the various organisms certain micro-cocci so constantly that they believed them to be associated with, if not the specific etiological factor. However, Klein, Copeman and other investigators have demonstrated certain bacilli to be just as constant. Guarnieri discovered what he describes as amebic bodies which are associated with epithelial cells, commonly known as "vaccine bodies." These may be either intracellular or inter-nuclear, and are thought by some to be protozoon in character. Many authors have laid much stress on the apparent relation between cancer and vaccination. Dr. Montague R. Leveson, in an able article published in "The North American," Philadelphia, July 17, 1906, gives an interesting hypothesis in this connection. Dr. W. B. Clark, in an article published in the "New York Press," Jan. 26, 1909, says that in 200 cases of cancer treated by him, not one occurred in an unvaccinated person. While this does not connect the two conditions, positively, it is certainly significant and should be given more than a passing thought. Others who hold to this view are, Drs. Turnbull, Fisher, Funck and Gorrini.

The Columbian Medical Laboratory, Chicago, during the World's Fair, was able to demonstrate various pathogenic micro-organisms in

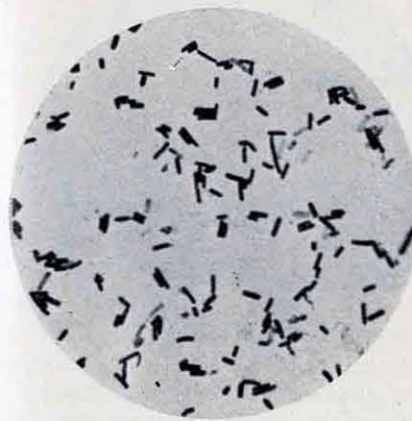
Photomicrographs of Bacteria Isolated from Vaccine Virus



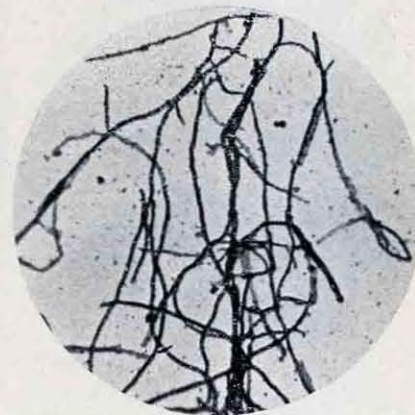
No. 1 X-1000 Gentian Violet Stain
This organism is pathogenic.



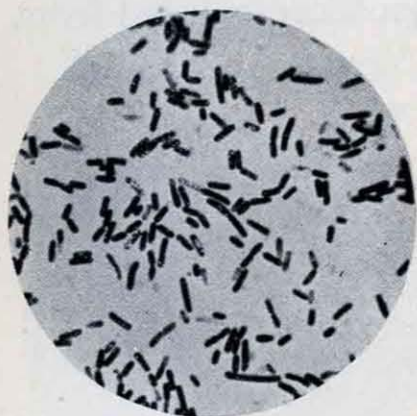
No. 2 X-1200 Gentian Violet Stain
This stain was made from a culture grown on potato media. This organism shows spores.



No. 3 X-1000 Gentian Violet Stain
This organism has not as yet been shown to be pathogenic.

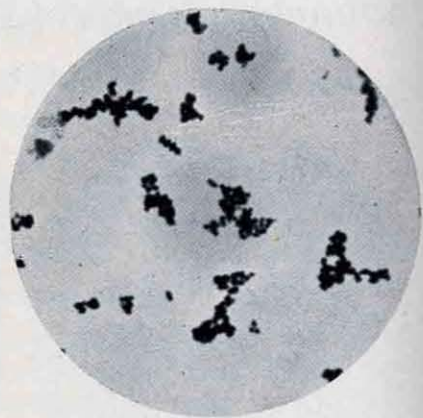


No. 4 X-1000 Gram Stain
This organism has not yet been shown to be pathogenic.



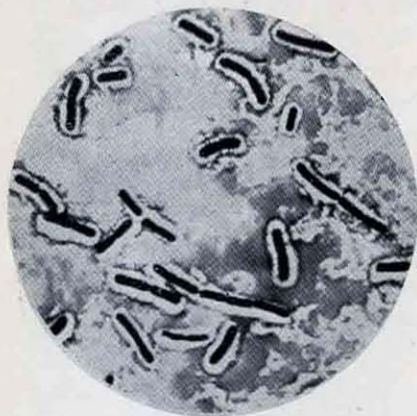
No. 5 X-1000 Gram Stain

The organism occasionally shows spores, a few may be seen in the stain. This germ is very pathogenic to rabbits, guinea pigs and dogs.



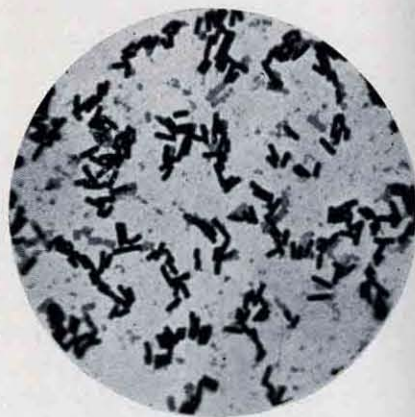
No. 6 X-1000 Gentian Violet Stain

Pathogenicity of this germ has not been determined.



No. 7 X-1000

Gram Stain made from a lesion of an inoculated animal. This organism is very pathogenic.



No. 8 Gentain X-1000 Viloet Stain

This organism is pathogenic. A more complete discussion of these organisms will be presented with the next article.

practically every sample of virus purchased in open market and assumed to be fit for public use. This result can be easily verified in any laboratory if time and trouble are taken to properly carry out the experiments. Our own experience is, that we have never failed to find a large number of organisms in all samples examined, many of which are pathogenic.

Contamination of vaccine virus by casual organisms of a dangerous character is of more frequent occurrence than is usually admitted in current literature. Contrary to what is often asserted, that there are few cases of tetanus following vaccination, it is no doubt true so far as records go, but not because few occur. As far back as 1902, Joseph McFarland, Professor of Pathology and Bacteriology, Medico-Chirurgical College, Philadelphia, published an article reviewing 95 cases, about twenty-five of which occurred in Philadelphia in 1901. Since this review was published, several epidemics have occurred, notably in St. Louis, last year. The difficulty of determining the accuracy of the number of such cases can be easily understood when it is remembered how prone the average doctor is to assign such results to anything but vaccination. Even in the few cases that have come to light, it was maintained that the tetanus was due to secondary infection, and not to contamination of the virus, until it was shown that about 80% of the cases followed the use of one particular brand of virus, and afterwards proved that the virus did contain bacilli tatani. (Dr. R. W. Wilson's discovery and communication to the Philadelphia County Medical Society, April 23, 1902.) As an example of the ultramicroscopical dangers that lurk in vaccine virus, no better nor more authentic illustration than that uncovered by the U. S. Department of Agriculture in 1908 can be cited. We have had in this country five extensive epidemics of foot-and-mouth disease, also known as apthous fever and epizootic apthia, highly contagious in cloven-footed animals and readily communicable to man. The origin of the first three of these was never suspected; the fourth, however, was all but fastened on the New England Vaccine Concern, but the Government officials were persuaded that the calves which had been used for the production of virus and later broke out with the disease, became infected from hay, straw or other material from the trans-Atlantic steamers at the docks in the Massachusetts Bay, which explanation was generally accepted in lieu of more definite evidence.

The next year, 1903, Dr. Tyzzer of Harvard Medical School, while doing some experimental work on his father's farm, inoculated some calves with virus which caused a fresh out-break of the disease. The State of Massachusetts and the Bureau of Animal Industry had Dr.

Tyzzar repeat the experiment at an isolated stable at Wakefield, Mass., using a sample of the same vaccine virus, which also resulted in a reproduction of the disease. This left no doubt as to the origin of the epidemic at Boston. When the out-break occurred in 1908, it was conclusively traced to calves used on a vaccine farm at Detroit, Mich. (Circular No. 147, Department of Agriculture.)

July first, 1902, congress passed an act regulating by licensure the manufacture of all biological products for the treatment of human disease; as a result of which there was more or less "house cleaning" in all these establishments, particularly in the line of producing a virus as free as possible from disease contamination, and, while the product has no doubt been improved, the bacteria-free vaccine virus has probably not been produced, except perhaps on paper. Park and Williams' Bacteriology, 1910 edition, says that the least number of bacteria found in a single loopful of vaccine pulp was 583, and the greatest was over 126,000. This would mean millions to the cubic centimeter. It has been claimed that when this pulp is mixed with glycerine, the micro-organisms soon disappear. They do under certain conditions which are restricted to the factors that make the active principle of the virus also disappear. Rosenau has pointed out that these organisms are gotten rid of in this way only when the virus is kept at a cultural or optimum temperature. There are two good reasons for them dying. One is that the medium becomes exhausted, and the other is, that they may be killed by their own or other bacterial toxins. Neither of these conditions are true when the virus is kept at a low temperature, as it must be for preservation.

Ricketts' work on Immunity and Serum Therapy, published in the American Medical Association press, says: "Glycerinated lymph has many advantages, the most important of which relates to the bacteriological action of the glycerin by which the lymph is freed from the pathogenic bacteria (e. g., streptococci) which in former times caused serious complications in vaccination." After making this positive assertion that the vaccine lymph is freed of pathogenic organisms by the action of glycerin, on the same page, we find this remarkable retraction: "Glycerin is supposed to destroy such organisms to a large degree without, however, injuring the vaccine virus itself." Also, "The bacteriological power of glycerin has been overestimated, and that while it kills pyogenic cocci within two weeks when at body temperature, such organisms may live for months in glycerin when in the ice chest; and, of course, our glycerinated virus is kept in the ice chest. Tetanus spores live for months in glycerin and glycerin has practically no neu-

tralizing action on tetanus toxin." This confirms the contention that any factor, such as heat, chemical or what not, that will destroy pathogenic bacteria will also destroy the active principle of the virus, otherwise, if these organisms can be readily destroyed by incubating the virus at body temperature without injury to the vaccine virus, it would be neither necessary, nor desirable to keep it in the ice chest.

In treating the subject, Ricketts' also says that smallpox and vaccinia "May be considered together, having in mind the likelihood or, indeed, the certainty, that they have a common etiology. This view seems the only possible one, in spite of our uncertainty as to the exact nature of the cause. To hold a different view would be to acknowledge that immunization with one kind of microbe may confer immunity of the strongest and most specific character against another, a condition for which we could find no parallel." The "likelihood" of these diseases having a common etiology is based on the fact that there is no known instance where the specific organism of one disease will produce in the blood or tissues an antibody against the invasion of other pathogenic bacteria. "The certainty" of the common cause, rests upon a few rare instances where variola was thought to have been transmitted to the cow resulting in a reproduction of characteristic vaccinia. The confusion on this point may be illustrated by quoting late works on bacteriology, Hiss and Zinsser (1910) quoting Haccius, says, "Variola is invariably transmissible to cattle, when proper methods of inoculation are employed." Which means, that with proper technique there should be no failure to produce vaccinia in the cow by variolous inoculation. Park & Williams (1910), says, "The successful inoculation of the first series of cattle from smallpox is a matter of great difficulty, but so many experimenters have asserted that this has been done that there seems to be no doubt as to its truth. In our laboratory not one of many attempts to accomplish it has been successful." It should be borne in mind that the reported successes of such inoculations are not of recent years. The latest report we have noticed in perusing a large number of works, is that of W. J. Simpson, of London, who in 1885 claimed to have started a new vaccine at the Animal Vaccine Institute of London. Most of the other reported successes date back to Jenner's time, and before the days of bacteriological knowledge of scientific animal inoculation. No absolute evidence is forthcoming that it ever occurred.

Another important point to be considered in connection with smallpox, is secondary or, complicating infections from other pathogenic micro-organisms as this has a most important and direct bearing on the

subject of vaccination. Jordan's Bacteriology (1910) says, "Many observers believe that the secondary infection of smallpox lesions with streptococci, which almost always if not invariably occurs, is most directly responsible for bringing about a fatal termination rather than the effects wrought by the specific parasite." This theory is well borne out by observation on other infectious diseases, that the seriousness of the primary infection is dependent or corollary upon the symbiotic relation to organisms other than the specific germ; notably, tuberculosis, etc. We quote Ricketts as follows: "In few diseases does secondary infection play so important a role as in smallpox. When the cutaneous lesions have become pustular they usually contain pyogenic cocci, although they may be absent. It is somewhat strange that streptococci are more often encountered than staphylococci, in view of the normal presence of the latter in the epidermis. Fatal cases are almost without exception accompanied by general streptococcus infection, and Councilman believes these organisms are more important as a cause of death than the specific virus." If these observations are true, and there seems to be no reason for doubt, since most authorities agree that such is the condition in particularly the serious or fatal cases, the question then arises, is smallpox without this complication by secondary infection a fatal disease? We have no right to assert that it is, without better evidence than has ever been established; it would then follow that vaccination could have absolutely nothing to do with the modification of the course of the disease, since such complication may occur in any case of smallpox, whether following vaccination or not. It is no longer maintained that vaccination prevents an attack of smallpox, but modifies its severity; yet when one reviews the history of the extensive epidemics that have occurred in well vaccinated countries, followed by hundreds of thousands of deaths, it at least makes the conclusion above seem significant.

Jordan, in his work on bacteriology, proclaims that "The practical success achieved by the method of vaccination is a matter of common knowledge. No one with any understanding of the nature and force of scientific evidence, questions that by this means smallpox is today held in check." If there is scientific proof, where is it recorded? For centuries the disease was kept disseminated in the East by direct inoculation, and in England for 119 (1721 to 1840) years. Quarantine and isolation of smallpox patients came into general practice less than sixty years ago. Proper and efficient sanitary conditions in large cities is of less than fifty years standing. As late as 1885 the greater part of London was drained by open drains or conduits. (London Daily Tel-

graph, Oct. 3, 1885.) If then, sanitation, isolation and the discontinuation of direct smallpox inoculation has had no influence in lessening the ravages of the disease, why continue a useless and expensive function? If they have, then why not give credit where credit is due, and not ignore the real factors in order to heap all the credit on vaccination?

Bacteriological Research.

METHODS AND TECHNIQUE EMPLOYED IN THE ISOLATION OF BACTERIA FROM VACCINE VIRUS.

Experimental work was begun on this subject the latter part of September, 1910, and is still in progress at this date (April 10, 1911). The details have been carried out by the aid of a corps of seven assistants, under personal supervision.

For the purpose of examination, vaccine virus from two prominent manufacturers has been used and secured from time to time as needed, through the local drug stores, so that it would be as nearly fresh as possible and well within the limit of efficiency. Vaccine virus put up in two forms, both of which were glycerinated, were used for the tests. One was put up in the capillary glass tubes sealed at the ends, and the other was in glass capsules with glass points and sealed with wax. These were in the original sealed packages and were not opened until everything was in readiness for the inoculation in media and examination under the microscope. Two series of experiments have been carried out, the second being substantially the same as the first, for the purpose of verification of findings.

The apparatus used in the work was essentially the same as that in use in any modern bacteriological laboratory; exceptional care, however, was taken to avoid errors in technique and possible sources of contamination from air, dust and unsterile apparatus, etc.

The media used for the development of cultures was blood serum, plain agar and glucose agar. Fresh blood was procured from a local slaughter house, under as nearly sterile conditions as possible and prepared after Loeffler's method, after which it was sterilized for nine consecutive days, twenty to thirty minutes at 85 C. After allowing to cool to 38 C., the media was incubated the remainder of the 24 hours for the purpose of developing any latent spores. The plain and glucose agar media were treated in a like manner for the same period, excepting that it was sterilized at 120 C. After all media had thus been sterilized it was then kept at room temperature for eight or ten days to allow the development of any possible saprophytes which might have es-

aped the sterilizing process and which would not grow at the higher, or body temperature.

After this test, the media showed no signs of bacterial growth and was considered ready for inoculation. To facilitate the work of making the transfers, fifty culture tubes containing about ten cc. of normal salt solution were sterilized for one hour at 120 C.° for four successive days.

After everything was prepared, the tables were washed with 1-1000 Bichloride solution. Hands of writer and of two assistants were washed with soap and water, then in bichloride of mercury solution, and then in 60% alcohol. Sterile laboratory gowns were donned, after which all glassware and other utensils were brought from the autoclaves and put upon the prepared tables. The original packages of vaccinia were opened and the receptacles first immersed in a bichloride of mercury solution and then washed in alcohol and allowed to dry.

Eight of the ten capillary tubes were then opened and contents dropped directly into as many culture tubes of the salt solution, two being kept for microscopic examination. The capsule form had to be transferred to the solution by means of the platinum loop. This inoculated salt solution was then transferred to the petri plates by means of pipettes, a fresh pipette being used for each tube containing the salt solution. Thirty plates of each brand of virus were inoculated, and as many plates were inoculated with the salt solution which had not been inoculated with virus to be used as controls, and which were thus exposed to the same risk of outside contamination as those which were inoculated with the virus. These petri plates all contained blood serum media. Fifty culture tubes of glucose agar were inoculated by the platinum loop from the capsule virus and then sealed with melted paraffin for the development of cultures under anaerobic conditions. A like number of control tubes on media were sealed in the same manner. All petri plates and culture tubes, including the controls, were placed in an incubator and kept at approximately 37° C. On the second day, plates and tubes began to show signs of bacterial growth. About the fifth day an examination showed two petri plates which had been inoculated with virus still sterile, the rest showing from three to twenty colonies. Of the control plates one out of thirty showed contamination in the development of one small and one prolific colony growth. Of the tubes inoculated under anaerobic conditions, 90% showed growths, while all control tubes remained sterile. The petri culture plates displayed a much greater variety of organisms than did the tubes. The colonies which showed different characteristics were transferred to

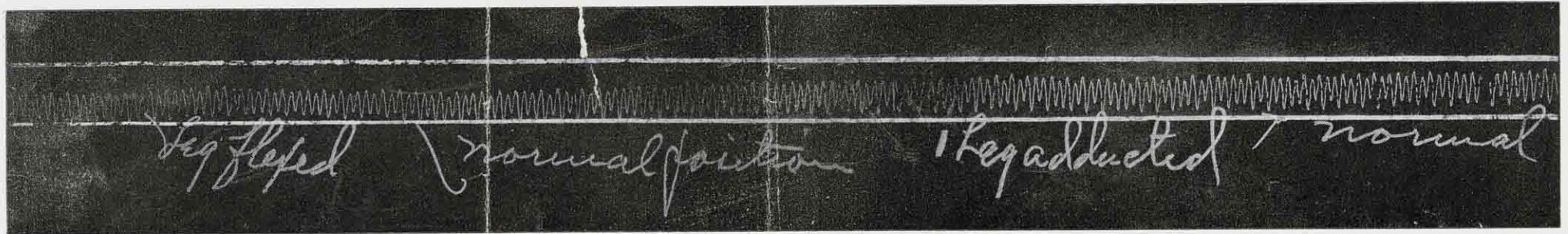
slant agar and blood media after the cultural descriptions had been recorded. On the tenth day large numbers of colonies had developed on the plates, ranging from twenty-five to over one hundred. One of the plates which was apparently sterile at five days, then showed five or six colonies. More transfers were made to new media. Morphological, staining and cultural characteristics were then studied with a view of eliminating duplications of the same organism. Each different organism was recorded under a designating character. A description of one brand of virus being numbered, the other lettered. In this way we were able to isolate about eleven different organisms from one kind of virus, and fifteen from the other. Not over four of these were common to both kinds of vaccines. The two colonies found in the control plates proved to be organisms commonly found in contaminations from dust or air, and were unlike any of those found in the vaccine plates and tubes.

Microscopic examination of the vaccine virus seemed to reveal a larger number of various kinds of micro-organisms than we were able to grow on culture. On the other hand, we grew organisms that we could not demonstrate in the original virus. This could easily occur, because of the difficulty in identifying the different organisms merely by their staining and morphological characteristics. The number of bacteria visible at one time in the field of the scope varied from 0 to 50 or more. Sometimes not more than two or three organisms could be found in a whole specimen, while another smear from the same capsule would show large numbers, which could hardly be attributed to the grouping of colonies in the lymph, as these clumps were invariably of mixed varieties.

After the complete isolation of the various organisms, three culture tubes, containing different kinds were given to each assistant for careful study of all characteristics, such as morphological, staining, cultural and pathogenic properties. We present herewith several cuts, showing a reproduction of various organisms from photographs, a full description of which will appear in our next article, as well as other organisms not shown.

CONTINUED IN NEXT ISSUE.

Tracings Showing Physiological Effects of Vertebral Movements Experimentally Produced



First part.

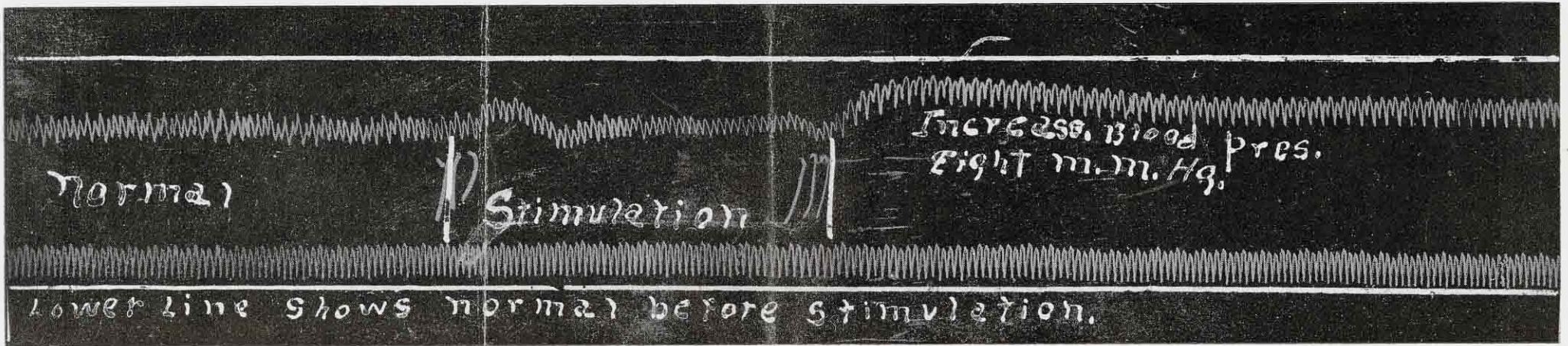
Normal tracing.

Second part.

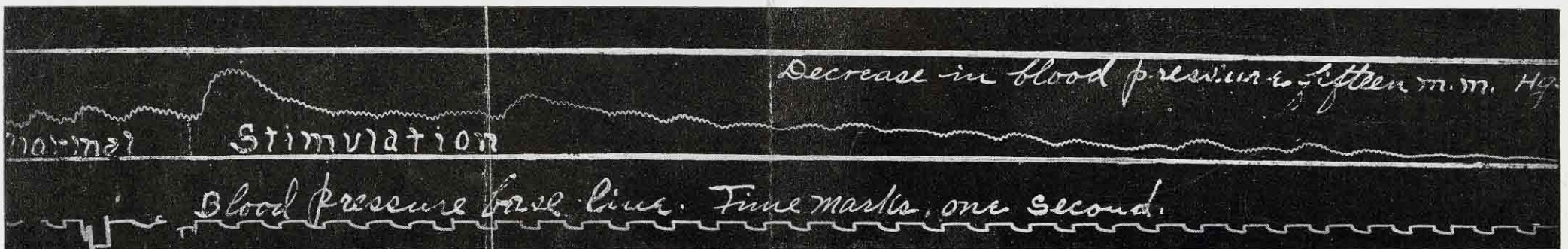
TRACING No. 1.—Showing effects of movements of limbs without fixation.



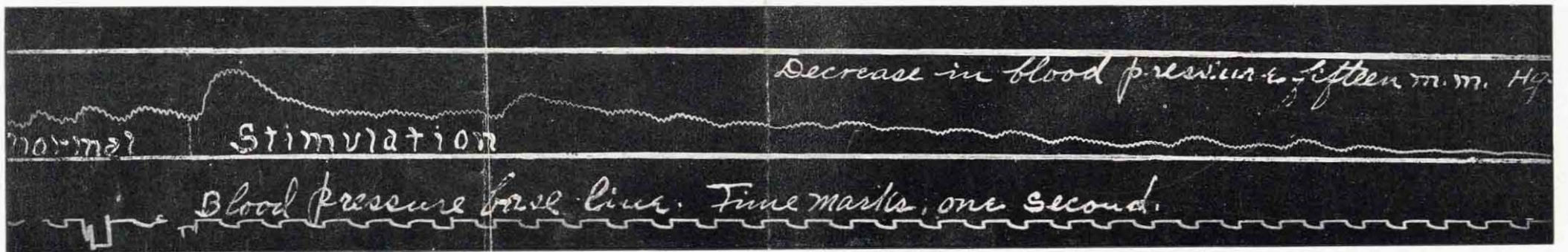
TRACING No. 2.—Showing effects of flexion without fixation.



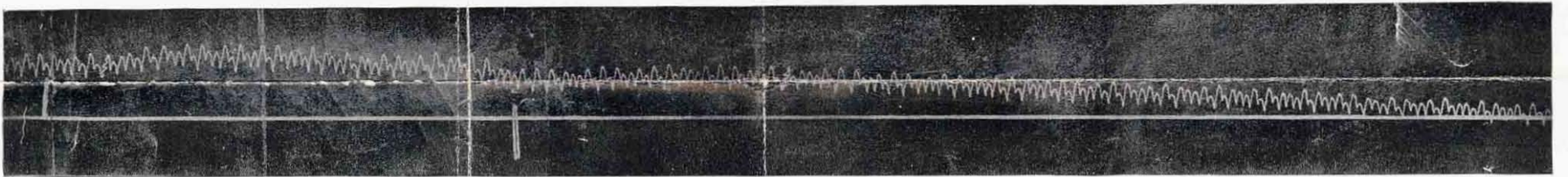
TRACING No. 3.—Showing effects of hyperextension of spine with fixation in mid-dorsal region.



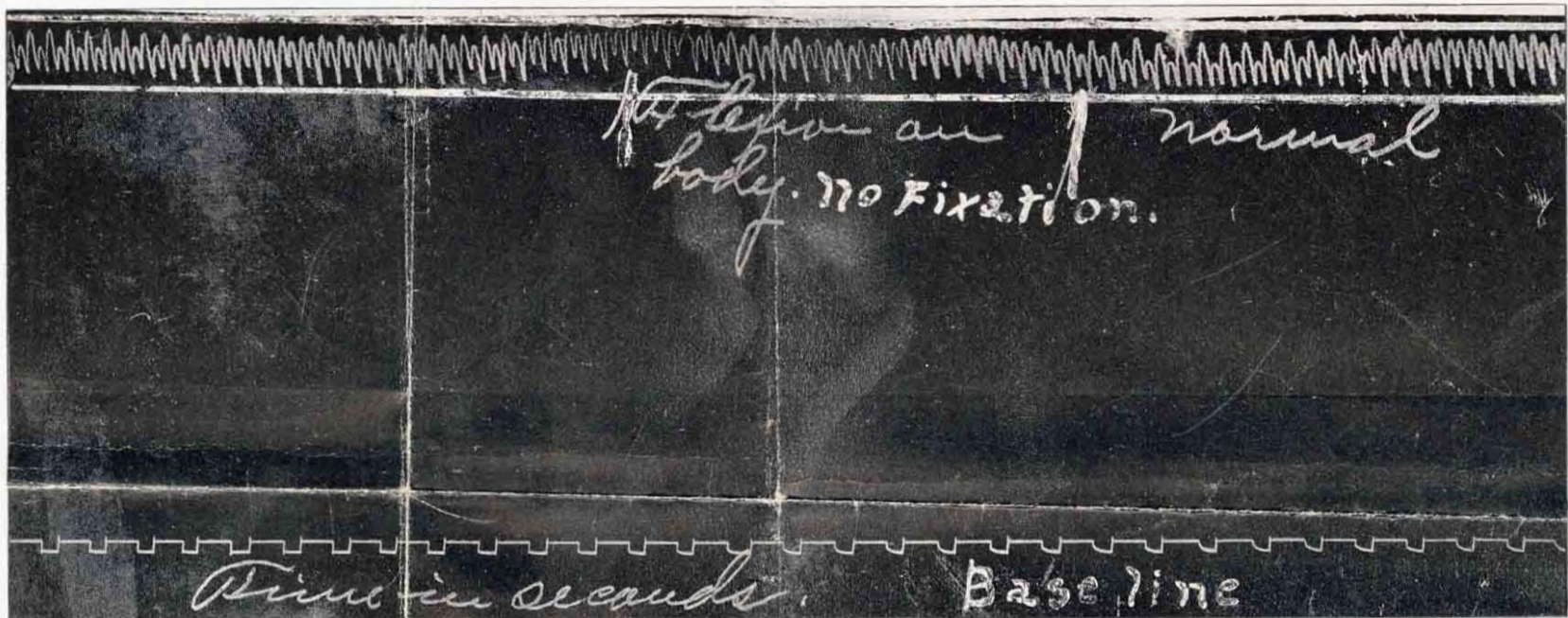
TRACING No. 4.—Showing effects of hyperextension with fixation at 12th dorsal.



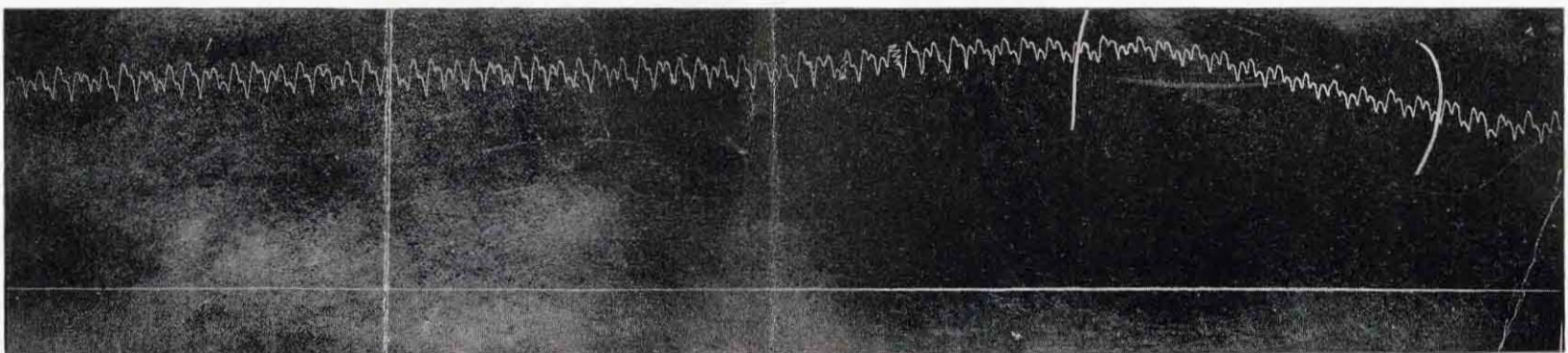
TRACING No. 4.—Showing effects of hyperextension with fixation at 12th dorsal.



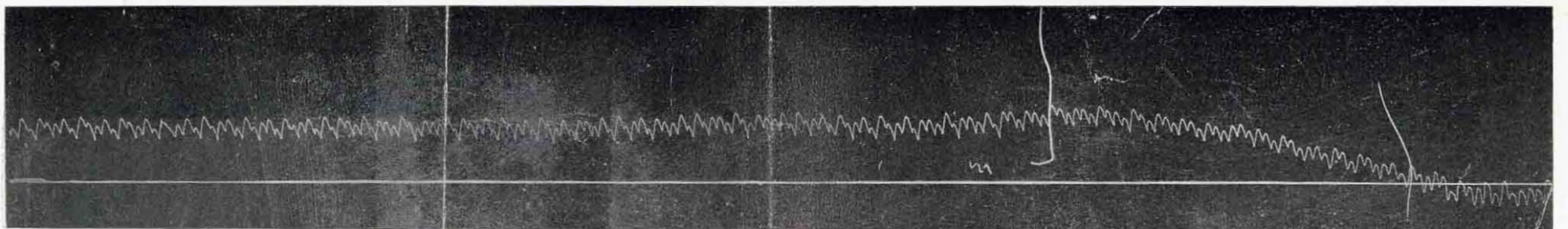
TRACING No. 5.—Showing effects of constant pressure applied to upper lumbar region.



TRACING No. 6.—Showing effects of constant pressure applied to mid-dorsal region.



TRACING No. 7.—Showing effects of rotation of caudal end of animal with fixation at 6th lumbar.



TRACING No. 8.—Showing marked decrease in blood pressure as a result of rotation of caudal end of animal, with fixation at 3d lumbar.

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 can be sent to C. B. Hunt, Brastes Block, S. Omaha, Nebr.—Ed

Nebraska State Circle for February.

No. 1. Suggests discussion of pelvic lesions, as he has observed that there are a number of osteopaths who do not devote much attention to such lesions. Discusses diagnosis, along lines laid down by Dr. Forbes, and others in the Journals.

CASE REPORT.—Male. Pain in back, over gluteal region and lower lumbar area. Right innominate tilted up and back. As the result of three trials in the one treatment, the lesion was corrected and the pain disappeared.

CASE REPORT No. 2.—Male. Patient in bed under medical care for seventeen days. Three bowel movements in that time. Pain in back and lumbar region. Left innominate tilted upward. Treated patient at four p. m. one day, and the next day he was able to sit up, and had two bowel movements. Two more treatments relieved all symptoms.

No. 2. Was sick and unable to give a report.

No. 3. CASE REPORT.—Male. Thrown from horse, twisting both ilio-sacral articulations, as well as subluxating fifth lumbar. Case was of five years' standing, with no relief from treatment at various springs he was advised to go to, etc. Six weeks' treatment has brought marked relief.

No. 4. CASE REPORT.—Female. Aged thirty-two; married; four children. Right innominate anterior. Menorrhagia. Used twenty-two napkins in twenty-four hours at each menstrual period. Fainted and became rigid for fifteen minutes, each day for three days. M. D.'s claimed patient was a bleeder, and incurable. Lesion reduced in seven treatments, and in six weeks' time menses were normal.

CASE REPORT No. 2.—Female; aged thirty-one; married; no children. Left innominate posterior. Rigid posterior lumbar. Infantile uterus, with severe pain at menses. Treatment for eleven months. Restored functions of menses, became pregnant and delivered nine-pound boy.

CASE REPORT No. 3.—Female; aged sixty. Had all kinds of treatment for sciatic rheumatism. No result. Left innominate anterior. Used crutches. Two treatments corrected the lesion, and she was able to walk home nine blocks without crutches.

No. 5. CASE REPORT.—Male. Sciatica. Bleeding hemorrhoids. Sphincter in tonic spasm. Relief of which, by dilatation, under local anæsthesia, brought cure.

No. 6. CASE REPORT.—Male; carpenter. Complained of pain at McBurney's point. Diagnosis, appendicitis by M. D.'s. Condition of ten months' standing. Right innominate rotated backward. One treatment cured.

CASE REPORT No. 2.—Male; conductor. Suffered from sciatica in the fall of each year for twenty years. Left innominate anterior. Five treatments cured.

No. 7. Finds that safest method of diagnosis is comparison of posterior spine of ilium with sacrum.

No. 8. CASE REPORT.—Male. Had been operated upon. Incision made over sciatic notch, with stretching of sciatic nerve. Result: Was in worse shape than before. Ten treatments corrected the pelvic lesion, and brought a cure.

CASE REPORT No. 2.—Sciatica; due to collection of hardened feces in lower part of bowels. Thorough bowel movements relieved the condition.

C. B. HUNT, D. O., Leader.

Forum

"What is the Attitude of the Medical Profession Toward Osteopathy?"

EDITOR OF THE JOURNAL:—

DEAR SIR:—In the February issue of the Monthly Cyclopædia and Medical Bulletin, Philadelphia, Dr. J. Madison Taylor, one of its editors, under the above interrogatory, discusses the matter from three standpoints. First, from the status of the State Board of Medical Examiners; Second, that of medical practitioners at large; Third, from a personal point of view.

Without attempting to answer the question in a straightforward manner, he beats about by drawing crude inferences as to what Osteopathy is. We will give him credit, however, for coming within less than one of telling what the medical profession knows about it, viz.: "Not one in a hundred possesses any clear notion of the subject." Which he is pleased to term, "Massage and remedial movements." As to what the medical profession knows about Osteopathy, has naught to do with the attitude it has assumed. The ranting against Osteopathy by individuals of that profession, is always inverse to their actual knowledge of the subject. Regardless of the fact that the Doctor admits that his profession, as a rule, knows nothing about Osteopathy, yet M. D.'s, almost without exception, like himself, are ever ready to volunteer a full explanation, particularly of what it is not.

He says that, "The attitude of the State Board of Medical Examiners may be summarized by quoting the conditions of a bill recently introduced in, but not passed by, the Assembly of Pennsylvania." Briefly, the bill referred to was introduced by the state branch of the medico-political machine dominated by the A. M. A. The avowed purpose of which was: "The object of licensure is obviously for the sole purpose of protecting the public," etc., but the ulterior motive being to compel the osteopaths to come under the medical yoke. The inference to be drawn from the Doctor's lament is, the failure of the bill to pass, leaves the dear public unprotected against osteopathic ignorance.

Next, with regard to the attitude of the great body of regular practitioners, he says: "I have read many opinions and have heard many

more verbally expressed. The commonest impression is that Osteopathy is merely a form of massage. Many admit themselves puzzled to know what it is, reflecting that degree of awe which is too often engendered by loud, confident assertiveness, based on claims far in advance of the possible.* * * * Indeed, when one calmly and dispassionately reviews the utterances of the exponents of Osteopathy, one is amazed at the excessive claims set forth, and made more objectionable by the occasional bitterness and unreasonableness of their attacks on s-c-i-e-n-t-i-f-i-c medicine." The Doctor would have made his argument much stronger had he cited a few "loud, assertive claims far in advance of the possible." That some things claimed for Osteopathy is far in advance of what seems possible to an M. D., no one denies. Osteopathy built its reputation in doing what was impossible for medicine to accomplish, otherwise there would have been no Osteopathy.

His attempt to describe the essentials of Osteopathy is a plain label on his conception. Also his allusion to a work published in 1834 in which it was "surmised" that the relationship of paravertebral structure had to do with clinical facts, only emphasizes the slowness with which so-called medical science has grasped truths.

The Doctor's personal attitude toward, and opinion of Osteopathy consists in suggesting that, "Observation and study of clinical facts will reward those who shall take the time and trouble. They are capable of playing a most important part in both diagnosis and treatment. Not only is it possible to produce remarkable and gratifying effects by judicious manipulations, but by INJUDICIOUS pressures, etc., overwhelming ill effects are sometimes wrought." While the language is extremely ambiguous, if correctly interpreted, we are agreed. If his "time and trouble" is intended to mean a course in a recognized college of Osteopathy under masters of the science, the rest will then be entirely consistent, but if he means a casual study and observation without proper training, the reward promised will be disappointing. In substance, it is intended to convey the idea that an M. D., by a little observation on the side, may avail himself with all the facts connected with the practice of Osteopathy, and thus add much to their power, glory, and incidentally their profits. And, again, we cannot but help draw the inference, that when Osteopathy is performed by an M. D., it constitutes a judicious application, but when given by an Osteopath, it is injudicious and a constant menace to public safety. When the medical profession has been brought to such a state of perfection that it commits no errors which take or jeopardize life; and when it is capable of coping with disease equal to methods not its own; then, and

only then shall it be qualified to demand that Osteopathy be regulated by its standards. We do not have to rake up past medical literature for isolated blunders of this co-called science. The writings of the present day is simply one long succession of confessions. Only a few pages removed from Dr. Taylor's article in the same periodical, we find such as the following: "With the increase of knowledge, the recession of superstition, the lessening of prejudice and the emancipation from dogmatism, come the suggestion of a Darwin. Human life begins to be compared with all other life, and the necessity for the use of concoctions of mysterious herbs gathered at a certain phase of the moon, or chemical substances of questionable origin and uncertain action, and of animal products of disgusting sources, disappear. The medical profession is learning SLOWLY the benefit to be derived from sunshine, rest, fresh air, bathing, water-drinking, muscular exercise and sleep, and, as well, the HARM which comes from administering DRUGS for the relief of each new symptom as it arises." The thing that this tells is that the practice of medicine is not only humbuggery, but that the profession is SLOWLY learning of the harm wrought.

Better evidence, however, of the dangers that lurk in the pill-box is found in the February issue of the "Physicians' Drug News," page 46. We quote the following confession: "Every few days we read of a life lost through error in filling a prescription. Sometimes these errors are due to carelessness in writing prescriptions, but a druggist is supposed to discover errors in a prescription and communicate with the writer.

"Just a few weeks ago considerable attention was attracted to a case in the South; a physician prescribed laxol and the druggist read it lysol, and it was given to a child and the child promptly died. The physician blames the druggist and the druggist blames the doctor, but it's the poor mother of the child that has to suffer. Of course, a doctor is just as liable to get hold of the wrong bottle as a druggist, but most of the mistakes occur in misreading and misunderstanding a prescription."

These are only samples of a continual round of confessions that appear in almost every issue of every medical periodical published. As Dr. Taylor says, "Indeed, when one calmly and dispassionately reviews the utterances of" medical literature, one is amazed at the boasted supremacy of medical science. Osteopathy treads the same pathway of knowledge, differing only in two essentials, viz., the application of that knowledge, and the entire issue with that part of its therapeutics which comprises the administration of drugs for the cure of disease. This latter part stands unmasked and exposed as a gigantic fraud

by writers among its own exponents. Its practice has been for hundreds of years the embodiment of ignorance, superstition, deception and graft, of which the sick and afflicted from time immemorial have been victims. This is no less true at the present than in the past. Hundreds of thousands of dollars are spent annually in this country for advertising and selling worthless nostrums to the unsuspecting but gullible public. This is, of course, not "regular" medicine, but it is only one of its offshoots of evil. The drug habit which has become so universal with civilized mankind, is another sample of far-reaching evil that redounds to the credit (?) of medical science. Then why question the right and wisdom of those who have flocked to Osteopathy for relief and renounced faith in so-called medical science?

W. R. ARCHER.

Kirkville, Missouri.

* * *

JOURNAL OF OSTEOPATHY, Kirkville, Mo.

GENTLEMEN:—I enclose a letter from the manager of Tate Springs in reply to a letter of inquiry for rates to practice there this next summer. You will notice that he does not address me as Doctor, that he says "The profession that you name." Now, my application was accompanied with a letter of endorsement from the Chief Justice of Tennessee Supreme Court, whose home is at Tate. Furthermore, in answer to a card I wrote him before sending the application and Judge Shields' endorsement, he addressed me as DOCTOR. That when he did not know I was a representative of the "profession" that seemed to be so objectionable to him. Now, the "Tate Springs Company" is Doctor O. R. Thomlinson, and you can see the animus of the thing.

Mr. Editor, if there is no opening at Tate Springs for our profession, why should Osteopaths have their patients find an "opening" at Tate Springs? Why not Osteopaths see to it that their friends patronize places for summer resorts that are favorable to our profession? This thing is not simply personal to me, but it is a slap at the profession by one who has profited by the patronage of the friends of Osteopathy, in many cases from the advice of the Osteopathic physician.

You are at liberty to use this letter in any way you may think it will be of benefit. Now that insurance companies are recognizing the Osteopath, the railroads are employing them, it comes with poor grace to be snubbed by a 2 by 4 M. D. just because the fates have thrown a great watering place in his hands. Very respectfully yours,

W. AMMERMAN, D. O.

Legal and Legislative

New Jersey Osteopaths Still in the Game.—On April 4th, the Brown Bill, providing for a separate osteopathic State Board of Examiners was defeated in the House by a narrow margin of one vote. By persistent hustling, on April 6th, the osteopaths succeeded in putting the bill back on the table for reconsideration. With the medical men, are lined up the irregular osteopaths, seeking to defeat the bill by every means in their power. The strength shown by the osteopaths is remarkable and they certainly deserve to win.

The Situation in Rhode Island.—On April 4th, the act creating a State Board of Registration in Osteopathy was taken from the House calendar, and returned to the judiciary committee without a word of debate. Mr. Quinn of Pawtucket moved, when the act came up in its turn from the calendar, that it be sent back to a committee, and on a viva voce vote, this motion prevailed.

Osteopaths Denied Privilege.—Members of the osteopathic profession who requested of the Directors of the Pasadena, California, Hospital, the privilege to practice in the Hospital, have received final notice that they will not be allowed to treat cases there. After putting up for a long time with the dilatory tactics of the Directors of the Hospital, the osteopaths finally became exasperated and made public the correspondence which had passed between the Secretary representing the Osteopathic Association, and the Secretary of the Board of Directors of the Hospital. In making their final refusal, the medical men used this action on the part of the osteopaths as the reason for their refusal. California osteopaths are initiating an important step, which it is hoped other osteopathic associations in various parts of the country will follow.

Iowa Situation Not Hopeful.—If our information is correct, there is small hope for obtaining a separate State Board of Osteopathic Examiners in Iowa. According to a report which appeared March 29th, the House committee on judiciary recommended for indefinite postponement the Bill by Halgrins of Humboldt, fixing a standard for osteopaths, creating a State Board of Osteopathic Examiners, and requiring the registration of osteopaths.

Colorado Osteopaths Working Hard.—Although working against a very strong lobby, representing "the Medical Trust" in Colorado, the osteopaths have gained many friends, and have received substantial support from many of the legislators. Representative C. W. Judkins, M. D., declared "very many osteopaths do use medicine, and I believe that they should offer no objection to taking an examination under the direction of the State Medical Board." Representative Hurd was one of those who advocated the adoption of the Osteopathic Bill. He asked that a square deal be given the osteopaths, declaring that if the reasoning of Dr. Judkins were carried to its logical conclusion, the State Medical Board, also, would have to extend its authority over dentists. "A great many members of the medical trust have been up here lobbying against this bill," said Representative Hollenbeck of Chaffee County. "I don't want to say who they are, because it would include some of the members of the Medical Board."

Osteopaths' Case Argued.—Osteopaths in the city of New York who took a stand against the ordinance of the City Department of Health, which required death certificates should be signed by doctors of medicine, had their case argued March 23rd, by Congressman Martin W. Littleton, before the Appellate Division of the Supreme Court. The argument on which the action is based recited that the State licenses osteopathic physicians after examination, and that there are now 5,000 practitioners in the country. They carry the title of D. O., but Mr. Littleton submitted to the Court that in respect to fitness to practice this title is equivalent to M. D. He said that under the offensive ordinance a veteran osteopath may be compelled to go to a stripling doctor for a death certificate for a patient of whom the stripling knows nothing.

Osteopaths Barred Out.—Here is another instance which furnishes unmistakable evidence of how much the medical fraternity is interested in the welfare of the people, when the slightest question of politics is involved. If such things occur in a land of boasted liberty and freedom, without a National Bureau of Health with its state ramifications, what could be expected from such a department giving one school of medicine all legal privileges to the exclusion of every one else. This report comes from Great Falls, Montana, and was published as follows:

"The case of Miss Gussie Zappa, the 25-year-old daughter of Joe Zappa, who has been in a semi-comatose condition for the past month, has revealed the fact that osteopathic physicians are not allowed to practice in local hospitals. It has been learned that last Saturday a request was made of the authorities of the Deaconess hospital, where the young woman has been kept, to have an osteopathic physician called in, but permission was denied.

Other physicians having acknowledged their inability to effect a cure, the sister of the patient, Mrs. Henry G. Silloway, asked for permission to call in Dr. Loretta B. Nelson, an osteopath. Permission was denied.

"Osteopaths and Christian Scientists are never allowed to practice inside of the hospital," explained Miss E. Augusta Ariss, superintendent of the institution last night. "Without going into a discussion of the question as to whether efforts of osteopaths and Christian Scientists are efficacious, the state law requires that only physicians licensed by the State Medical Association shall be allowed to practice in hospitals."

When Dr. Nelson was asked about the matter last night she said: "Mrs. Silloway told me last Saturday night that she would ask Miss Ariss for permission to call me in. I told her it was useless because she nor any other hospital superintendent would allow it. My surmise as to what would happen proved correct. The regular practitioners won't let us get a case if they can help it, and they won't give us credit of a cure if we make one. That's all there is to it."

Miss Zappa has been removed to Mrs. Silloway's home, 510 Seventh avenue south, but no osteopathic physician has yet been called in to the case. Last night her condition was reported to be unchanged."

Injury to Osteopath's Arm Results in Suit.—Alleging that he was thrown from a city car, and so injured about the arms and shoulders that he could not attend to his practice for some time, Dr. Charles A. Rector of 714 N. Alabama Street, an osteopath, filed suit for \$5,000.00 damages against the Indianapolis Traction and Terminal Company. He says that the accident occurred some time ago, at Dela-

ware Street and Virginia Avenue, and that he was dragged for some distance by the car. The case was filed in the Superior Court.

One of Those Mistakes of Medical Men.—So many medical men are fond of repeating to themselves and others that osteopathy "injudiciously applied" is capable of resulting in much harm; meaning, of course, that if any one else except a medical man practices osteopathy, it is "injudicious." Such will get small comfort from the following report which appeared in the Indianapolis Star of March 10th:

"Chester Staley, the 4-year-old son of Carmi J. Staley, who was given an overdose of atropine on the direction of Dr. Walter L. Haworth, an interne at the City Dispensary, December 13, 1910, yesterday sued Dr. Haworth and Drs. Edmund D. Clark, Thomas B. Noble, Paul E. Martin and Mavity J. Spencer, members of the City Board of Health, for \$10,000 damages. The allegations are about the same as in the suit brought by Carmi Staley against the same defendants some time ago for the death of an older brother of Chester, due to an overdose of the same drug. The father filed the action as the lad's next friend."

Never, in the history of real osteopathy, have mistakes resulted so disastrously.

The Status in Washington.—The following statement of Dr. W. T. Thomas, Secretary of the Washington Osteopathic Society, gives in a concise manner the situation in his state: "Our legislature is closed with six bills (4 H. B. and 2 S. B.) still in committee room. The Medical and Osteopathic Societies are willing to let our present law alone."—Yours truly, W. T. THOMAS, D. O.

Chiropractic Bill Killed.—The following report comes from Lansing, Michigan: The chiropractic bill is dead. With the chiropractics and the enemies of that cult both opposed to the measure it received almost no support when considered by the house committee of the whole.

The bill substituted by the committee setting forth a rigid course of study which would absolutely prohibit graduates of the three and six months' night schools from practicing, was too strong for the chiropractics and their chief supporter in the house, Representative Flowers of Detroit, was one of the leaders in the effort to kill the bill.

It was hinted that the doctors of the state soon would begin a campaign against chiropractics who have not been prepared sufficiently to be able to diagnose diseases and who may be lacking in the fundamentals necessary to the protection of the public.

North Carolina Board Announces Examination.—The North Carolina Examining Board will hold its next examination in Greensboro, N. C., on July 13-14. All wishing to take this examination will please make application to the Secretary before July first. There are many good towns in this state of five and ten thousand inhabitants, and the Board will issue temporary license to all who wish to come to this state prior to date of examination.—Yours truly, E. J. Carson, D. O., Secretary.

Decision Adverse to Chiropractics.—The following decision of an appeal relative to the status of Chiropractic in Kansas is important to osteopaths. The decision reads as follows:

"No. 17,361. The State of Kansas, Appellant, vs. P. W. Johnson, Appellee. Appeal from Stafford County. REVERSED. Syllabus. By the Court. West, J.

"1. Under the constitutional grant of power the legislature may prescribe reasonable restrictions and regulations respecting the practice of any branch or department of the healing art.

"2. Chapter 254 of the Session Laws of 1901 as amended by Chapter 63 of the Special Session Laws of 1908, creating a state board of medical registration and examination and regulating the practice of medicine, surgery and osteopathy, is constitutional and embraces within its terms one who without registration, examination or license from such board and for pay, practices or attempts to practice chiropractic by pretending to adjust the spine of one afflicted with bodily infirmities, or who advertises to treat, for pay, by chiropractic spinal adjustment, persons thus afflicted.

"Johnston, C. J., Burch, J., Mason, J., Smith, J., Porter, J., and Benson, J., concurring. West, J., dissenting.

"A true copy. Attest: [SEAL.]

D. A. VALENTINE,
Clerk Supreme Court."

The Legal Situation in Illinois.—Dr. Emory Ennis of Springfield, Ill., writes as follows: "Everything looks favorable to the success of our proposed bill. I believe I explained to you that we are presenting a measure to amend the present medical act. We had intended to introduce an independent board, but after talking with several of our friends in the legislature, who are also friends of osteopathy, we found a prevailing sentiment against the creation of independent boards; in fact, they expect to cut down some of the independent boards now existing. Finding this antipathy against the creation of more separate boards we decided not to introduce our bill in this form, but to amend the present medical act; this gives us osteopaths the right to practice our profession as taught in every reputable osteopathic school in the United States, the right to certify to births and deaths and to prosecute all impostors. We are not asking for a member on the present medical board, consequently if we are not treated properly we will come out for a separate board in two years. We expect to have a hearing before the judiciary committee next Tuesday, after which I will write you as to our progress."

However, since receiving the above, we got the information from a newspaper clipping of March 22nd, that the House Judiciary Committee killed House Bill 380 (Perkins), which places the practice of osteopathy under the jurisdiction of the State Medical Board of Health. We have no later information, denying or substantiating this report.

An Interesting Report from Utah.—"We have had some legislation to look after out here in Utah, too, this session of the legislature. The State Board of Examiners introduced a bill which very adroitly left out any reference to osteopathy, and also left out the clause under which we come in for examination. Under our present law any incorporated college which teaches the required branches and number of hours in each is deemed a medical college, no matter what branch of therapeutics is taught, and any graduate of such college may upon examination here secure a certificate to practice medicine and surgery. We saw the trap, and when the Committee on Public Health of the Senate took up the bill we were there and pointed it out to them. Of course, the Medics were surprised; hadn't noticed the omission, hadn't read the bill over, etc., etc. But the article in the report of the President of State Boards' meeting held in Chicago last March, in which our State Board President, Dr. Bridge, told them all (behind closed doors) what they were going to do in Utah next year, was at hand and was read to the committee. The result was a complete unmasking of him and their intentions. The committee got mad. They had been previously assured that there was nothing in the bill that could effect the Osteos, and the Medics were put to complete rout. Then we went to work and helped them

fix up their bill, eliminating all objectionable features and strengthening our present law in several particulars and helped them pass it. It is through both houses now, but it still lacks the Governor's signature. It does not give us an independent board as we would like to have, but the wholesome respect they show us now and the gratitude they showed for letting them get it through at all, I think will insure fair treatment to applicants from our schools. The Chiropractors introduced an amendment so that they might get in on an eighteen months' course, but of course as they could not possibly pass the examinations and their clause was in direct opposition to the whole meaning of the bill, it was voted down. No attention has been paid to them here and there are many in Utah as a result of the legislation against them in adjacent states, but we are assured by the board that their case will be taken up at once and see what can be done. No chiropractic can give treatment and confine himself to his own method of practice. They always manage to compare it with osteopathy, either give the impression that it is osteopathy, or that it is a newer form of osteopathy, or better, quicker, or some other allusion to our science. At any rate, their dupes are led to believe that they are getting improved osteopathy, and it is this allusion and deception that we as osteopaths object to—not to their practicing their own method as such, on such people who care to trust to chiropractic, after knowing what it really is, and the short term preparation for practice they spend in comparison to what is required of us.

"We have also a bill introduced by the State Board of Health making vaccination compulsory. The Christian Scientists and Mormon people generally being opposed to such a measure, we hope the general sentiment against it will prevail.

"Our annual state meeting will be held here in a few weeks. I do not recall the date, after which will send you a report."—Fraternally yours, DR. GRACE STRATTON, 504 Scott Building, Salt Lake City, Utah.

State Board of Kentucky Announces Examinations.—The State Board of Health of Kentucky will hold its next regular examination for license to practice osteopathy and medicine, on May 31st, June 1st and 2nd. Anyone desiring to take the examination will please write to Dr. O. C. Robertson, the osteopathic member on the Board, or to Dr. J. N. McCormack, the Secretary of the Board.

Kansas Still Without an Osteopathic Law.—The following letter from Dr. C. E. Hulett gives an account of the last stages in the fight for a separate State Board in Kansas: "We passed the Bill in the House, but could not pass it through the Committee in the Senate. We tried twice, but failed. We thought we had the Senate and House friends posted well enough so that they would not vote for any medical amendment offered at the last of the session by M. D.'s who wanted two of us to accept a place on their Board, which we had refused. At the close of the session, they rushed an amendment through the Senate, and put it over to the House and passed it there. It was all done one night. One of our friends in the House said he tried to get me, but failed to do so, and he could not raise strength enough to kill the Bill. It passed over to the Governor." Thanks, however, to the persistent efforts of the osteopaths, who still insisted upon a separate State Board or nothing, the Governor failed to sign the Bill, bringing to naught the shrewd tactics employed by the medical men.

A Significant Fact.—In reading the above reports of legislative activities, one does not need to read between the lines to discover from whence comes every bit of the opposition osteopaths have to contend with, in order to get any legislation of a nature

to protect themselves and the people, and giving legal status to the profession. From medical men, representing medical societies, always; not one instance is there to indicate in the least a popular movement against osteopathy. Whenever a chance has been given the public to be heard, it has always been in favor of osteopathy. In the instance of the New Jersey fight and that in Colorado, this fact seems to have dawned at last on some of the legislators, and the medical trust suffered in consequence. We trust that there will be still a greater awakening among legislators, and that the issue will be justly decided, as it undoubtedly will when the true situation becomes more and more generally known.

Father's Vocal Talent

Eddie's Aunt Emma, who had been traveling in Europe, was expected to reach the house at midnight, and Eddie begged to be allowed to stay up to greet her. But his mother refused to give consent. "No," she said, decidedly, "it would be five long hours after your bed-time, and you couldn't possibly stay awake as long as that."

"Oh, yes, I can," Eddie wailed; "I can if papa will sing lullabies to me."—G. T. Evans, in *Woman's Home Companion*.

Associations

Wenatchee Osteopaths Get Much Publicity.—The local papers were full of the doings of the osteopaths at their recent meeting at Wenatchee. We give the following very interesting report:

"Best Meeting Ever Had."

The eleventh annual meeting of the Washington Osteopathic Association, which closed here Saturday night, April 1, with a banquet at the Hotel Elman, was pronounced to be one of the most profitable and enjoyable in the history of that organization. Members agreed upon this fact, although it was regretted that attendance was also the smallest of any recent state meeting.

Many were detained by press of practice, but that deterrent was no more in evidence at this time than hitherto. The chief cause is assigned to be distance. Most practitioners are on the Sound. All but one of the meetings have been held there up to this time, and a hundred had little distance to go.

Saturday afternoon was given up entirely to reading of papers and to clinical analysis. One of the most interesting subjects was that of infantile paralysis. Dr. Guthridge of Spokane, gave a paper on this subject which was of great interest and authority, because he now walks on crutches from effects resulting from this disease. Dr. Abegglen, of Ritzville, presented Etta Koch, a girl of nine years, who is paralyzed as a result of this disease. Dr. Morse of this city also presented two cases that have been under treatment.

A Record for Typhoid Fever.

Dr. Jones of Sunnyside, read a paper on typhoid fever. He is an elderly man and an M. D., having been a convert to osteopathy a few years ago. While practicing medicine he treated 208 cases of typhoid fever with twelve deaths, and had the record for low percentage of deaths in his county. Since practicing osteopathy he has treated 1,146 cases, with but one death. He claims he is not responsible for this one death, as his patient ate five eggs while convalescing, contrary to his instructions.

"The Examination, Diagnosis and Outline of Treatment in Puzzling Cases," brought by members of the association, was read by Dr. Akin of Portland, and was one of the features of the meeting. Nothing during the whole session proved of more interest. One of these cases was that of tubercular hip disease brought by Dr. Teter of Davenport. Dr. Akin was easily the star attraction on the program, and was called again and again for opinions on matters.

Dr. Cunningham of Seattle, in his paper on some "Manifestations of a Disordered Liver," called especial attention to the fact that since the liver has many functions the symptoms manifested by it might be many and remote from the organ.

Resolutions of Thanks.

Resolutions of thanks were submitted by the committee consisting of Drs. Abegglen, W. H. Arnold and Carrie A. Bennefiel, as follows:

"We, the Washington Osteopathic Association, hereby express our sincere ap-

preciation and thanks to the Wenatchee Commercial Club, Mayor Dallach, the Daily World, the Daily Republic and the citizens of Wenatchee for their untiring efforts toward making our annual convention a decided success.

"We are especially grateful to Dr. H. F. Morse of Wenatchee and Dr. Otis F. Akin of Portland, for their splendid efforts."

Medical Freedom.

The meeting made its attitude in regard to health legislation very plain in the following resolution:

"Whereas, it has become necessary for the Washington Osteopathic Association to declare itself and make known its attitude in regard to certain medical acts and political movements pertaining to medical status and public health of the state and United States;

"Be it resolved, that we, the Washington Osteopathic Association, do hereby place ourselves on record against all monopoly of medical franchise under the guise of public health committees, the teaching of but one school of medicine, centralizing of despotic power in medical and public health matters in one or any number of combinations of medical men;

"Be it further resolved, that we, the Washington Osteopathic Association, do hereby most heartily endorse the movement and aims of the National League of Medical Freedom, and a copy of these resolutions be sent to the League."

A Jolly Banquet.

After partaking of an especially fine banquet given at the Elman Hotel at 9:00 o'clock in the evening, Dr. Carrie Bennefiel, who acted as toastmistress, stated that Dr. Morse, in charge of the function, had laid down only one rule to govern the speeches; there should be no seriousness, and he thought she was the best qualified to preside on such an occasion. (Laughter.)

"The spirit of boosting which has become so prevalent in the west," she said, "has struck Wenatchee hard and it has something to boost for. I have never enjoyed a trip so much as the one around the valley in the automobile today."

Origin of Wenatchee.

Frank Reeves proved to be a master after-dinner speaker when he permitted his imagination to run riot in facetiously recounting traditions which exist in his mind only regarding the history of Wenatchee.

"In the beginning God made man," he said. "Shortly thereafter He made Wenatchee. It was such a beautiful place the Almighty thought man needed somebody to boss him, then He made woman. Then it was a question of something to eat. He made an apple, and there you have the Garden of Eden."

In like manner the commercial club president told about how Pocahontas saved the life of John Smith and added some details which were never heard before.

Dr. Hodgson of Spokane was announced to speak on the "Osteopathic Doctor." His "right to talk on the subject was derived," so he explained, "when a man on the street wanted to know who he was and his companion said, 'Oh, that is the osteopathic feller.'" The doctor had difficulty to confine his remarks to the humorous. He had some criticisms to offer on physicians of two dimensions—those who are lacking in length and breadth on the one hand, and those lacking in depth on the other. Some are so narrow they can go through a closed door without opening it. Such a one is he who thinks nobody is sick without a bone lesion. "A practitioner

lacks depth when he so anxious for all truth that he smears himself over a large surface without mastering anything. He chases off after every new fangled idea which is labeled with a 'path' at the end of it, and wanders into every 'path' except the straight and narrow path. It should be the business of the osteopath to learn more of good old Andrew Still osteopathy instead of running off after side lines."

"Appleopathy."

Secretary George Coburn of the commercial club said that "Appleopathy" is not a science but a disease. It attacks one especially in the fall of the year. It is not like the measles, it does not break out, but it breaks in. The symptoms are that one gets an extraordinary appetite and there is no cure for it but to eat a great many apples. The only sure cure is to eat lots of Wenatchee apples. He recommended this prescription vigorously.

Mayor Dallach was introduced and closed the regular program of addresses, being very happy in his remarks. The toastmistress then called upon each one of the osteopaths present to give a story, song or dance. Most of them responded with a story of humorous nature.

The following guests were present: Dr. Walter Guthridge, Spokane; Dr. A. B. Cunningham, Seattle; Dr. F. C. Jones, Sunnyside; Dr. H. F. Morse, Wenatchee; Dr. Nelle Evans, Seattle; Dr. Chas. N. Maxey, Seattle; Dr. E. L. Woodruff, Montesano; Dr. T. C. Morris, Spokane; Dr. Elizabeth Morris, Spokane; Dr. T. N. Wilson, Spokane; Dr. W. R. Weddell, Olympia; Dr. Frank Holmes, Spokane; Dr. W. H. Arnold, Vancouver; Dr. Katherine Parrish, Bellingham; Dr. Winnie M. Pugh, Everett; Dr. J. M. Pugh, Everett; Dr. W. T. Thomas, Tacoma; Dr. Carrie Bennefiel, Spokane; Dr. W. J. Ford, Seattle; Dr. Helen Halvorson, Spokane; Dr. Frank Baker, Waterville; Dr. O. F. Akin, Portland, Ore.; Dr. F. B. Teter, Davenport; Dr. J. B. Mosbarger, Tacoma; Mrs. J. B. Mosbarger, Tacoma; Dr. J. E. Hodgson, Spokane; Dr. C. E. Abegglen, Ritzville; Dr. Ida M. Jayne Weaver, Seattle.

Officers for Coming Year.

President, T. C. Morris, Spokane; First Vice-President, W. J. Ford, Seattle; Second Vice-President, H. F. Morse, Wenatchee; Secretary, W. T. Thomas, Tacoma; Treasurer, Ida M. Jayne Weaver, Seattle.

The meeting place of the state association in 1912 was not arranged for, but left in the hands of the trustees. The next meeting of the Eastern Washington Osteopathic Association will be held in Spokane, June 3.

Program of the Southern Minnesota Osteopathic Association.—The meeting will be held May 2nd, 1911, at Northfield, Minnesota. The following program has been prepared:

10 to 12—Clinics and Demonstration. 12—Luncheon at The Manawa. 1:30—Business Meeting. Constipation, Dr. H. A. Rehfeld, Fairmont; Practice in General, Dr. J. W. Hawkinson, Luverne; Scientific Diagnosis, Dr. A. McCauley, Fairmont; Technique and Demonstration, Dr. L. S. Keyes, Minneapolis; Pelvic Disturbances, Dr. Lola D. Taylor, S. C. O., Des Moines; General Discussion. 6:00—Dinner at The Manawa. 8:00—General Good Time at Dr. Arthur Taylor's Residence.

Report of the King County, Washington, Association.—The King County Osteopathic Association held its monthly meeting with Dr. W. E. Waldo. A large

enthusiastic meeting profited by Dr. Ida M. Weaver's discussion of the treatment of Sprains, and Dr. Bonham's demonstration on the "Adjusting of Rib Lesions."

Dr. Wimer Ford was hostess to the Seattle Woman's Osteopathic Club at their last meeting. This organization holds its meetings the second Saturday of each month, and is pursuing a definite line of study in the diseases of women and children.

Supplementary Report of State Meeting.—The eleventh annual meeting of the Washington Osteopathic Association at Wenatchee was well attended by doctors from every part of the state. A decidedly profitable program was enthusiastically received. With characteristic western hospitality, the Commercial Club entertained the convention, donating the use of their club room, and taking the guests in automobiles through their beautiful valley, made famous by their big red apples.

The Mayor welcomed the Doctors, Vice-President Dr. F. C. Morris responding. Dr. Guthridge's subject, Infantile Paralysis, was ably handled, and was well discussed by Dr. Abegglen, who presented two cases—one that had almost recovered under Osteopathic care.

Dr. Otis Akin's talks and demonstrations on Hip-Joint abnormalities and incipient Potts' Disease were indeed splendid.

Dr. F. C. Jones' presentation of "Typhoid Fever" was timely and particularly strong, he having treated 1,139 cases in nine years, with but one fatality.

Dr. A. B. Cunningham, in "Liver Disturbances," brought out some splendid points, followed in discussion by Dr. Ida Weaver.

Officers elected were: Dr. T. C. Morris, Spokane, President; Dr. Walter Jay Ford, Seattle, 1st Vice-President; Dr. W. T. Thomas, Tacoma, Secretary; Dr. Ida M. Weaver, Seattle, Treasurer; Dr. W. H. Arnold, Vancouver, Trustee; Dr. Frank Holmes, Spokane, Trustee; Dr. H. F. Morse, Wenatchee, 2nd Vice-President.—ROBERTA WIMER FORD, Corresponding Secretary.

Program of the New England Osteopathic Association.—The annual meeting of the State Association will be held at Worcester, Mass., May 19th and 20th. The following program will be carried out:

FRIDAY P. M.—2 Opening Exercises. 2:15—Dr. George W. Reid, Worcester, Physiological Exercise. 2:40—Dr. Frederick W. Gottschalk, Boston, Peritonitis. 2:50—Dr. Effie L. Rogers, Boston, Bronchitis. 3:00—Dr. Ralph K. Smith, Boston, Orthopedic Surgery and Osteopathy, Their Relations and Their Vital Divergencies. 3:30—Dr. Florence A. Covey, Portland, Statistics. 3:45—Dr. Martin W. Peck, Lynn, The Place of the Bony Lesion in Osteopathic Therapeutics. 4:00—Dr. J. H. Corbin, Westfield, N. J., Herpes Zoster. 4:15—Dr. E. F. M. Wendelstadt, New York, Hernia. 5:00—Dr. Albert Fisher, Syracuse, Subject to be announced. 5:30—Dr. Harry W. Conant, Cambridge, Treatment. 8:00—Dr. E. E. Tucker, New York, Fourth Dimension. 8:30—Dr. Joseph Ferguson, Brooklyn, Emergencies. 9:00—Dr. William H. Jones, Marlboro, Correction of Lateral Curvature.

SATURDAY A. M.—9:00—Dr. Charles C. Teall, Fulton, N. Y., Conservation, Patient and Operator. 9:30—Dr. George W. McPherson, Claremont, N. H., Treatment. 9:45—Dr. John J. Howard, Franklin, Publicity. 10:00—Dr. Kendall L. Achorn, Boston, Arthritis. 10:15—Dr. Sidney A. Ellis, Boston, Subject to be announced. 10:45—Dr. E. M. Downing, York, Pa., Subject to be announced. 11:15—Dr. Helen G. Sheehan, Boston, Treatment of the Liver. 11:30—Dr. Robert H. Nichols, Boston, Bright's Disease. 1:30—Dr. H. L. Chiles, New York, Secretary A. O. A., Problems Outside the Operating Room. 2:00—Dr. Arthur M. Lane,

Boston, Why? 2:15—Dr. George W. Riley, New York, Intestinal Disorders. 2:45—Dr. A. F. McWilliams, Boston, Rib Lesions and Their Adjustment. 3:00—Dr. Guy Wendell Burns, New York, Subject to be announced. 3:30—Dr. L. Van Horn Gerdine, A. S. O. Faculty, Kirksville, Mo. 4:30—Dr. Wilfred E. Harris, President Massachusetts College of Osteopathy, Cambridge, Subject to be announced. 5:00—Dr. A. H. Gleason, Worcester, Lesions and Spinal Cord Diseases. 5:30—Business Meeting. 7:45—Banquet.—GEORGE W. GOODE, D. O., Boston, Mass.

Report of the Monthly Meeting of the Los Angeles County Society.—At the regular monthly meeting of the Los Angeles County Osteopathic Society, Dr. C. A. Whiting presented the subject "Hydatiform Mole," illustrating his lecture by means of several specimens and a blackboard. Interesting case history was given. Drs. Sherer and F. P. Young made some remarks, followed by an interesting article on Osteopathy by an M. D. The latter article not M. D. was discovered in a medical paper and was read by Dr. W.R. Shilling of the program committee.—L. LUDLOW HAIGHT, D. O.

All Missouri Osteopaths Please Take Notice.—All the osteopaths of the state are notified that the Missouri meeting will be held in Chicago, July 24th, at the La Salle Hotel. A one-day session. "Every Progressive Osteopath, every Lesion Osteopath, and every Osteopath that is an Osteopath in Missouri should make arrangements to be in Chicago, July 24th. Help make things interesting for others as well as ourselves."—J. W. HOFSESS, D. O.

Program of the Eleventh Annual Meeting of the Texas Osteopathic Association.—The meeting will take place in the St. Anthony Hotel, San Antonio, Texas, April 21st and 22nd. The following program has been arranged:

MORNING SESSION, APRIL 21ST, 1911.—1. Meeting called to order 9:30 a. m. 2. Invocation by Rabbi Marks. 3. Address of Welcome by the Mayor. 4. Response by Dr. Jas. L. Holloway, Dallas. 5. Annual Address of the President. 6. Lecture by Dr. George Still.

AFTERNOON SESSION.—1. Paper: "Albuminuria from the Osteopathic Viewpoint," Dr. A. J. Tarr, Mineral Wells. 2. Discussion, Dr. A. D. Ray, Cleburne. 3. Lecture and Demonstrations, Dr. Still. 4. Question Box and Clinics. 5. Seeing San Antonio and the Missions.

MORNING SESSION, APRIL 22ND.—1. Paper: "Epilepsy," Dr. F. L. Farris, Brownwood. 2. Discussion, Dr. W. E. Noonan, Houston. 3. Lecture and Clinics, Dr. Still.

AFTERNOON SESSION.—1. Paper: "The Needs of the Osteopath," Dr. Ray, Ft. Worth. 2. Discussion by Dr. K. J. Clements, Amarillo. 3. Paper: "The Work of the State Board of Medical Examiners," Dr. Bailey, Waco. 4. Lecture and Clinic, Dr. Still. 5. Question Box. 6. Reports of Committees, Trustees, etc. 7. Election of Officers and selection of next meeting place.

DR. H. B. MASON, Sec'y-Treas.

DR. J. T. ELDER, President.

DR. PAUL M. PECK, Chairman.

Arrangement Committee.

Seventh District Iowa Association Holds Meeting.—The meeting was held on March 19th, at Perry, Iowa. Dr. S. S. Still of Des Moines, was elected President of the Association. About twenty osteopaths were present at the meeting, which

proved to be an interesting one throughout. Clinics of four diseases were held, and papers upon various subjects of interest to the members were read and discussed. Des Moines was selected as the place of holding the next meeting. The officers elected were: President, Dr. S. S. Still of Des Moines; Vice-President, Dr. T. P. Weir of Winterset; Secretary, Dr. Emily M. Fike of Des Moines.

Western New York Osteopaths Organize.—The Western New York Osteopathic Society was organized on the evening of March 25th, at a meeting of about forty osteopaths at the Statler Hotel. After a dinner and election of officers, the evening was devoted to a clinic. Following are the officers of the Society: Dr. F. C. Lincoln, President; Dr. George A. Pontius and Dr. Louisa Dieckmann, Vice-Presidents; Dr. Marion Whittemore, Secretary; Dr. G. T. Cook, Treasurer; Drs. A. B. Floyd, Hugh L. Russell, and C. W. Proctor, Directors.

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Massachusetts Notes.

At the March meeting of the Boston Osteopathic Society, held the 18th, the evening was devoted to demonstration of technique, the program was as follows:

Adjustment of Eleventh and Twelfth Ribs, Dr. W. H. Jones of Marlboro; Cervical Vertebrae and Lumbar Lesions, Dr. George E. Smith; Lower Lumbar and Sacral Lesions, Dr. Kendall L. Achorn; Diagnosis and Adjustment of Atlas, Dr. A. M. Lane; Anterior Dorsal and Posterior Lumbar Curves, Dr. Carl L. Watson; Semi-lunar Cartilage of the Knee, Dr. Geo. W. Goode. Dr. Kendall L. Achorn exhibited a number of radiographs on Arthritis.

The March meeting of the A. T. Still Osteopathic Association of Massachusetts was held in Boston on the 25th. Dr. George W. Goode presented three cases, two of which were hip joints, and the other hypertrophied biceps of the leg.

Ontario Notes

In a legislative sense, Ontario, practically, is at a standstill. In 1910 a bill was introduced in the legislature, but on the advice of Premier Sir James Whitney it was withdrawn. Premier Whitney promised that the year following (1911) we would get legislation. But the 1911 session of the legislation is at an end, and still we have not gotten legislation. Premier Whitney has not forgotten his promise, but he intimated that nothing could be done until he and Dr. Pyne, Minister of education for Ontario, have studied conditions and learn "how much limitation" to place on the practice of osteopathy. So the Ontario osteopaths are promised legislation with "limitation"—but we don't know how much "limitation."

Dr. Lillian G. Young, of the June 1910 Class, A. S. O., is located in Campbellford, Ontario, and reports a fair practice.

The osteopaths of Toronto, Ontario, will hold their semi-annual meeting on April 17th. Full report of the meeting will appear in the May issue of the Journal.

Answering an Insult

The Duke of Wellington was known for his ability to answer an insult with crushing cleverness. When the French King introduced one of his field marshals to Wellington, the marshal turned his back on his former enemy.

Louis Phillipe was naturally indignant, and apologized to the Duke for such rude behavior. "Pray, forgive him, sir," the Iron Duke said quietly. "I am afraid it was I who taught him to do that in the Peninsula."

Hospital Notes

Dr. Mary Hoard of Cherokee, Iowa, brought an interesting case to the Hospital for operation this week. The patient had a vaginal atresia, and had been told by the medical doctors that nothing could be done for it. The condition was successfully corrected.

Two interesting cases of tubercular lymphadenitis were operated on at the Hospital recently.

Dr. Clarence Leeper had a patient operated on at the Hospital this last week. Dr. Leeper is now located at Mound City, Kansas.

Dr. Peeler of Elk City, Okla., had a patient in the Hospital for tumor of the bladder this past week.

Dr. Margaret Hawk of Davenport, Iowa., brought a patient to the Hospital for operation for an abdominal tumor during the past week.

Dr. M. A. King of Springfield, Mo., had a patient operated on for abdominal tumor during the past week.

Dr. T. C. Moffett brought another patient to the Hospital for serious operation Monday.—From Kirksville Democrat, April 13, 1911.

Dr. Geo. Still will leave Monday morning, the 17th, for San Antonio, Texas, where he will lecture to the State Osteopathic Association, Thursday and Friday, returning about Sunday, the 23rd.

The brain-tumor case operated on last month for Dr. A. C. Greenlee of Corry, Pa., shows so far a complete cure of symptoms and recovery from the operation was perfect.

Book Reviews

Urinary Surgery.—A Review. By Frank Kidd, M. C., B. C. (Cantab.) F. R. C. S., Assistant Surgeon to the London Hospital. London, New York, Bombay and Calcutta. Longmans, Green & Co., 1910. Pp. xvi—429.

The purpose of this book is to provide the practitioner and student, as well as candidates for the London University examinations, with a concise and authoritative account of the progress made in urinary surgery during the last decade. The book is an attempt to set forth the symptoms of urinary disease and to connect up those symptoms with the more important signs that can be detected by cystoscopy, urinalysis, bacteriology and radiography.

Section one deals with the diseases of the kidney and routine examination of a urological case, summary of methods, and treatment indicated in the various conditions.

In section two is considered the congenital abnormalities of the ureter, together with injuries and various affections and their treatment. The discussion of the bladder and its diseases and treatment is covered by section three. Diseases of the prostate and their treatment are taken up in section four, and section five concludes the work with a discussion of the diseases of the urethra, an appendix and index. An amazing amount of information has been crowded into this book. It is concise, comprehensive and each subject is presented with a directness and completeness which, in consideration of the space devoted to it, is nothing short of remarkable. Every word counts. From this standpoint, few books we have ever seen surpass it.

* * *

A Textbook of Bacteriology.—A Practical Treatise for Students and Practitioners of Medicine. By Philip Hanson Hiss, Jr., M. D., Professor of Bacteriology, College of Physicians and Surgeons, Columbia University, New York. And Hans Zinsser, M. D., Associate Professor in charge of Bacteriology Leland Stanford, Jr., University, Palo Alto, California. With one hundred and fifty-six illustrations in the text, some of which are colored. New York and London. D. Appleton & Co., 1910. Pp. xiv—745. Price, cloth \$3.75, net.

While there are quite a number of excellent texts on Bacteriology already in the field, yet we welcome this new book because it is a work which has been carefully prepared, and will undoubtedly occupy a place with the very best manuals on the subject. Of special interest are the

chapters on infection and immunity. While in the consideration of the various individual organisms a discussion at greater length of the sources and modes of infection would have been an improvement, in our estimation, yet the subject as a whole has been treated very satisfactorily and the book has our hearty commendation.

* * *

The Stereoclinic.—By Dr. Howard A. Kelly. Troy, New York. The Southworth Company.

Our readers need not be reminded how unsatisfactory it is to sit in a hot operating pit for several hours, observing a clinic operation when all you are able to see is a wound, (if not obscured by the surgeon's hands, or those of his assistants,) towels, pads, a little blood, forceps, and a bunch of hemostats. Be the surgeon ever so skilled, under these conditions it is impossible for the student to get more than a superficial idea of the technique the operation involves. The same conditions prevail, more or less, at any operative clinic anywhere. The stereoclinic is the neatest arrangement that has ever been produced to make up for this difficulty. It consists of a stereoscopic apparatus, mounted upon a nickel plated stand, similar to a desk telephone; to this is attached an electric light arrangement, whereby the light is thrown directly upon the picture to be viewed. The stereoscopic photographs, together with the lectures of the surgeon performing the operation, are bound in handsome volumes on the loose leaf plan, so that the whole volume may be mounted on the apparatus, and the lecture read and the photographic demonstrations observed through every step of the operation. The idea is a splendid one, and is very nicely carried out. The physician desiring to study an operation, gynecological or surgical, can sit down in his office at his leisure, the field of operation constantly before him, at close range, each step being explained more fully than it can possibly be done by a surgeon while operating. The work of preparing these photographs is under the direction of Dr. Howard A. Kelly, the famous surgeon, and among the operators, besides himself, we find such men as G. W. Crile, Harvey Cushing, J. M. Munro Kerr, J. Whitridge Williams, Harold J. Stiles, A. H. Ferguson, A. D. Bevan, A. J. Ochsner, B. G. A. Moynihan, Hugh H. Young, John B. Murphy, Joseph C. Beck, Emil G. Beck, E. S. Judd, Charles H. Frazier, John G. Clark, E. Terry Smith, Cuthbert H. J. Lockyer, Herbert J. Patterson, Robert Jones, John A. Bodine, Samuel T. Earle, D. J. Mayo, Charles Mayo. The complete series of lectures and demonstrations comes in thirty sections, which may be obtained singly. The whole outfit is a handsome and most elaborate affair, and evidently no pains nor money were spared

in its production. We earnestly hope that our readers will investigate the stereoclinic. Descriptive literature may be obtained by writing the company.

* * *

Personal Hygiene and Physical Training for Women.—By Anna M. Galbraith, M. D., Fellow of the New York Academy of Medicine. 12mo. of 371 pages, with original illustrations. Philadelphia and London: W. B. Saunders Company, 1911. Cloth, \$2.00, net.

While there is a variety of causes to which is attributable the feminine weakness which is so alarmingly prevalent, there can be little doubt that much of it is due to irrational, unscientific living, particularly with regard to dress, diet, proper hygiene and exercise. Children are reared too much like hot-house plants; particularly is this true of girls. Boys in a large measure will take care of themselves if they have the least chance. With girls it is different, and the habits of life in which they are directed by conventionalities or false ideas of propriety many times, is anything but conducive to the development of robust womanhood. Any literature aimed at the correction of these conditions in a practical way and in a manner easily applied must be welcomed therefore, because it touches a vital phase of an ever increasing problem.

This book is well written and is practical and scientific throughout. It deals with Hydrotherapy, and its indications and contraindications; The Care of the Skin and its Appendages; The Digestive System and the Maintenance of Good Digestion; the Respiratory and Circulatory Systems; The Kidneys; The Nervous System as the Balance of Power in the Body; The Hygiene of the Mind in its Relation to the Physical Health; Dress the Fundamental Cause of Woman's Deterioration; Physical Training the Key to Health and Beauty; Symmetric Development; Good Carriage and Grace of Motion through Gymnastics and Athletics. The book is well worth your time and deserves a careful reading.

* * *

Differential Diagnosis.—Presented through an analysis of 383 cases. By Richard C. Cabot, M. D., Assistant Professor of Clinical Medicine, Harvard Medical School. Octavo of 753 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1911. Cloth, \$5.50 net.

Here is perhaps the best book on differential diagnosis we have seen. It is the work of a man of large experience and of eminent attainments, and he has succeeded in producing a book upon an important scientific subject which reads like a novel. Every bit of it is interesting. It brings out the diagnosis, based upon actual cases, and discusses the

various phases of the case which a careful diagnostician must consider, in their natural order and sequence. The book is not only a valuable reference to the practitioner, but as a text it is invaluable to the student; not alone for the scientific ground it covers, but the way it is done. By studying the book carefully it cannot help but assist the student very materially in forming habits of systematic reasoning when he is confronted with his problems in diagnosis. Furthermore, it shows the student, by example, how to make a practical application of his knowledge of the theory and practice of medicine—almost as good as well conducted clinics. Nothing is to be gained by citing the obvious and easy, nor conditions in which diagnosis is impossible, so the author has selected cases in which the diagnosis was difficult but not impossible, thus greatly enhancing the value of the work. Then, too, there is a refreshing frankness about it that appeals to us. For instance, in case No. 214, on page 395, Dr. Cabot does not hesitate to say that this case was cured of repeated attacks of gall-stone colic by an osteopath. In discussing headaches he recognizes indurations as an important consideration in the occipital type, and speaks of the efficacy of massage in these conditions. Too bad that he left out osteopathic corrective treatment which works like a charm in these cases. The work has such distinct merit that we do not hesitate to say that it should be in the hands of every student and practitioner.

* * *

Textbook of Massage.—By L. L. Despard, Member and Examiner Incorporated Society of Trained Masseurs. Profusely illustrated. Pp. XIX—290. London and New York. Oxford University Press, 1911.

Miss Despard, in writing this book, has aimed to present in concise form the theory of massage, as well as the principles of elementary anatomy and physiology, with which the competent masseur must be familiar. While she has attempted to give a full description of the various movements employed in massage, she emphasizes the importance of learning the practical work from a competent teacher. Naturally, the nature of the work does not permit going into detailed anatomy and physiology, yet it is comprehensive enough to give the masseur an intelligent idea of the structure of the body and its functions. The contents are as follows: Structures of the Body; Waste and Repair of the Tissues; The Skeleton; Articulations or Joints; Muscular System; Nervous System; Vascular System; Respiratory System; Digestive System; The Urinary Organs; Influence of Massage upon Nervous, Blood Vascular, Lymph Vascular, Respiratory and Muscular Sys-

tems, upon Digestion, etc.; Classification and Description of Movements; Their Physiological and Therapeutic Effects; Joint Movements; Respiratory Exercises; Description of Massage; Massage for Sprains; Dislocations; Recent Fractures and Stiff Joints; Paralysis; Deformities; Massage for Insomnia, etc.; Massage for Diseases of the Nerves; Lubricants, Fomentations; Bandages; Electrical Methods in conjunction with Massage.

The book is an orderly and scientific presentation of massage by one who has had abundant experience. Aside from this, the work is authentic, and serves to show the difference between the best there is in intelligent massage and real osteopathy, as nothing in the line of osteopathic corrective treatment is included.

* * *

Syphilis—Its Diagnosis and Treatment.—By F. J. Lambkin, Col. R. A. M. C., Lecturer on Syphilology, Royal Army Medical College, London. Late specialist at the Army Headquarters, India, etc. With preface by Sir Frederick Treves, Bart. G. C. V. O., C. B. L. L. D. Pp. vii—195. New York, William Wood & Co., 1911.

It is well said that "there is hardly a drug known to medicine that has not, at some time or other, been advocated as effective in the management of this complaint," but with most of them time enough has elapsed to thoroughly test them and place them where they belong. This book is a concise, systematic and fairly comprehensive presentation of syphilis, including its history, pathology and its varied manifestations, together with therapeutics of known value. A chapter on "606," discussing its composition, preparation and a brief description of the technique of administration is included. The author is a man of wide experience in his line, and can well be regarded as an authority. The book is nicely adapted for the use of students, and practitioners will find it a very satisfactory treatise from a medical standpoint.

* * *

The Treatment of Syphilis With Salvarsan ("606").—By Sanitätsrat Dr. Wilhelm Weichselmann of Berlin, Medical Director of the Skin and Venereal Disease Section. Rudolph Virchow Hospital, Berlin, with an introduction by Professor Dr. Paul Ehrlich of Frankfurt-on-Main, the discoverer of the remedy. Only authorized translation by Abr. L. Wolbarst, M. D., of New York, with fifteen textual figures and sixteen colored illustrations. New York and London. Rebman Company. Pp. 175. Price, cloth, \$5.00, net.

Coming at this time, when the medical journals, both foreign and in this country, are full of opinions and case reports of the new remedy, salvarsan or "606," this authentic account of the first authorized experiments in Europe is particularly timely, and of unusual interest.

No remedy or discovery of recent years has caused such a world-wide furore in medical circles, and this monogram covering the author's own experience with fourteen hundred cases, is indeed very interesting reading, no matter what the ultimate value of the remedy will prove to be. So that our readers may form an idea as to the character of the book, we print the list of contents in full:

Foreword; Introduction; Hata's Experiments; The Application of Chemical Preparations Derived from Animal Experimentation to Human Pathology; Consecutive Treatment; Therapia Magna Sterilisans; Personal Experiences in Fourteen Hundred Cases; The Eye; Tabes and Paralysis; Effect on the Wasserman Reaction; Complications, Necrosis; General Hyper-sensitiveness; Exanthemata and Enanthemata; Jaresch-Herxheimer Reaction. Reinjection; Contraindications; Other Effects of Salvarsan; Injection of the Remedy; Elimination of Arsenic Through the Urine; Elimination of Arsenic Through the Intestine; Retention of Salvarsan in the Body; Review of the Literature; Discussion; Experiences with Salvarsan; Summary; Determination of Spirochetes in Patients Injected with Salvarsan; Arsenic-Fast Strains not observed; Sterilisatio Magna; Specific Antibodies; Therapy; Data of Recurring Cases; Addendum, References to the American and British Literature; List of Authors; Index.

Worthy of special mention are the colored plates representing surface appearances before and after injections of salvarsan. That too much is claimed for the remedy is to be expected, and so soon after the discovery of the remedy, the literature is bound to be incomplete. Any osteopath who cares to familiarize himself more thoroughly with the technique involved in the administering of the remedy and the effect of the remedy will be amply repaid by giving this work careful reading.

* * *

Essentials of Laboratory Diagnosis.—Designed for students and practitioners. By Frances Ashley Faught, M. D., Director of the Laboratory of the Department of Clinical Medicine, and Assistant to the Professor of Clinical Medicine. Medico-Chirurgical College, etc., etc. Philadelphia, Pa. Containing an indician scale in colors, eight full-page plates and numerous engravings in the text. Second Revised Edition. Philadelphia, F. A. Davis Company, 1910. Pp. xix—336.

We have had numerous requests from osteopathic physicians in the field asking us to recommend to them a book on laboratory methods which include enough detail as to equipment and technique to enable older graduates who have become somewhat rusty along this line to equip laboratories and do their own work. To such we can heartily

recommend this book. It meets the requirements nicely. It is concise, fairly comprehensive, does not presume too great a knowledge of fundamentals. It is accurate in most particulars. One error has crept in, presumably, by an oversight: on page 253, the *Diplococcus Meningitidis Intracellularis* is classed among the Gram positive organisms; it is Gram negative. One section is devoted to each of the following: The Microscope; The Sputum; The Blood; Opsonic Method; Blood Pressure; Coagulation; Blood Parasites; Animal Parasites Determination of the Functions of the Stomach; The Feces; The Urine; The Cerebro-Spinal Fluid; The Body Fluids; Human Milk; Bacteriological Methods; Serodiagnosis; and Appendix.

* * *

Practical Bacteriology, Blood Work and Animal Parasitology.—Including Bacteriological Keys, Zoological Tables, and Explanatory Clinical Notes. By E. R. Stitt, A. B., Ph. G., M. D., Surgeon U. S. Army, Graduate of the London School of Tropical Medicine, etc. Second Edition, Revised and Enlarged, with ninety-one illustrations. Pp. xiii—345. Philadelphia. P. Blakiston's Son & Co., 1910. Price \$1.50, net.

In this manual the author has attempted to incorporate "methods which have been submitted to the criticism of post-graduate students from all the leading medical colleges of the country, and which by them have been considered adapted to the requirements of practical, speedy and satisfactory clinical laboratory diagnosis." Very useful are the keys which are given preceding each group of organisms. Practical methods of identification by agglutination or immunity tests are described, all of which may be carried out in the physician's private laboratory. The technique is given in detail, with regard to staining, media making, titration and blood work, an interesting chapter on immunity being included. It is a splendid little manual, for both physicians and students.

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Modern Treatment of Alcoholism and Drug Narcotism.—By C. A. McBride, M. D., L. R. C. P., and S. (Edin.) New York. Rebman & Company, 1910. Pp. vii—376. Price, \$2.00, net.

That alcoholism and drug narcotism are rapidly gaining ground in this country in spite of strict surveillance by the government, is all too evident. Private institutions and sanitoriums, specializing in the treatment of those conditions are springing up everywhere and there is no lack of patients. In consideration of the actual pathologic changes which take place in the tissues as a result of the continued indulgence in alcohol and drugs, it is perfectly logical that the habit should be looked

upon as a disease rather than a moral delinquency, and should be so treated.

The author goes into special detail with regard to the etiology, pathology and therapeutics of alcoholism, and this entire subdivision of the book is well treated.

The chapter on the morphine habit as well as on the cocaine, paraldehyde, chloral, sulphonal, trional and veronal habits are all very good, although somewhat more brief than the subjects deserve. Interesting and satisfactory chapters on opium inebriety and the coffee and tea habits are also included. The author's whole line of therapeutics is along the line of drugs, with the addition of high frequency electricity in cases of marked neurasthenia. Just what osteopathy can accomplish in these conditions has not been definitely determined, but this much is certain, that as an aid to build up the nervous system, it would undoubtedly be a valuable aid.

* * *

Anemia.—By Paul Ehrlich and Dr. A. Lazarus. Normal and Pathological Histology of the Blood. Second Edition. Enlarged and to a great extent rewritten by Dr. A. Lazarus and Dr. O. Nægeli. Translated from the German by H. W. Armit, M. R. C. S., L. R. C. P. (Lond.). With five illustrations and five colored plates. New York, Rebman Company, 1910. Pp. 218. Price, cloth \$4.00.

While Ehrlich's previous work has been temporarily lost sight of on account of the furore over his latest discovery, "606," yet so closely has he been allied with the progress made in the knowledge of the histology of the blood, that his name is almost synonymous with hæmatology in the mind of English-speaking medical men and students. The name of this great German savant stands conspicuous as the originator and advocate of the so-called "dualistic doctrine" as to the character of white blood cells. Although more than ten years have elapsed since his first book was published, in which this doctrine was advocated, and while later investigations served to modify some of his theories, yet the basic principles of his dualistic doctrine have not been successfully opposed. The disputed question may be summed up as follows: "Can, under given conditions, myeloid-tissue formation, as well as lymphatic formations, arise post-embryonically from lymphocytes?"

Supporters of Ehrlich's theory are such men as Banti, Turk, Sternberg, Helly, Schridde, Erich Meyer, Ziegler, Nægeli and others. Opposing the doctrine are Arnold, Neumann, May, Grawitz, Mexinow, Weidenreich, Hirschfield, and Pappenheim. The past few years, however, have brought out some very important facts which virtually sub-

stantiate Ehrlich's theory. Anyone interested in hæmatology and histological problems will find this book of exceptional interest.

* * *

A Laboratory Textbook of Embryology.—By Charles Sedgwick Minot, LL. D. (Yale and Toronto), D. Sc. (Oxford), James Stillman, Professor of Comparative Anatomy in the Harvard Medical School, etc. Second Edition, Revised. Two hundred and sixty-two illustrations, chiefly original. Philadelphia. P. Blakiston's Son & Co., 1910. Pp. xii—402. Price, cloth, \$3.50, net.

This work is designed primarily for the use of students taking a practical laboratory course in embryology. It is calculated to direct the student's attention to actual, original observations to be made by himself and to aid him in drawing accurate conclusions therefrom. The strong feature of this plan is that "the student repeats and uses the actual methods by which embryological science has been built."

The different chapters deal in turn with: General Conceptions; The Early Development of Mammals; The Human Embryo; Study of the Segmentation of the Ovum and of the Blastodermic Vesicle in Mammals; Study of Young Chick Embryos; Study of the Pig Embryos; Study of the Uteral and the Fœtal Appendages of Man; Methods and Index. The work is standard in every respect, and we heartily recommend it.

* * *

Induced Cell Reproduction and Cancer.—The Isolation of the Chemical Causes of Normal and of Augmented Asymmetrical Human Cell Division. By Hugh Campbell Ross, M. R. C. S. (Eng.), L. R. C. P., (Lond.) Surgeon Royal Navy (Emergency List), Director of the Special Researches at the Royal Southern Hospital, Liverpool, etc. Being the results of researches carried out by the author with the assistance of John Westray Cropper, M. B., M. Sc., (Liverpool), M. R. C. S., (Lond.), Assistant to the Research Department of the Royal Southern Hospital, Liverpool, with 1129 illustrations. Pp. xxx—423. Philadelphia. P. Blakiston's Son & Co., 1910. Price \$4.50, net.

Although it is difficult to predict just what the outcome will be with regard to these original experiments, we must admit that the theory advanced in this book as to the possible cause of mitosis and cancer is exceedingly interesting to say the least. To state it briefly, the author advances as the possible cause of abnormal cell growth as in cancer, that there is some chemical excitant in the blood which induces mitosis. The experiments were conducted with the living human cell, and the author has so far succeeded by adding the natural chemical agencies which he claims cause cell proliferation in the body, to induce mitosis

right under the microscope. This in itself opens up wide possibilities in research as to the causes of proliferation of cells in healing as well as in malignancy. Quite by accident, the author was able to observe that red blood cells will, under certain conditions, diffuse through solid nutrient agar, and this observation, together with the query of the author's brother who was interested in the experiments: "I wonder what would happen if we were to mix some stain with the jelly, and then place the living cells on it under a cover glass?" is responsible for the experiments which followed. Acting on the suggestion, it led to an important method of staining, which he terms the "in-vitro" method. This, together with the observation that atropine excited the amœboid movements of leucocytes and the suggestion by a friend that some alkaloid-like excitant may be in the blood of cancer patients, forms the basis for the author's technique in his experiments and at least a plausible theory upon which to build.

The experiments are not complete, and the evidence, therefore not conclusive, but any one interested in this problem will find in this book much that is new and intensely interesting, and the work should serve as a stimulus for further investigations along the lines the book suggests.

* * *

A Textbook of Surgical Anatomy.—By William Francis Campbell, M. D., Professor of Anatomy at the Long Island College Hospital. Second edition revised. Octavo of 675 pages, with 319 original illustrations. Philadelphia and London: W. B. Saunders & Company, 1911. Cloth, \$5.00 net; Half Morocco, \$6.50 net.

It has been well said that the physician, and especially the surgeon must "think anatomically," and the purpose of this book is to present the facts of anatomy in such a way that by observing their practical value, their various relations may be remembered. Anatomical facts are the same wherever they may be found, but to leave a clear imprint in the mind, a realization of their practical value must remain. The author rightly states that "the facts themselves are the products of many minds, and the accumulation of many years," and the value of a book such as this one, is found in the manner of correlating the facts, and showing how their clinical value may be remembered and estimated. The book is divided into six parts, dealing with the Head and Neck, the Thorax, the Upper Extremity, the Abdomen and Pelvis, the Spine and the Lower Extremity. Each part is prefaced with a chapter on the Surface Anatomy, which is clearly and succinctly set forth. The numerous illustrations are certainly a noteworthy feature of the book, and we have rarely seen such clear and excellent cuts. The reading

matter is most entertaining, and the headings of the paragraphs make the work an easy one in which to find any particular required information. We recommend the book most heartily, and we believe that it is one of the very best that we have seen along the line.

* * *

A Textbook of Pathology.—By Joseph McFarland, M. D., Professor of Pathology and Bacteriology in the Medico-Chirurgical College of Philadelphia, Second Edition. Octavo of 856 pages, with 437 illustrations, some in colors. Philadelphia and London: W. B. Saunders Company, 1910. Cloth, \$5.00 net; Half Morocco, \$6.50 net.

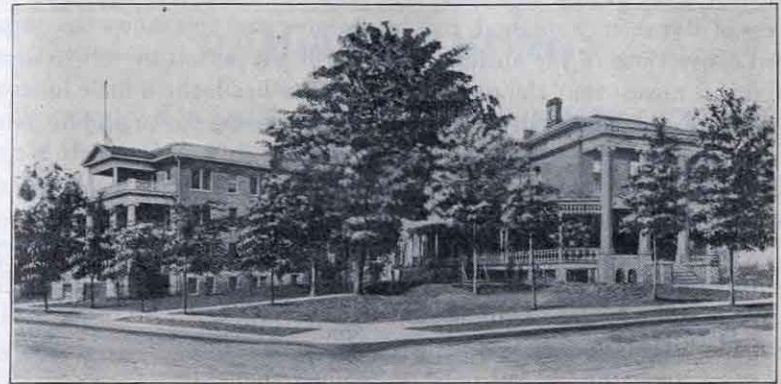
Not so many years have elapsed since the study of pathology in connection with osteopathy was considered of doubtful importance. This was no doubt due to the wonderful results which were attained with practically no scientific equipment, but a knowledge of anatomy and physiology. Today the osteopath fully recognizes that a thorough knowledge of morbid anatomy, or anatomy in disease, is of the utmost importance, as it enables him to see the exact, abnormal or perverted anatomical conditions towards which his therapeutics are directed. This knowledge is of fully as much importance to him as it is to the medical man, as pathology must, necessarily, form the basis of the future growth and development of the science. This textbook is intended to supply the need of the student, and it is a valuable work of reference for the practitioner's library as well. The only criticism we could offer is that in the author's attempt to make the book comprehensive and yet of reasonable size, he was obliged to put much of the matter in small type, the volume thus losing, to a certain extent, its readableness. However, the increased amount of valuable information is some compensation. It is practical, and the revision has brought it up to date. It is one of the best standard texts.

* * *

The Psychic Treatment of Nervous Disorders.—(The Psychoneuroses and Their Moral Treatment). By Dr. Paul Dubois, Professor of Neuropathology at the University of Berne. Translated and edited by Smith Ely Jelliffe, M. D., Ph. D., visiting neurologist City Hospital, Instructor Materia Medica and Therapeutics, Columbia University, New York; and William A. White, M. D., Supt. Government Hospital for Insane, Washington, D. C.; Professor of Nervous and Mental Diseases, Georgetown and George Washington Universities, Washington, D. C. Sixth Edition, Revised. Pp. xv—466. New York and London: Funk & Wagnalls Company, 1909.

In the field of rational mental therapeutics Dr. Paul Dubois will continue to be regarded as one of the foremost authorities. He frankly

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takes issue with the so-called hypnotic methods of Bernheim, who is everywhere regarded as the foremost authority on hypnosis as applied to nervous and mental diseases. He does not for a minute doubt the success of Bernheim's method, but he declares, and this shows the deeply rooted convictions of the author, "But I will not permit myself to apply it even if it means that the patient must suffer headache a little longer." He believes fundamentally "to employ persuasion is to imbue one's patient with an idea, which one believes oneself, to communicate a conviction which one holds himself completely, to offer him a psychological treatment that one would apply to one's best friend, or even to oneself." Between persuasion and suggestion, as to soundness and rationality of principle the author creates "all the difference that exists between a practical piece of advice and a practical joke." In other words, by his methods he has the end constantly in view of setting his patients once more upon the "broad path of rational thought."

Genuine scientific psychopathology or neuropathology is a subject of ever increasing interest and possibilities, and those of our readers who are interested in the subject and desire to be familiar with the views and methods of one of the best authorities, should avail themselves of this book.

* * *

A Manual of Physical Diagnosis.—By Brefney Rolph O'Reilly, M. D., C. M., (F. T. M. C. Toronto; M. R. C. S., Eng.; L. R. C. P., London). Demonstrator in Clinical Medicine and in Pathology, University of Toronto; Assistant Physician to St. Michael's Hospital; Physician to Toronto Hospital for Incurables. With six plates and forty-nine other illustrations. Pp. xxr—369. Philadelphia. P. Blakiston's Son & Co., 1911. Price \$2.00, net.

Obviously a book of this sort is not calculated to take the place of the larger and more exhaustive works on physical diagnosis. But for the use of the student, or the busy practitioner for that matter, who is interested in a review of the essentials of diagnosis, a manual such as this is of great practical value. It is concise, yet fairly comprehensive and deals with essentials only with which every student should be familiar. For the purposes outlined the book is admirably adapted.

* * *

Nervous and Mental Diseases.—Edited by H. T. Patrick, M. D., Professor of Neurology of the Chicago Polyclinic, Clinical Professor of Nervous Diseases in the Northwestern University Medical College, and Peter Bassoe, M. D., Assistant Professor of Nervous and Mental Diseases, Rush Medical College. Practical Medical Series, 1910. Pp. 248. Chicago. The Year Book Publishers, 1911.

This book is Volume 10 of the Practical Medicine Series, and rep-

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* * *

Born

To Dr. and Mrs. Frank A. Sloan, on March 26th, 1911, a daughter, Sarah Frances Sloan.

To Dr. and Mrs. W. W. Efford, on March 16th, a daughter.

* * *

Married

At Batavia, N. Y., March 23rd, 1911, Miss Virginia White Graham, daughter of Dr. and Mrs. William Newton White, to Mr. D. C. Howard Prentice. At home after the first of May at Le Roy, N. Y.

At Muskegon, Mich., March 15th, 1911, Dr. R. A. Northway of Mount Pleasant, Mich., to Miss Nancy Jean Oreutt. Dr. Northway is treasurer of the Michigan State Board.

* * *

Died

On March 27th, at Janesville, Wisconsin, Mrs. Hattie Shipman, wife of Dr. K. W. Shipman. Interment at Manawa, Wisconsin.

On March 27th, at St. Louis, Mo., Mr. Wm. E. Plant, father of Dr. Ernest A. Plant, from sapremia, following an operation for gangrenous appendicitis.

On March 18th, at Ennis, Texas, Dr. J. O. Lowry, of valvular heart trouble, brought on by interstitial nephritis.

At Kirksville, Mo., March 24th, Mrs. W. A. Downing, mother of Dr. J. E. Downing of Bay City, Michigan.

On March 10th, at Mobile, Alabama, Dr. Greenwood Ligon, formerly of New York City.

On March 13th, at Augusta, Ga., Dr. J. W. Bennett. Interment at Owensboro, Kentucky.

On March 27th, 1911, Dr. Dexter E. Morris of Aurora, Mo. Also Mildred A., Myrtle, Elmer L., and Burt F. Morris, children of Dr. Morris.

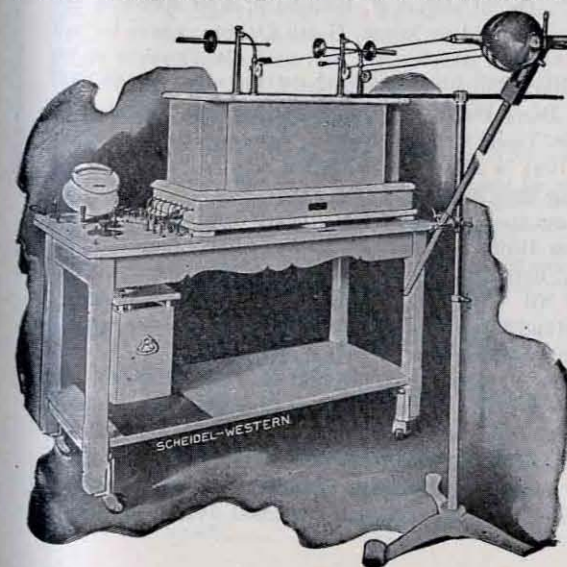
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Personals

Receives Appointment.—Dr. W. H. Elmore of Elk City, Oklahoma, was re-elected Councilman in the Fourth Ward on the Democratic ticket, in his home town recently.

Removal Notice.—Drs. H. W. and Grace C. Learner have removed from Broad Street, Freehold, N. J., to 111 Bidwell Parkway, Buffalo, N. Y.

Another Removal.—Dr. Mary Lyles-Sims has moved her office from Main Street to her new residence, 1711 Gervais Street, Columbia, S. C., where she has well equipped apartments for her work on ground floor in best residence section of city.

Osteopath Twice Honored.—Dr. Earl D. Jones of Pocatello, Idaho, recently received notice of his appointment as a member of the State Board of Osteopathic Examination and Registration for that state. Also, in the recent city election, Dr. Jones received the appointment as City Physician, which is "some official recognition of osteopathy in the far West."

Returns Home from A. S. O. Hospital.—Dr. W. J. Giltner of Monmouth, Ill., who recently had an operation for appendicitis at the A. S. O. Hospital, has returned to his home, and is well on the road to complete recovery.

Purchases New Bungalow.—Dr. J. J. Pearce of El Paso, Texas, announces the removal of his offices from 615 N. Oregon Street to 412-13 Roberts-Banner Building, and also the purchase of a new bungalow home on River Street. Dr. Pearce, by the help of osteopathy, is just recovering from an attack of pneumonia.

Opens New Offices.—Dr. J. Harley Deeks, graduate of the January, 1911, class at the L. A. C. O., has opened offices at 393 Graham Avenue, Winnipeg, Manitoba, Canada, for the practice of his profession.

Returns to North Dakota.—Dr. St. James F. Blanchard, after spending the winter in Kissimmee, Florida, has returned to Minot, North Dakota, where he will practice.

Takes New Offices.—Dr. Grace Shupe of Monongahela, Pa., on April first removed her offices from National Bank Building, to Suite 7, Gertrude Apartments.

Will Travel in Europe.—Dr. Emily C. Dole, who has been practicing at Oakland, Calif., is spending a short time in Alameda, California, and will later sail for Europe, where she will spend some time in travel.

Poem Requested.—We quote the following from a letter from Dr. Robert J. Walker, of 288 Union Street, New Bedford, Mass: "Can any of the Journal readers furnish me with a copy of that illustrious poem, the first lines of which are: 'The Freshman came from the Land of Nit, With his hair uncombed and his clothes unfit' etc., written by 'One Willie West (and 187 others),' of the June 1900 class, concerning the June 1901 class? If so I would be pleased to receive a copy."

Announce Partnership.—Drs. George P. and Robert H. Long announce the formation of a partnership for the practice of osteopathy, and after April first will conduct joint offices at Brooklyn, Jamaica and Rockville Center. The office of Dr. Robert H. Long at 309 Shelton Avenue, Jamaica, will be removed on April first to the New Franklin Apartments, corner Hardenbrook and Shelton Avenues. The locations of the offices are as follows: The Renaissance, Nostrand Avenue and Han-

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cock Street., Brooklyn, N. Y.; New Bank Building, Rockville Centre, N. Y.; The Franklin, Hardenbrook and Shelton Avenues, Jamaica, N. Y.

Opening for Osteopath.—We have a letter from Mr. J. B. Gay of Columbus, Texas, stating that an osteopath is wanted in that town. For further information write Mr. Gay.

Removal Notice.—Dr. Clara T. Gerrish of Minneapolis, Minnesota, makes the following announcement: "The burning of the Syndicate Block made the selection of new offices necessary. Friends will now find me at Suite 130-133 Auditorium Building, Nicollet Avenue and Eleventh Street."

Opens Offices.—Dr. Walter A. Preston announces that he has opened offices in Suite 611 Consolidated Realty Building, Sixth and Hill Streets, Los Angeles, California.

Removed to New Quarters.—Dr. B. A. Bullock of Detroit, Michigan, announces the removal of his office from Suite 46 Valpey Building, to Suite 312-14 Healy Building, Corner of Broadway and John R. Street.

Announces New Office.—Dr. H. Alfred Leonard, late of Philadelphia, Pa., announces, in a very neat folder, the opening of an office for the practice of osteopathy in Baltimore, Maryland, Suite 810-11 Union Trust Building, Charles and Fayette Streets. Inside the folder is a copy of the Resolutions adopted by the Philadelphia osteopaths on the occasion of the departure of Dr. Leonard for Baltimore, which speak highly for his standing in Philadelphia.

Another Prospective Location.—Dr. J. O. Smith formerly of Waseca, Minn., has recently removed to Menominee, Wisconsin, and reports a good opening for an osteopath at Waseca. If anyone is interested they may write to Dr. Smith at Menominee, and he will be glad to give them further information in regard to the place.

Change of Address.—Dr. A. P. Kottler of Chicago, Illinois, Secretary-Treasurer of the Illinois Osteopathic Association, has removed from No. 67 Wabash Avenue to No. 81 East Madison Street, Room 407 Willoughby Block, Corner of Michigan Avenue, where all future mail for Dr. Kottler should be directed.

Osteopath to Wed.—We are informed that Dr. Aphra M. Burney of the June 1910 class, A. S. O., is soon to wed Mr. Jack Clark, brother of Dr. Elizabeth Clark, who graduated in Miss Burney's class.

Sail for England.—Dr. and Mrs. F. E. Moore and Miss Judith Snodgrass sailed from Boston on April eighth, for England. Dr. Moore will take a post-graduate course in noted schools of Medicine in London, and the party will also visit various European centers before returning to their home in this country.

Will Have X-Ray Examination.—Dr. Nichols of Enterprise, Oregon, who recently had his right leg crushed below the knee by a horse falling on him, has gone to Portland to have his leg examined with an X-Ray.

Lectures to Kansas Osteopaths.—Dr. George Still delivered a lecture to the Kansas Osteopaths at Wichita, Kansas, at their state meeting.

Bring Cases to A. S. O. Hospital.—Among those who have recently brought cases for surgical attention to the A. S. O. Hospital, were: Dr. Mattie Moffett of Windsor, Mo.; Dr. William Graves of 207 1-2 E. High Street, Jefferson City, Mo.; Dr. Ernest P. Smith of Columbia, Mo., brought a patient for an X-Ray examination. Dr. I. A. Keyte of Anabel, Mo., brought two clinical cases to the A. S. O. for examination. All of the Doctors mentioned paid the Journal office a brief call.

Will Locate in Albany, N. Y.—Dr. Frances A. Perry of Troy, N. Y., has leased an office at 225 State Street, Albany, N. Y., where she will continue the prac-

"specific medication for all diseases would be truly utopian. Fortunately, personal idiosyncrasies, the principal factor in the interference of the establishment of internal medicine as an exact science, have no bearing upon a definite treatment for a definite pathological condition, such as is manifested by inflammation, notwithstanding its etiology.

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The Osteopathic profession should be interested in this great work as it presents a new physiological system upon which all medicine will eventually be based.

"This work should be to the future of medicine what Harvey's work on the circulation of the blood was to the study of physiology—it should be the beginning of really scientific medicine. It has put out of date all work that does not include it, which means all preceding work on physiology and medical therapeutics; if indeed it does not cause such profound changes in these studies as to amount to an entire rewriting of them. My personal conviction is that no one should regard himself as educated in the subject of physiology until he has mastered the contents of these volumes. I find myself unable to think in the subjects of physiology or of etiology, or even of therapeutics, without reference to them."—Dr. Tucker's review in the Osteopathic Physician.

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tice of osteopathy. Dr. Perry is a graduate of the Los Angeles College of Osteopathy.

Remove to New Offices.—Dr. L. H. Howland, and Dr. Kathryn Renter have removed from the Fliedner Building to the Selling Building, Portland, Oregon.

Removes to New Orleans.—Dr. E. E. Basye, who has been practicing at Fargo, N. Dak., has removed to 1717 St. Charles Avenue, New Orleans, La., where he has established a practice.

Locates in Iowa.—Dr. E. C. Polmeteer has located in Belle Plaine, Iowa, for the practice of his profession.

Calls at Journal Office.—Dr. J. E. Matson of Minneapolis, formerly of Eau Claire, Wisconsin, was in Kirksville, recently, for a short time, and paid the Journal office a brief call. Dr. Matson said that he was forcibly impressed with the splendid progress made by the school here in all departments.

Called Here by the Death of His Mother.—Dr. J. E. Downing of Bay City, Michigan, who was called here on account of the illness and death of his mother, Mrs. W. A. Downing, paid the Journal office a brief call.

Dr. J. W. Bennett Killed in a Runaway.—Dr. J. W. Bennett of Augusta, Ga., was killed in a runaway March 13th, 1911, while crossing the North Augusta bridge. One of the shafts broke, and Dr. Bennett attempted to jump from the buggy, but was thrown on his head, and shortly afterward died. We extend our very sincere sympathy to his wife and family.

Removal Notice.—Dr. E. C. Link, who has been practicing at Elizabeth, N. J., has removed to 339 Atlantic Street, Stamford, Conn.

Remove to Summer Quarters.—Dr. Julia V. Frey of Denver, Colorado, announces the removal of her offices to 1645 E. Sixteenth Avenue, where they have larger quarters, and more convenient for summer practice.

Takes Larger Offices.—Dr. A. R. Elder of Nevada City, California, has removed to larger and better offices, where he will have more room for patients.

Warning to Osteopaths.—We are in receipt of a letter from Dr. J. Worling Bereman advising us of a subscription agent, who has been taking subscriptions for the Journal of Osteopathy at the rate of eighty cents a year. The firm was called the System Way Company, No. 122 N. Main Street, Oklahoma City, Oklahoma, and the agent was one J. S. Bowen. As this firm has never been authorized by us to act as our agents, and as we have received no remittances from them, we warn all osteopaths against subscribing through them.

Removes to Larger Offices.—Dr. J. Decker of Hutchinson, Kansas, has removed from the Whiteside Building to Rooms 51 and 52 of the Hoke Building, where he will have a much more complete equipment.

Osteopath Meets Horrible Death.—Dr. D. E. Morris of Aurora, Mo., while attempting to save his children from his burning home, was, with four of his children, burned to death. The fire started in the night, and Mrs. Morris was first awakened by the smoke and flames. The doctor lowered a mattress from the window, and dropped his wife and one of the children upon it. He then went to awaken the other four children who were sleeping in another room. It is supposed that the floor fell through with him just as he reached the bed, and he and the four children were burned to death. The sorrowing wife has the sympathy of the entire profession in her loss.

Boosting Osteopathy.—Dr. O. F. Heisley of Silverton, Oregon, recently delivered a free lecture on "Disease, Its Cause, Its Cure," from the viewpoint of an osteopath, in the Christian Church at that place. The Drs. Heisley also had an ar-

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C. W. CUTLER, Ph. D., D. O.

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ticle in the Silverton Appeal for March 24th, stating the difference between osteopathy and Chiropractic. The article was concluded with a comparative list of the subjects taught by the best medical colleges, and those taught by the schools of osteopathy.

An Interesting Law Suit.—Dr. E. D. Williams of Warren, Pa., writes to advise us that he has removed to more centrally located offices in the Knapp Building, of that city. The Doctor has been having some very interesting times, and we quote below a portion of his letter: "I must tell you of a law suit here, in which osteopathy played quite a prominent part. Soon after I came here a lady called to see me who had stepped into a hole at a defective crossing on a dark night, two years ago last June. She was quite lame. I examined her and told her that she had a posterior slip of the innominate, coccyx anterior, curve in lumbar region, etc., etc. She said she had been to all the medical men in town, and no two agreed as to the cause of her suffering so intensely, and she wished she could find two doctors who could agree in their diagnosis. I told her I was positive I was right, and advised her to go to Corry for an examination by the osteopaths there. So she did. They confirmed my diagnosis. Since she has become so well acquainted she told me that when I first told her what her trouble was and explained my diagnosis, she thought I was 'the biggest fool she had met yet.' As soon as she found three who could agree perfectly on the diagnosis, to our surprise, she entered suit against the city for damages, and of course we three osteopaths were summoned as expert witnesses to testify in her behalf, which of course we were willing to do. She had a trial in January. The other two osteopaths had given their testimony and I was on the witness stand, when all at once one of the jurors fell in an epileptic fit. That ended the trial for the time, and it was postponed until the March term of court. In the meantime, the M. D.'s found out that the osteopaths had made a very favorable impression on the jurors and others, so the Warren County Medical Association concluded that no three osteopaths were going to come into court and give testimony that would collect damages in a case that they could not fully diagnose themselves. So they lined up five of their 'shining lights' (four of whom had examined her) and were prepared to knock out our testimony, with the result that by the time her lawyer had cross-questioned them, they became so completely tangled and contradicted themselves that their testimony amounted to nothing. They might better have stayed at home, except for the fee each one got for his ignorance.

"Each M. D. said that it was an utter impossibility for such lesions as we described to exist. The sacro-iliac joint is absolutely immovable. That there could be no such slip of the innominate as we described, without either breaking the bone or tearing the ligaments. They said the coccyx could be in any position from straight down to right angles either anterior, posterior, right or left, and be perfectly normal to that individual, or it might be pushed to right angles to the sacrum in any direction with no inconvenience to the individual, and a whole lot of just such junk. The lady won out on our testimony, and began treatments with me last night. It will take quite a long time to bring her back to normal, but I am willing to work." Congratulations to Dr. Williams, both for the good done for himself and for osteopathy.

An Oversight.—Owing to the fact that our information in regard to the meeting of the Gulf States Osteopathic Association at New Orleans, March first and second, was derived from a newspaper clipping which did not give a very full account, Dr. Murray Graves of Monroe, La., was not mentioned. On March first, Dr. Graves gave his splendid work on technique, with demonstrations. The Doctor has given

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much time and thought to this work, and we are sure that his efforts are very much appreciated by the profession.

Reports Wanted.—Dr. C. W. Proctor, 897 Ellicott Square, Buffalo, N. Y., wishes to receive reports of cases of constipation, stomach and intestinal indigestion, in which a special diet was used in connection with the osteopathic treatment. These reports should be definite as to the character of the diet, and frequency of eating, with the results obtained, as they are for the use of the committee on research in dietetics, and are to be included in a report at the Chicago meeting and should be sent at the earliest convenience.

Will Practice at Epperson Springs.—Dr. W. Ammerman of Franklin, Tennessee, will be at the celebrated Epperson Springs after June first for the summer's practice. Special attention given to patients of osteopaths who will attend a summer resort. Address W. Ammerman, D. O., Franklin, Tenn., or Epperson Springs Company, Westmoreland, Tenn.

A Valuable Suggestion.—OSTEOPATHS MAY WELL LEARN OF THE GREAT ADVANTAGES IN THE USE OF MIN-ALA MINERAL WATER AS AN AID IN THEIR WORK. —Osteopaths are beginning to realize the wonderful aid to health and vigor contained in MIN-ALA Mineral Water, which is charged with natural curative properties direct from Mother Earth.

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Prevention of Deformity in the Young.—It is the duty of every Osteopathic Physician to watch over the progress, growth and development of the young in families under his care. The fact that proper examination is not made permits the development of a serious spinal deformity before becoming outwardly apparent. The fault in our opinion is chargeable, not only to the physicians, but to the parents of the children who neglect to present their growing children to the family physician for examination. Often, however, when children are brought to the physician he fails to strip the child and make a thorough examination. Congenital deformities of the spine cannot be detected unless the naked back is thoroughly examined. Prompt and proper treatment of congenital lateral curvature depends on an early diagnosis. Such curvatures are also produced by a faulty manner of carrying the infant by the nurse or mother; the use of the small uncomfortable carriage or perambulator. These carriages are often too short for the child. Pillows are used to bolster up the shoulders, a forward bend of the spine is produced and the abdomen and contents pressed downward, gradually causing Enteroptosis. The results of this condition and also

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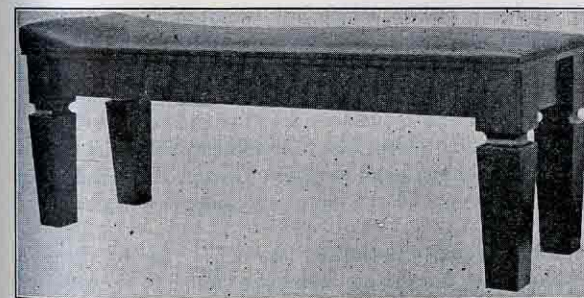
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through pressure on the important nerve roots emerging from the spine and supplying the different organs of the body, gives rise to many other pathological conditions so commonly found in the young. The importance of watchful care of children by parents, school teachers and physicians cannot be over-estimated.

An authority on spinal deformity advises the use of the Spinal Appliance made at Jamestown, N. Y., by the Philo Burt Manufacturing Company, in all cases of weak or deflected spine, and suggests to all Osteopaths the importance of proper support and special exercises and the advising of parents of their duty in consulting the family physician in regard to the physical condition of children at least twice a year. Physicians should instruct teachers to see that the desks and chairs of their pupils fit the individual, as a desk too high or too low is a fruitful source of lateral curvature in the growing child. The eyes should be tested occasionally, as astigmatism causes the child to tilt the head in writing or reading, thus producing deformity. No satisfactory progress in study can be expected if the student is suffering physically, and teachers should be educated in all sanitary and preventive measures necessary to recognize unsanitary conditions and incipient physical deformities, to the end that those under their care be mentally and physically benefited by their instruction.

Will Return to Newberg, Oregon.—Drs. H. D. and Alice Bowers of Newberg, Oregon, who have been away taking additional work for the past eight months, largely post-graduate, in California, will return next month, and again take up their practice. They return to practice in good old Oregon with brighter prospects and better fitted in many ways. They have had numerous letters from their Newberg friends recently, urging them to hurry back to their practice. The Drs. Bowers have had many added experiences to their nine years' successful practice in the field. Dr. L. H. Howland, who took their practice last July, will gladly relinquish for them, his time being taken up with his Portland practice.

Clergymen and Laymen Endorse Tuberculosis Day.—Statements of opinion approving Tuberculosis Day, which will be observed on or about April 30th, from prominent clerical, medical and lay authorities were issued today in the form of a bulletin by the National Association for the Study and Prevention of Tuberculosis. Among those who have endorsed the movement are His Eminence, Cardinal Gibbons and several Roman Catholic bishops, many prominent bishops of the Protestant Episcopal Church, several denominational societies, Doctors S. Adolphus Knopf and Lawrence F. Flick, Hon. Champ Clark, many prominent clergymen and others.

Champ Clark, in a letter to the National Association, says: "I am in deep sympathy with the movement which your Association is doing so much to forward! We cannot learn too much about the dread scourge, for we cannot intelligently fight that which we do not thoroughly understand. Knowledge is power."

Rev. Dr. S. Parkes Cadman of Brooklyn, says: "I sincerely trust that your war on tuberculosis will prosper. It is a real war and should have the support of every right minded citizen and of all our churches of every kind. We remember with great pleasure and equal profit the tuberculosis day of 1910."

The Right Rev. John Scarborough, Bishop of New Jersey of the Protestant Episcopal Church commends the movement and speaks of the literature prepared for the use of clergymen in these words: "I am greatly interested in the effort to check the spread of tuberculosis by using 'the ounce of prevention' in time. Your

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circular of information is so admirable that I want every clergyman in the diocese of New Jersey to receive one."

The Right Rev. W. H. Moreland, Protestant Episcopal Bishop of Sacramento, writes: "I pledge my hearty support and that of the clergy of this diocese to the movement for the prevention of tuberculosis."

Dr. S. Adolphus Knopf of New York, the well known authority on tuberculosis, in a statement issued for the occasion says: "I venture to say that not in a few instances, as a result of tuberculosis sermons having been preached by pastors, priests, rabbis, or even only physicians, much good has resulted, not only because of the education of congregations in the preventive measures, but because of the interest for the consumptive poor. I know that many an unfortunate sufferer is indebted for the amelioration of his condition or for his cure to a sermon preached on tuberculosis."

Dr. Lawrence F. Flick of Philadelphia, the widely known Philadelphia expert on tuberculosis, says: "The work of stamping out tuberculosis is in such perfect harmony with the spirit of religion that it is but natural to ask the ministers of religion to co-operate by giving the use of their church organizations for the educational part of the campaign. Not until all the people have gotten a clear conception of what tuberculosis means and of what is necessary for its extermination will it be possible to inaugurate all the measures for prevention which Science has demonstrated as practicable and feasible. Knowledge must come before action is possible and there is no agency on earth through which knowledge can be so quickly and so efficiently extended to all the people as through the churches."

The National Association for the Study and Prevention of Tuberculosis will furnish free of charge material for preaching on tuberculosis to any clergyman applying at its office, 105 East 22nd Street, New York.

Statistics showing how serious a problem tuberculosis is to the ordinary church congregation were published recently by the National Association for the Study and Prevention of Tuberculosis in a bulletin on Tuberculosis Day.

From reports received from over 725 churches, with a membership of over 312,000 communicants of twenty denominations, and from 208 cities and towns in 12 states in various parts of the country, out of nearly 7000 deaths in 1910, over 700 or 10.4 per cent were caused by tuberculosis. This means 2.24 deaths for every thousand members or communicants.

While the percentage of deaths from tuberculosis as compared with other diseases is not higher in the churches, according to these figures, than in the country at large, the tuberculosis death rate, as shown by the church returns, is higher per thousand communicants than that for the general population in the Registration Area of the United States, which the Census Bureau gave as 1.67 in 1909.

"The National Association," the bulletin says, "does not, however, consider the statistics received from ministers comparable from the point of view of accuracy with those reported by the Bureau of the Census. A sufficient number of returns from a great variety of churches have been received, nevertheless, to indicate that one of the most serious social problems the ordinary church has to consider, is that of the devastation of its membership by tuberculosis. The need for education from the pulpit and in the home is apparent. Every minister in the United States is asked to give this subject some attention during the next weeks."

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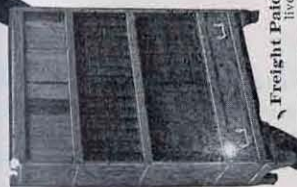
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By a licensed Osteopath.

Like dough, he kneads your stomach,
Till you think he's gone clear through,
And this is but a suggestion
Of what he aims to do.

He says your limbs are uneven,
And gives your leg a yank,
Until you wonder whether
He, or you, is the biggest "crank."

He pounds, and pulls, and mauls you
Till there isn't an inch of space
That you don't think will be as black
As the regulation "Ace."

He turns you onto your stomach
And hunts for your spinal cord
Until your ejaculation
Sounds mighty like, O Lord!

He takes hold of the back of your head
And pulls until you hear a crack,
And wonder how in very time
That can help a pain in your back.

And when the "treatment" is over
And you rest an hour or two,
You'd like for him to begin all over again
To pound and pummel you.

For your soreness is but a reminder
Of the suffering you have had.
And the knowledge that you are better
Makes your joy bells ring like mad.

And while it's a curious "treatment"
That CURES by GREATER pain,
We, who have tried this method
Will try it over again.

So in spite of the wintry mornings
In spite of the icy bath,
There is no one in my opinion
Who equals the Osteopath.

For whether the pain's in your shoulder
Or under your biggest toe,
If you give him the chance to treat it
The pain is sure to go.

For he knows exactly the nerve at fault
And just how to wiggle his thumb,
And before his skill in anatomy
The rest of us are dumb.

So give him the chance, and trust him
And believe him with all thy might,
And I'm pretty sure in a little while
Thee'll be coming home all right.

And then there will be rejoicing,
And an old "Gang" dinner sure,
And we'll vote a thousand blessings
On the one who made the cure.

—By Mary Perry Thorp, Richmond, Ind.

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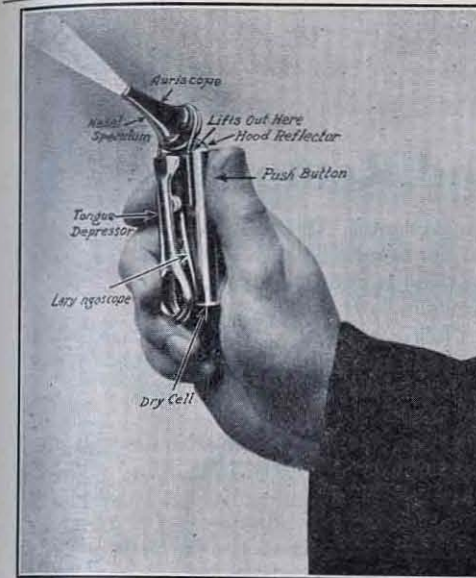
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