

The Journal of Osteopathy

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The Journal of Osteopathy

Edited by W. K. Jacobs.

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Vol. XVIII.

December, 1911

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CONTENTS OF THIS NUMBER.

PROFESSIONAL CARDS.....	838
EDITORIAL.....	843
UNCINARIA DUODENALIS, C. G. HEWES, D. O.....	848
ACUTE GASTRITIS, NORA B. PHERIGO, D. O.....	860
THE MECHANISM OF ANATOMICAL STRUCTURE IN RELATION TO OSTEOPATHY, HERBERT BERNARD, D. O.....	865
FORUM.....	876
LEGAL AND LEGISLATIVE.....	881
ASSOCIATIONS.....	886
BOOK REVIEWS.....	892
BUSINESS OPPORTUNITIES.....	899
PERSONALS.....	900
LOCATIONS AND REMOVALS.....	910
MARRIED, BORN, DIED.....	910

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The Journal of Osteopathy

Edited by W. K. Jacobs.

Vol. XVIII.

DECEMBER, 1911

No. 12

Editorial

We Wish You The holiday season is again upon us. While we
The Compli- are in somewhat of a retrospective mood, yet we are
ments of the not going to ask any questions about last year's New
Season Year resolutions as they may, by this time, be like
 last year's roses. But as a unit of a great profession,
 there are other questions of vastly greater import to you and the pro-
 fession, than the ordinary run of New Year's resolutions. For in-
 stance, has your interest in osteopathy during the past year extended
 beyond your own personal financial success? Do you feel that you
 have taken a just share in the work of spreading the gospel of real sci-
 entific osteopathy in your community? Have you unselfishly given your
 support and encouragement to the work of your local society, the state
 and National associations? If you cannot answer affirmatively, surely
 you have not lived up to your privileges and the past year has not brought
 you the fullest measure of success. If you have, on the other hand,
 put your shoulder to the wheel and accomplished fully a man's work,
 yours is the satisfaction which can come only to the man who has a
 well founded consciousness of having done so.

We wish our readers a good helping of all that is good during the coming year, and we express the hope that the New Year will mark the renewal of our loyalty and devotion to the profession and to Osteopathy.

"The Doom This is the subject of a splendid lecture delivered
of Drugs" before the American Medical Association by Elmer
 Lee, A. M., M. D., late Chairman Physiology and
 Dietetics, American Medical Association. It is a sane, rational talk,
 and in order that our readers may appreciate its full import and see the
 contrast between this lecture and that of Dr. Solis-Cohen also before
 this body, we print Dr. Lee's article in almost its entirety, followed by
 quotations from that by Dr. Solis-Cohen. Dr. Lee said:

"Since the last regular meeting of the Association convened, many of our colleagues have died, very many of them young men. Could any of them have fared differently, was their treatment right? The men of the profession often ask themselves these questions. Mistakes are common in every sphere of life, but to us they frequently mean the tragedy of death.

"Were physicians strictly competent, their position in society would take the highest rank, and ample wealth would be no exception among them. Consider the sickness and death of the colleagues within the year. Of what use were serums, vaccines, antipyretics, antiphlogistics, antiseptics?

"Some physicians think too much of the fever thermometer, the latest antipyretic from Germany or some late discovery in serums. The fact that so many notable physicians are dying from the effect of acute disease should make us thoughtful.

"The one greatest satisfaction to a physician is a dependable treatment with recovery of his patients. Is there any dependable treatment, is it not empiricism from first to last. It would seem, judging from all the reports relating to sickness and fatality, that the materia medica is of small usefulness. Many of the members of the medical profession are honestly and earnestly hoping for better results in practice, by reason of alleged great discoveries in pharmacy and bacteriology. Many of those who believe the most in drug therapy die before realizing their cherished expectations.

"Disease ought to yield long before complications rob the patient of a chance for life. There are many physicians who cannot yet appreciate that helpful therapy does not necessarily imply the use of minerals, acids, alkalies, antitoxins, vaccines, and the irritating and nauseating preparations of barks and plants.

"Truth is, indeed, stranger than fiction, and to affirm that disease, generally, is curable without medicine, is hard for the profession to accept as fact. Disease is, sometimes, also curable under various systems of treatment. But that method which is the simplest and safest ought to be the most gladly adopted, whereas, it is too often neglected.

"Practitioners who are conscientiously unable to understand how disease may be successfully cured without quinin and other drugs, unfortunately stand in their own light. But for the failure of the physician to meet the expectations of the sick and their friends, the various faith cures, and the many other substitutes coming before the people, would have no reason for their existence.

"The patient judges from results. To his mind it matters not by which school he is treated, he is alone concerned with whatever will cure him.

"A sick man is rarely capable of weighing medical evidence, his belief takes hold of whatever happens to fall in his pathway. If he chances to feel some improved sense of comfort, which results from medicine taken into the stomach, it is the old story "praising the bridge that carried him over." It was not the bridge, but his own vitality which saved him.

"There is little hope or probability that the drug store will soon go out of existence. People in sickness turn to it for help. They were educated that way. Physicians come from the people and partake in early life of the traditions and beliefs in vogue. Few persons can throw off early impressions or escape from their effects.

"The corner apothecary is a place of wonderful mystery and supposed potency to childhood. Some of the faith in the power for good in the dark liquids, the pellets and powders, is lost in later life. Still does of pills and powders have their fascinations for the people.

"It is not that there is any particular objection to prescribing medicine for patients which excites my opposition. The point that is important and which I desire to emphasize is that the practice of medicine is not and never can become satisfactory so long as treatment is based on the present materia medica.

"Chemicals of the future will in no wise be better or worse than such as now fill the stores. The more there are, the wider will be the differences of opinion in practice. It is the success of medicine as a profession which should concern us. The question is not whether patients do better with this or that medicine. If they get well quicker and stay well longer and have fewer relapses without drugs, the profession ought to know it.

"As a scientific profession we want facts. There are a few chemical substances which may be useful at the moment of emergency and for temporary employment. Quinin which is one of the most popular drugs is seldom or never required; the same can be said of all the preparations of cinchona bark. This is my observation from practice.

"Sickness is primarily incident to daily mistakes or abuses either consciously or unconsciously self imposed on the vital organism. The chemical action within the body is so altered that disagreeable consequences follow. The early symptoms in disease are produced by contact impressions made by gaseous, liquid or solid impingement on nerves of sensation or motion. At this stage disease is functional, and it is

at this time that a proper treatment will quickly cure the patient. The gases can be exelled or liquefied, the liquids disseminated or diluted and the solids dissolved and eliminated.

"Usually at such times the appetite is poor, which supplies the hint to wait till food is again required. Imperfect food is the commonest causes of disease. It is a difficult problem to supply correctly the food needs of the human organism. Hence it is easily possible to understand the universality of sickness.

"The individual mistakes in the care of the body, from day to day, seem quite sufficient to explain both sickness and weakness. Wrong daily habits are the starting points that lead to disability. Health is the reward, and disease the penalty, according to how the day is spent. Vitality is directly affected by habits of life. Any bad habit may be corrected or changed if there is will power to order it. The use of drugs in such cases usually fail to benefit the patient. All that can be done by a drug treatment is to excite or depress sensation, and in that way, mask the symptoms of disease.

"A drug treatment produces a spurious cure, and that it is not dependable, is proved by frequent relapses. Usually, reconstructive vital force gains control in the end, but it is seldom that the bodily forces are aided by drug and chemical prescriptions. Drugs are likely to do harm if long continued.

"The true and hygienic practice of medicine is helpful and right and there is now no excuse to refer to it as either guesswork or as empiric science. Dependable results surely follow right treatment. Fever is positively controlled, and dangerous degeneration of vital structures may be safely avoided. Pneumonia, typhoid, and other acute diseases should rarely terminate fatally. Convalescence should be well started within ten days or two weeks for any acute disease. All this is possible, and even practicable, yet it requires tact and experience to accomplish it, owing to the want of confidence in a simplified and hygienic treatment.

"Commercial enterprise is wide awake to its opportunities, and neither the patient nor the profession is able always to resist the effect of the plausible advertisements of drugs. The waste of money on "things to take" steadily increases. The profession is unmindful of its best resources in therapy when it resorts to drugs and the long but disappointing list of unavailing poisons for sale in behalf of the unfortunate patients."

Compare with the foregoing the lame defense of "empiricism," indulged in by Dr. Solis-Cohen:

"Physicians must not forget that scientific medicine traces its descent from Hippocrates the empiricist, and not from his dogmatic opponents. Their dogmatism was that of the logician; the dogmatism of today is that of the experimenter. But just as the very perfection of logic must inevitably lead to false conclusions when the premises are faulty, so must the very accuracy of experimental results lead to false conclusions when the attempt is made to transfer them in disregard of the fundamental limitation of experimental knowledge—namely, identity of conditions. And this is where empiricism in medical art transcends both logic and experiment—that it is confessedly elastic; and hence capable of ready modification to meet changed circumstances."

That a logical superstructure based upon false premises leads to wrong conclusions, is absurdly obvious. But this in nowise minimizes the fact that sound logic based upon right premises leads to correct results. This constitutes the very foundation of osteopathy, which he derides.

Science and empiricism, that which is based upon law and reason and that which is without either, cannot mix. Utility, experience, and even authority may seemingly justify empiricism; but it is not scientific medicine.

The "object of treatment," determined by an exact knowledge of the conditions present and the effect it is desirable to produce, is subordinated to "what shall I give or what shall I do to remedy these symptoms," which presupposes only the observation of symptoms.

The doctor says many good things and these statements make us question whether they are not an effort on his part to defend the indefensible. But his glib over-riding of what he terms "the crude, ignorant, and sometimes harmful manipulations of Still and his followers, "the delusions of Swiss, French, and American hypnotists," among whom must be classed Bernheim, Dubois, and Munroe, speak ill for the breadth of a supposed scientist.

And behold this defense of drugs!

"Now the pharmacopoeia is in itself simply and solely a book of drug standards. However, it may be restricted or broadened in its scope, and to whatever purposes, professional or public, it may be applied—whether it be appealed to in the courts, taught in the schools of pharmacy and of medicine, referred to by physician, manufacturer of pharmaceuticals, retail druggist, customs inspector, lawyer, jurymen, or judge—its fundamental character is not altered. It describes drugs, prescribes methods of preparation, and fixes standards and tests of identity, quality and purity. But to what end? We live in a prac-

tical, utilitarian age, and we are justified in asking the question. Why should this elaborate bookmaking machinery have been established and why should the book thereby produced be made an educational textbook and a legal authority—unless out of it there is to come some practical benefit of mankind? What does all our study and discussion accomplish? What need is there for Federal and State legislation on the subject? Why should the prosecuting officers and the courts of the United States and of the several commonwealths be called upon to protect and enforce the standards fixed by the pharmacopoeia? What is the good of Doctor Wiley and all his works? In plain English, why all this bother about drugs and their purity, if drugs are in themselves worthless or needless—if the very idea of their usefulness in treatment is an obsolete or obsolescent superstition? Yet we find not only in periodical literature; not only in publications that are scarcely to be called literature; not only in the addresses of half baked scientists; but even in medical journals, and occasionally in the addresses of great pathologists and eminent diagnosticians, a tendency, if not to decry, at least to deprecate the use of drugs as part of the remedial practice of physicians."

Boiled down, his argument is this: Because somebody decided to print a book dealing with drugs therefore drug medication is all right. Yet, with almost the same breath he admits that some of the world's greatest authorities are against him. But why proceed further? His utterances are those of the standpatter, one hard pressed for defensive argument. Quite in contrast with his colleague whose article appears first, yet presenting a significant difference of opinion in the ranks of medicine and surely a sign of the ever-widening vindication of drugless methods of healing.

Perhaps He Knows "The high cost of living," according to Irving Fisher of Yale, "is due almost entirely to the over-production of gold and to preventable sickness." Such was the startling revelation he recently made in a speech before the St. Louis City Club. We are perfectly frank in saying we had never thought about it in this light before. Have you? In vain we looked in the report of his speech for some trace of a logical elucidation. From what we could ascertain he simply "said so," which must either have been sufficient to convince or he spun his line of reason to such a fine point—the vanishing point—that he left the reporter and his audience gawping at the point. Nevertheless, we also confess that his argument appeals to us as being about as logical, satisfying and relevant as the

connection between O'Leary's cow and the panic of 1893. But, really, can he blame us for not seeing clearly? Our eyes are so accustomed to the flash of the increasing Weyerhaeuser millions, the splurge of the Armours and Pattens, seeing the National Packing Co., fixing prices and things to suit themselves, the bulls and bears forever cornering something or other in Wall Street, while the beautiful spirit of self sacrifice which animated the trusts in the Lorimer deal dazzles our eyes and all the while the Elgin Butter Board reigns supreme. We ask again, can he blame us?

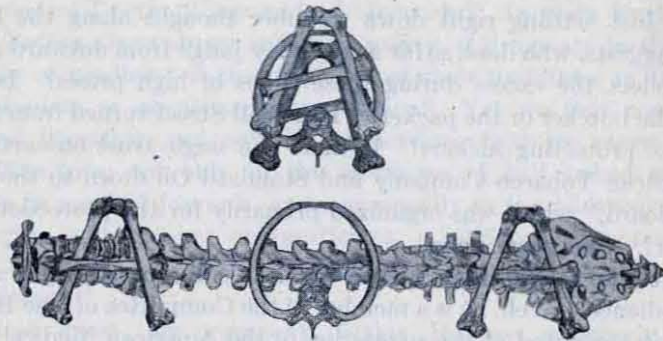
But just settling right down to sober thought along the line his speech suggests, who does, so far as one may judge from outward appearances, collect the excess during these times of high prices? Is it the retailer the butcher or the packer? Has Wall Street turned from fleecing victims to protecting suckers? Is there one single trust on earth, from the American Tobacco Company and Standard Oil down to the "Elgin Butter Board," which was organized primarily for the protection of the consumer? One guess only.

"But who is this man Fisher we hear someone saying way back in the audience. Well, he is a member of the Committee of One Hundred which was appointed at the suggestion of the American Medical Association, ostensibly for something else, but really and in fact to pave the way for a National Bureau of Public Health. There was a lot of "paving" to be done so there are a lot of brainy men on this committee. This latest talk by Professor Fisher makes the object all the more evident. It takes a man of some brains to detect and explain to us how preventable illness causes the high price of butter and eggs and how the case of measles next door could have been prevented if an Allopath were a member of the presidents' cabinet.

This latest effort really shows how far he is willing to go out of his way in order to create sentiment in favor of a National Bureau of Health. We do not pretend to voice anyone's opinion but our own, but frankly, this Fisher person is beginning to make us awfully tired. Personally, we are willing to consign him to some benevolent "cannery" or to the superannuated list of "has beens" to keep company with Senator Dewey and a score of others once thought to be great.

Perhaps he knows, but his talk reminds us of the preacher who always had the same sermon no matter what the text. In the case of Fisher, the text anything; the sermon, the National Bureau of Health.

Design For A. O. A. Pin We herewith present engravings as suggestions for an appropriate A. O. A. pin. The drawings are the work of the well known osteopath artist, Dr. F. P. Millard, and while the suggestion for the drawing came from the Board of Trustees of the A. O. A., the suggestion that the spine with the letters A. O. A. on it be used came originally from Dr. T. L. Ray. The monogram is Dr. Millard's own design. How do you like it? The broach design is for the ladies and the monogram for gentlemen.



Uncinaria Duodenalis

Hook-Worm Disease

BY DR. C. G. HEWES.

Commonly known as the "Lazy man's disease."

Lack of ambition is noticeable and has given rise to the idea that the patient is lazy. Hookworm patients do not work as much or as well as those not infected, but it is because they are sick and not because they are lazy.

A disease which has existed very probably as far back as 1550 B. C. and one which I believe has done more to retard the march of progress of civilization than any other known disease. In the temperate latitudes it is one of the worst and yet the most easily cured of all diseases. The hookworms live as parasites in the small intestines, and are characterized by the discharge of the ova of the worms with the feces, by a progressive anemia, weakness, impaired development of the young subjects, and by various symptoms on the part of the circulatory digestive and nervous system. It was not until late years that Dr. Stiles and others, by a great deal of research, have been able to give to the world definite information as to its cause and cure. Early writers have described it as tunnel anemia, the anemia of brick-workers and miners, dirt eaters anemia, and malaria cachexia.

Development.

The females lay their eggs in the intestine, they are passed out with the feces, deposited on the ground in unprotected privies, around stables, the vegetable garden and field, where their development depends upon the temperature, moisture and available oxygen and the absence of light. They develop faster at a temperature of from 70 to 95 degrees F. A few develop at 71 degrees, and they are known to have developed at 68 degrees F. Freezing often kills the ova, but it has been proven by gentle thawing segmentation goes on and even gives rise to stronger and more vigorous larvae than those hatched immediately. Temperature at 122 F. kills the larvae, probably from drying. Complete desiccation is one of the most positive causes of death. Lack of oxygen retards development, and if continued sixteen days the eggs die. Direct sunlight kills the ova, diffuse daylight checks development and darkness

favors it. It is hard to say what effect water has upon the larvae. As a rule they usually die early, while on the other hand they have been cultivated under such conditions. Loss kept them alive in water 300 days, and Oliver more than eleven months. Oliver found that seawater killed them in 37 minutes. Perner found them alive in mine sludge ten months after the mine had been closed. In distilled water they live from two to nine days. In water they are not able to move freely, but sink if the water is still. On the other hand if the temperature is not too low, they have a strong tendency to migrate and especially to crawl upon all sorts of objects kept moist by water; they have been found several feet from the ground in mines where they had crawled upon timbers and cases are reported where they have been discovered in cracks of bath houses. Acid fermentation of stools may kill the larvae. Boycott and Haldane, however, grew them in acid stools. In this respect the constituents of the feces are of importance. Vegetable diet produces a less favorable medium for the ova than mixed diet. While desiccation kills both larvae and eggs, encysted larvae resist drying for a long time. There is much divergence in regard to the effect of drying on ankylostoma larvae, but the difference in opinion probably depends upon errors in technique; sometimes, perhaps, mistakes are made in the diagnosis of larvae. Hookworm eggs do not hatch in the intestinal canal, for lack of oxygen and possibly the presence of acid and gases, nor do they hatch in the undiluted feces except under certain special conditions. Dilution of the feces with one or more times their bulk of almost any inert porous substance like charcoal, sand, dirt, etc., puts them in a most favorable condition. Eggs hatch most readily where the feces have been diluted by the rain, and mixed with a sandy porous soil. There would be far less mixing feces with a sticky clay soil, and if so mixed hatching would be prevented, due very probably to the lack of oxygen. This may explain the greater prevalence of the disease in sandy regions. They live well in water or moist earth, but drying soon kills them. Rains are an important factor in scattering the feces and mixing them with the soil, and also in keeping up the essential moisture. They are also important factors in producing skin infection by liquifying and helping the effectious cultures to the skin. Shade is an important factor both in the hatching of the hookworm eggs and in keeping the larvae alive by maintaining the essential moisture and preventing fatal drying. Under favorable conditions the microscopic larvae begin to hatch and crawl out in the diluted feces in twenty-four hours. In two or three days, they shed their skins. This is the first ecdysis. After about five days after they were hatched out,

the organism begins a second stage of development, but this time it remains inside the skin it has cast, or retracted from, and is spoken of as encysted. In this condition it is capable of infecting, but not before. Before the larvae became encysted they are very easily killed by sunlight, changes in temperature and too much dilution in water. It results, therefore, that very few larvae that hatch outreach the infectious stage. In the encysted condition the microscopic larvae may live many months under favorable conditions of moisture, shade and temperature.

Drinking water may become a source of infection, but the probability of getting any considerable number of larvae in this way seems pretty remote on account of the amount of contamination that would be required to maintain the life of the larvae until they reach the encysted stage, and especially in view of the fact that the larvae soon sink in water. Water containing larvae would have to be stirred up just before drinking in order to become a source of infection.

Food.

Food that has been contaminated with infected mud or water, or that has been handled with dirty, infected hands may become a source of infection. Larvae may crawl up on the leaves, stalk or fruit of such vegetables as lettuce, celery, strawberries, water-cress, etc., that are eaten raw—one may be infected in this way. No ordinary washing could be expected to remove all the larvae. The practice of defecating in the garden or in the barn yard and then using the manure for fertilizing the vegetables may be a source of infection and be responsible for cases in the city where people wear shoes and are not in infected districts.

Infection through the skin has been proven beyond a doubt by Loss, who placed several drops of heavily infected water on the arm of a man whose feces showed that he had not been infected up to that time. The characteristic dermatitis soon developed, and in 71 days ova were found in the feces. He also shaved the back of a dog and placed on it some mud heavily infected with uncinaria. The animal was properly bandaged to prevent mouth infection, and after two hours the mud was removed and the area thoroughly scrubbed with absolute alcohol. The mud contained only 1-6 as many larvae as it did when applied to the dog's skin. The dog died in ten days, and at an autopsy an enormous number of larvae were found on and in the walls of the intestines. In eight minutes after the larvae come in contact with the skin, itching is complained of. Sections of skin removed and hardened

even in a few minutes after infectious larvae have been applied show numerous larvae in the hair follicles, sweat ducts, and already actually in the tissues. In sections prepared after a long time has elapsed, many larvae can be found deep in the skin, some of which may be found in capillary blood vessels. They possess wonderful skill to plow through any kind of tissue in the encysted stage. Once in the blood stream, they are carried to the right heart. They have been found in sections of the heart cavity. From the heart they are carried by the blood stream to the lungs. Here they are caught in the capillaries, because they are so much larger than the smallest capillaries of the lungs and cannot pass through. Meeting with resistance, they again exercise their ability to penetrate tissue and soon get into the bronchial tubes. Their penetrating the lungs causes small hemorrhage, which will produce a fertile field, and is very probably a predisposing cause of tuberculosis. After the larvae have reached the bronchi they are carried to the mouth, either as a result of the normal constant outward current of the bronchial and trachial mucous secretions or by coughing. No doubt many of them are spit out but some are swallowed. More or less larvae would be swallowed depending upon whether an individual spits out what he coughs up. No doubt this is an important factor in determining the extent of infection in different individuals equally exposed and in view of this idea, it seems wise to advise patients who have ground itch not to swallow their sputum.

Larvae pass through the stomach, resisting the gastric juice just as they resist other chemicals and when they reach the small intestine they undergo further development. Four or five days after the larvae reach the small intestine another ecdysis begins in which they acquire a succal capsule. With this capsule the worm fastens on to the mucous membrane by sucking in a plug of epithelium which furnishes his nourishment. In another four or five days the last ecdysis begins and the last skin is shed. The worms about one-fifth of an inch long grow rapidly and in six to eight weeks from the original infection they begin to lay eggs which are discharged with the feces of the patient.

That infection through the skin is possible from short contact with infected mud and water is proven. Every step of the process has been demonstrated by several independent workers. Accepting this fact, it is only necessary to consider how much in the lives of people who have hookworm disease their skins are exposed to dirt and water containing appreciable amounts of material containing feces to realize the much greater opportunity for skin than mouth infection.

Symptomatology.

There is probably no disease in which the symptoms are so variable in degree as in hook-worm disease. A frequent source of variability of symptoms is the presence of associated diseases that produce more or less anemia themselves. The symptoms of hookworm disease are due to loss of blood and the effect of toxins which may be capable of destroying blood.

A great many cases show no symptoms that can be recognized as variations beyond the normal. If however, these patients with no recognizable symptoms are cured of their worms, though often very few are present, they frequently gain five or ten pounds, feel better generally, and even show improvement in blood count.

A medical student under Bass' observation expelled twenty-two worms from one course of thymol, after which no more ova could be found. He was then as heavy as he had ever been in his life. In thirty-seven days he gained nine pounds and felt more vigorous and felt more like studying than he had in his recollection, though he had never been sick. Such a patient cannot be said to have had no symptoms, but they were not recognizable. The slight diminution of weight and vigor, though certainly present and caused by the infection, was within the normal variation.

With our present method of recognizing the symptoms we would have to say that many of these mild cases have no recognizable symptoms and cannot be said to have hookworm. They are classed as hookworm carriers but as we have repeatedly seen, many of them improve in weight, feeling, appearance and hemoglobin after getting rid of what would be considered an insignificant infection.

The insidious and chronic nature of the disease prevents the patient from recognizing that his health is impaired. One of the symptoms frequently seen in mild infection in adults is mild digestive disturbance, such as light reduction in digestive ability, tenderness and pain, and discomfort in the epigastrium.

Let such a patient be cured of his worms and he notices at once a change.

Where symptoms are too mild to be easily recognized they are generally caused by a very small number of worms, but occasionally as high as two or three hundred worms may not produce recognizable symptoms.

Adults who have ceased growing are apparently more susceptible to a few worms than vigorously growing children.

In a mild type of the disease the hemoglobin may range as low as 60 or 70 per cent. Children with this type of disease grow a little less rapidly than their fellows. A comparison of the weights and measurements of several of this type of a given age with a corresponding number of infected children of the same age always show the former to be under weight and under size. They are a little later in reaching puberty.

In a mill where fifty-six children had been treated for hookworm the improvement in their appearance was so great that the time keeper who knew them all well returned from an absence of three months had to ask the names of many of them. The working capacity of the hands had increased 25 per cent.

A severe type is where the hemoglobin ranges down from sixty to thirty and the patient is too weak and dyspneic on exertion to be overlooked. He is pale anemic and if not an adult his growth is impaired. He often grows very little for years and if the infection is kept up the patient may be no larger than a thirteen year old child when he is actually of age. He will continue to grow until he is twenty-eight if the infection lasts a long time but the size attained is never what it would have been if the infection had never occurred.

In this type in women, menstruation is delayed, irregular, scanty, or absent.

Dock and Bass recognize a severe type of disease in which the hemoglobin ranges down from 30 to 8 or 10 per cent, and is frequently accompanied by albuminuria and dropsy. The anemia pallor and weakness usually incapacitates patients for any kind of work, and when dropsy is present they often have to remain in bed. In this type, death may occur from hookworm disease alone whereas in the previous types death does not occur except as a result of some inter-current disease. According to the Porto Rico Anemia Commission about thirty per cent of all deaths in the island are due to this type of disease.

Acute hookworm disease may occur without previous infection or an acute attack may supervene on a chronic infection. These acute attacks occur in the spring and summer and their symptoms will vary with the intensity of the infection. If sufficient infection occurs there will be digestive disturbances, epigastric pains, rapid anemia and a rise of temperature to 101 or 101 1-2 F. One difference to be noted between the acute and chronic cases is that the acute cases look waxy white with semi-anemia, whereas in chronic cases the same amount of anemia, there is a more yellow tinge (tallow-faced) to the skin due more or less to the pigmentation. Children with acute hookworm disease have not the pot-belly present in so many of the chronic cases.

The blood count according to King in hookworm disease averages 2,406,416. Dock and Bass out of 42 cases found an average of 3,459,246. Forty university students found to be hookworm carriers gave an average of 5,246,322.

Joint pains have been noted by Ashford and King and they say that pain, especially in the sternum is an almost universal symptom.

Ground itch, water itch, water blister, water pox, toe itch, dew poison, dew crack, mud itch, are synonymous. Ground itch is a collective term, and, although in hookworm countries it is usually due to larvae of those worms, conditions clinically similar at least to inexperienced persons, may be due to other causes. Various larvae may penetrate the skin and set up local lesions, but not develop in the body. So the larvae of hookworm of dogs and other animals may possibly cause ground itch, similar lesions may be caused by ticks, harvest bugs and fleas, fly larvae and other insects. The disease is most likely to be located in the feet but gardeners who handle soil may become affected in the hands. Children sitting down in the infected soil have been infected in the buttox.

During the first ten days after an attack of ground itch, if the infection is very considerable, there may be cough, bronchitis, and sore throat. Experimentally, there occur hemorrhages into the lung tissue and it is not impossible that there may be secondary bacterial infection and a condition resembling pneumonia may develop.

On exertion, dyspnea is one of the most prominent symptoms. As to hemoglobin, below 50 or 60 per cent it often exists so long that the patient looks upon it as normal for him and necessary as a part of his life. This is one of the symptoms that reduces the patient's working capacity and contributes to the reputation they often have of being lazy. Edema of the lungs and hydrothorax are likely to be present in severe cases with general edema. The heart in severe cases shows a wide area of cardiac impulses such as is seen from dilatation from other causes. Pulsation in the epigastrium is a prominent symptom and auscultation generally reveals a hemic murmur in the third left interspace. The pulse in mild cases is little changed but in the severe ones is weak and dirotic, and if very severe, rapid, thready, and intermittent. The frequency increases with the severity of the disease. The average pulse rate is 117. The blood pressure is below normal and goes lower as the severity of the disease increases. The appetite is increased in most mild and medium severe cases. Perversions of appetite are common even in mild cases. All sorts of unnatural things are eaten, such as earth, paper, slate and lead pencils, coffee grounds,

ashes, feathers, unripe fruit, pickles, lemons, salt, etc. Many chew hickory or bitter bark and resin chewing is common among those living in the piny woods. Clay eating is also attributable to this disease. Chewing tobacco is encouraged by this unnatural appetite and we believe this partly explains the extensive use of the weed among hookworm people. Boys who do not grow well are often advised to use tobacco and strange to say they often begin to grow at that time. The reason many of them begin to grow after they begin chewing tobacco is no doubt that many of them at the same time begin to wear shoes, or otherwise reduce the infection. It may be possible that swallowing tobacco juice kills or injures the worms, or it may be that the larvae are thrown off with the expectoration as they find their way from the bronchial tubes to the mouth.

The genito-urinary organs are delayed in their development in proportion to the general developmental impairments. Boys develop later according to the severity of the disease and girls begin to menstruate later than normal. Often in severe cases the function is not established until they are sixteen to eighteen years old. Amenorrhea and scanty and irregular menstruation are common. There are instances in which pregnancy occurred before menstruation was established. In girls the breasts share the general retardation in development.

When hookworm patients get pregnant the tendency to dropsy is very much increased by the disease. Swelling of the labia is especially troublesome as the pregnancy approaches term.

Diagnosis.

An absolutely certain diagnosis of hookworm infection cannot be made without finding the eggs of the worm in the feces. It is possible to diagnose it with reasonable certainty in cases showing marked symptoms.

The combination of the characteristic anemia associated with undevelopment, weakness, dilated heart and a history of ground itch is not likely to be confounded with anything else.

The importance of ground itch or toe itch cannot be emphasized too forcibly if they had it within five or six preceding years.

The history of going barefooted in the infected regions usually means the patient is infected though he may not have had a definite attack of ground itch.

The most practical and satisfactory way of arriving at a certain diagnosis is by examining the feces for ova of the parasite. They are

characteristic, easily recognized, and, when worms are present in sufficient numbers and under such conditions as to cause symptoms, they are so easily found that the diagnosis becomes one of the most simple procedures in microscopical work, provided one has a proper knowledge and experience which can be easily acquired.

It is necessary to examine six to ten slides before a practical negative diagnosis can be made. If one hundred or more worms are present, eggs can be found in every slide. The number of worms in a well marked case is from one to four thousand.

I could here deal at length on the method of preparing the slides and everything pertaining to the microscopical examination, but as most of us are too busy to do such work, and prefer to send the specimens to the public laboratories, I will skip it and take up the phase of the disease.

After the administration of thymol the worms can be seen in the feces. They are about the thickness of a common brass pin from three-eighths of an inch (shortest males) to five-eighths of an inch (longest females) in length, and are white or grey in color according to the amount of eggs or blood they contain.

The prognosis is good after the diagnosis is made. In six or seven years after the last infection, in most cases, he is free from parasites; these having died of old age. Under favorable circumstances the patient recovers completely.

In some cases, however, we suspect that the drain, though slight, caused by the parasites, will have damaged the host and that neurasthenic or vascular or cardiac disease may have come on by reason of the excessive calls on the energy of the latter. For this reason, as well as for the prophylactic purpose, all hookworm carriers should be sought out and treated, and if they are exposed to reinfection, the risk of permanent infection is greater.

Mild cases may go on for years; the worms gradually undergoing senile changes and therefore less potent for ill.

Intercurrent diseases and complications, as in all conditions with anemia, hookworm disease is likely to be associated with many other diseases. Some of them are assisted by the anemia and some are due to the intestinal derangements and perversions of the appetite. The following are especially frequent: gastritis, dilatation of the stomach, enterocolitis, edema of the lungs, neurasthenia and nephritis. The latter is very common in advanced cases.

The frequency and severity of pneumonia in the Southern states have been noted, and no good explanation for it has been advanced. It cannot be doubted that the effects of hookworm infection lowers the

resistance so that depressing diseases of all kinds are more difficult to withstand. Moreover the hookworm disease lowers the amount of oxygen carrying blood, while lack of oxygen in pneumonia increases the need.

The prophylaxis involves the following essential elements:

(1) Stopping the danger of infection by exterminating the mature worms in the bodies of human beings in order to check the supply of eggs at the source.

(2) Preventing the growth and existence of larvae in the places where they develop.

To entirely eradicate the disease means the examination and treatment if necessary to every man, woman, and child in the South. A complete record should be kept of all persons living in infected regions to see that they do not become re-infected and if they do, treat them again.

The only means of infecting the soil is by evacuations of the bowels where the ova in the feces will develop. When the public is educated up to the importance of not evacuating promiscuously in the fields and gardens and is taught how to treat the fecal matter so as to prevent the larvae from developing, then the hookworm will be a thing of the past and our beautiful Southland will take on a newer aspect—a brighter hue.

The greater use of water closets in town and the universal wearing of shoes explains why hookworm disease is rarer in cities than in the country and why the anemic country man gradually improves after he goes to the city, and his hookworms die off and are not kept up by re-infections. Similar improvements gradually follow when country children go to boarding school.

Drying the land by ditching and drainage would be good in many places. Plowing is good in some cases and burning the grass will kill the larvae.

People should be warned against soiling the mouth with muddy hands, eating muddy vegetables or fruit, drinking muddy water, or from muddy receptacles, cleaning muddy boots, or allowing children to crawl on the earth; in short, don't let the smallest particle of mother earth touch you when you are in an infected hookworm district.

Treatment.

The treatment for hookworm is, first, a light liquid diet for twenty-four hours, and then administer a large dose of Epsom salts, or sodium sulphate to cleanse the bowels. Many other purgatives

have been tried and they have their advantages but I believe the latter to be the best. It does not weaken the patient so much and it dissolves and removes the mucus in the intestine more thoroughly. After the preliminary preparation the drug selected to kill and expel the worm is to be given as soon as the peristalsis from the purgative has ceased—usually from six to ten hours. Thymol, beta-naphthol, and male fern are the drugs most often employed. Thymol is by far the most generally used in America and England and in view of the almost invariably satisfactory results obtained when properly administered, it seems all that could be desired; it is only slightly soluble in the gastric intestinal juices, and, therefore, little absorption occurs when it is given undissolved and on an empty alimentary canal. Used as a vermifuge it is not intended to be absorbed and is used in much larger doses—according to the U. S. Dispensary, two to ten grains is a dose—but as much as one hundred and twenty grains a day has been taken without disturbance of digestion or intoxication.

After summing up what information I can get on the subject I believe that four doses of twenty grains each, taken at intervals of two hours and followed in twelve hours by a purgative, is good treatment. Children, of course, should be given a much smaller dose—one-half or even one-third.

Unfavorable conditions such as great weakness, extreme anemia, diarrhea, cardiac depression, pregnancy, and dropsy may require a still smaller dose than that indicated.

Thymol occurs in coarse crystals. As it acts only when in contact with parasites, it is more effective if finely powdered. It tends to pack together under pressure, or in the mucus in the intestine. To prevent this, sugar of milk or other soluble substance should be mixed with it. Linderman has gotten splendid results with equal parts of each. As the purgative given after the administration of thymol is given to remove the thymol and not the worms, and thymol is soluble in oil, castor oil should never be given as a purgative for fear of severe intoxication.

On account of the drug being very depressing it is advisable to keep the patient in bed lest absorption takes place and should the patient faint he would not fall and hurt himself. No food or water should be given during the administration of the drug because it is necessary to keep the alimentary tract clear. If the patient is very weak or faint or if the burning in the stomach is excessive a little warm broth or coffee may be allowed. Thymol is soluble in alcohol; therefore, any stimulant of that kind should be rigidly forbidden. Many cases of intoxication are due to drinking water after taking thymol.

When one or two movements have occurred after the last purgative, the patient may begin to eat and his diet need not be restricted unless there is some special indication.

Pregnancy contraindicates the administration of thymol except under the greatest care for fear of producing abortion which it sometimes does. Nephritis and considerable edema are also contra indications.

The Microbes' Serenade

A lovelorn microbe met by chance,
 At a swager bacteroidal dance,
 A proud bacilian belle, and she
 Was first of the animaculæ,
 Of organism saccharine,
 She was the protoplasmic queen,
 The microscopical pride and pet
 Of the biological smartest set,
 And so this infinitesimal swain
 Evolved a pleading low refrain:
 "Oh, lovely metamorphic germ,
 What futile scientific term
 Can well describe your many charms?
 Come to these embryonic arms,
 Then hie away to my cellular home,
 And be my little diatom!"
 His epithelium burned with love,
 He swore by molecules above
 She'd be his own gregarious mate
 Or else he would disintegrate,
 This amorous mite of a parasite
 Pursued the germ both day and night
 And 'neath her window often played
 This Darwin-Huxley serenade—
 He'd warble to her every day
 This rhizopodical roundelay:
 "Oh, most primordial type of spore,
 I never met your like before,
 And though a microbe has no heart,
 From you, sweet germ, I'll never part.
 We'll sit beneath some fungus growth
 Till dissolution claims us both."—GEO. ADE.

Acute Gastritis

NORA B. PHERIGO, D. O.

ETIOLOGY.—Acute gastritis, also called catarrh of the stomach, is a common disease and occurs at all ages, but is more frequent in children. (a) The most common cause is improper food, excessive amount, partial mastication, hurried eating and unusual ingestion of cold water and fruit. (b) Another cause is thermal factors, which includes too hot and especially too cold foods, on an empty stomach.

(c) Among chemical causes, alcohol ranks foremost.

(d) Infectious diseases are primal causes.

(e) Nervous factors usually play an important part, especially worry or any thing causing a nervous tension.

Morbid Anatomy. The mucous membrane is reddened and swollen and shows an abnormal amount of mucus and less amount of gastric juice secreted. Slight hemorrhages occasionally occur. Microscopically, the changes are chiefly in the mucus and peptic cells and an infiltration of the intertubular tissue with leucocytes. Often there is a lack of hydrochloric acid, and the lactic and fatty acids are present.

Symptoms. Appetite is perverted or more likely lost. The tongue is coated and often furred. The mouth is dry and the patient often complains of a disagreeable taste and great thirst. There is usually pain and tenderness over the stomach and often a sense of gastric distension. Nausea and vomiting, characterize most cases, especially the more serious conditions. The vomiting is pale, yellow and often bitter. There is much mucus, occasionally flecked with blood. The pylorus is red and swollen and in that region, the patient complains of tenderness and often of pain. Constipation is the rule, but occasionally, a diarrhoea is present. The nervous symptoms, are usually a frontal headache, often severe vertigo and depression. Fever is seldom present and when it does occur, it is usually in children, following a chill and continues irregularly until the patient's stomach and bowels have been emptied. The abdomen is usually distended, especially in children. Herpes, frequently appears on the lips.

Diagnosis. The diagnosis is usually simple, except in cases, where fever is present, then it is best, to be guarded a day or two, and watch for other developments, as it may be a symptom of an infectious dis-

ease, such as scarlet fever etc., or it may be caused by some chronic constitutional conditions.

Treatment. The method of treatment depends somewhat, on the age of the patient and the severity of the case, but in all cases, advise rest to the stomach.

Acute Gastritis, if handled with care and judgment is usually easily managed, but the least indiscretion, especially in eating, often causes a serious condition.

Lesions. The lesions when found, are from the fourth to the tenth dorsal. The muscles or the whole dorsal region are contracted and often tender to the touch. Not infrequently, a rib lesion is present, the seventh eighth or ninth rib on the left side, are the ones needing careful examination. Relax all muscles of the spine and if possible, correct any bony lesion, found to exist. Pay special attention to the upper cervical region, particularly the atlas and axis, removing any irritation or obstruction to the vagi nerves.

Vomiting which is usually one of the most distressing symptoms, can often be relieved by pressure in the occipital region, also at the fourth dorsal vertebra on the right side.

Flatulency. To relieve flatulency, direct pressure over solar plexus will, sometimes result in almost immediate relief. Occassionally raising ribs on the left side will not only aid in getting rid of the gas, as it often causes eructation, which gives temporary relief.

Inhibitory Treatment, from mid-dorsal to sacrum will often give sufficient relief, causing relaxation of muscles and to some extent absorption of gas. In children I have found a number of cases, in which the sphincter muscle is much contracted, and by having the patient take the knee-chest position and manually opening the sphincter and manipulating the bowels, the patient can expel much gas.

Another Method I use only in extreme cases, in assisting to expel the gas, is by inserting a colon tube and allowing it to remain an hour or two. The most successful and quickest method, which I use is the turpentine enema. I use from one quart to two quarts of water and ten drops to fifteen drops of turpentine. I do not approve of the use of turpentine, except in cases especially indicated. Often the warm water and a teaspoonful of salt, or just the plain water is sufficient, as it is the best method of moving the bowels in gastritis and by giving it often, every six or ten hours, as indicated, and giving it very slowly, much of the water is absorbed into the system, where it is often sorely needed, because of vomiting and usually the inability to take the necessary amount by the mouth.

When a patient complains of pain, at pyloric end of stomach, if there is much tenderness, I do not manipulate, but advise hot, dry flannel, over affected area, and if that does not give sufficient relief, I advise the turpentine stupes. In adults, more so than in children, I find a history of some nervous tension, which was the real, but not the inciting cause of the acute gastritis. The patient will tell that for some-time, perhaps for months, there has been a feeling of fullness in the stomach, caused by food not being digested as quickly as it should or ought to be. There is a lack of blood to the stomach, preventing the gastric cells from obtaining enough material to care for the food. As the food lies in the stomach, it ferments, the toxins being absorbed through the system, causing headache and other indications of auto-intoxication. The constant irritation to the stomach walls, causes inflammation and as has already been mentioned, the inciting cause may be over-indulgence in some food, usually something inclined to be indigestible.

Diet. In lessening pain, duration of case and in controlling the disease special emphasis must be put on diet. Mild cases can often retain a little water all the time, especially ice water or hot water, and in a day or two can retain and digest liquid food, and in a week or ten days can be put on the regular diet. But in severe cases, the matter of diet must be handled differently. For three to five days and even eight days, the patient may not be able to retain food or water without either vomiting or complaining of increased pain or soreness in the pyloric region. I allow the patient to hold a piece of ice in the mouth occasionally, but not swallow the water. There is enough water retained in the system from enemas to supply the system with sufficient amount for a few days. If at the end of the second or third day, the patient can not take food, I order the white of one egg, beaten, mixed with one half pint of milk, to be fed per rectum, every three or four hours.

The first test I make to learn if the stomach is able to retain food, is by giving patient a teaspoonful of hot or ice water and slowly increase the amount. When the patient can take several tablespoonsful of water without discomfort I advise milk or weak broth, or malted milk, and test the strength of the stomach by beginning with a small amount, usually a teaspoonful. Always have the patient cleanse the mouth with water, after taking milk to avoid the after-taste. I sometimes use a little lime-water in the milk or water. When the patient begins to recover, he has a craving appetite, then is the danger of a relapse and firmness on the part of the physician is required to prevent any over-indulgence by patient or those in charge.

Heart. Not infrequently, we have heart complications, which must be guarded against. Even if the food seems to be taken care of pretty well, in the stomach, I have had to feed the patient, per rectum, until the heart action was normal again. My experience has been that most heart trouble in acute gastritis, is functional, caused by irritation from the stomach.

In closing I wish to report one of my worst cases of acute gastritis.

Report. The city was hushed, as one of its fairest young women was nearing the borderland. Two physicians in the city and one from out of town who was called in three times, but gave no hopes. The parents frantic, had exhausted their resources and done every thing in their power to save their only child, but no hope was given and life was fast ebbing away.

The mother, heard the nurse inform the physician over the phone, that unless something was done for the nervous system at once the patient would probably not survive the day. The mother then recalled what osteopathy had been able to do for her nerves, several months before and suggested that I be sent for. Even after admission that the case was hopeless, the M. D.'s begged and insisted that they must not send for the "rubbing doctor," but the mother called and I found a serious case but told the parents if they would let me have the case, alone, there was at least a half chance, but I could do nothing in the case with an M. D.; that he had done his best, for four weeks and therefore, they could see what he was able to do. It meant much for them to give that case, their only child, wholly to me as they knew practically nothing about what could be done or accomplished by osteopathy. Desperate and hopeless, they acceded to my demands. The history was that of nervousness and numerous attacks of acute indigestion. The pulse was weak and irregular, frequent vomiting and delirium. The urine was scant, hardly two ounces in twenty-four hours, and patient had to be catheterized. The bowels were moved by high enemas. Several times the colon tube was left in an hour or two, as it assisted in expelling gas. I used the turpentine enemas, which did much good.

I continued the use of the malted milk as it agreed with her better than anything which had been tried, but did not allow water for several days. The patient had been given one fourth grain of morphine every four hours, and one sixtieth grain of strychnine, besides bismuth subnitrate, etc. I ordered all medicines stopped immediately, except the morphine and strychnine, which I ordered given less frequently until the fifth day, we stopped everything. The strychnine was stopped the third day and the morphine was stopped the morning of the fifth.

I stayed by the case almost night and day, for more than a week, often treating her, two to four hours at a time. Most of the treatments were directed from the fourth dorsal to the first or second lumbar; also to relaxing muscles of cervical region.

The third day the patient was decidedly improved and in a month she came to my office for a few more treatments, and has been in better health ever since than she had been for years before.

Thus osteopathy, the science of drugless healing, is ever proving that it is the method which can do most, toward curing disease. And as a drug user said, "Thank God, not a single one of the many thousands of wrecked drug habitues made annually can trace their ruin to osteopathy."

Fulton, Ky.

The Mechanism of Anatomical Structure In Its Relation to Osteopathy

HERBERT BERNARD, D. O., Detroit, Mich.

The theory of osteopathy is that obstruction to the free flow of the blood stream or of the nerve impulse will cause disease. To follow this theory in its entirety demands that the osteopathic practitioner have a thorough knowledge of the mechanism of anatomical structure, both normal and abnormal. He should be a mechanic first of the normal human body, for it is not a difficult matter to figure out a movement necessary to remedy an abnormal condition if one knows the mechanism of the normal.

It is to explain the mechanism of the human body, both normal and abnormal, how lesions are formed, how to find them and how to correct them, that this paper is written; also to explain how the formation of lesions, etc., conform to the first, last and all the time principles of osteopathy as laid down by our Father Osteopath, Dr. Andrew Taylor Still. To do this it will be necessary to touch on the history of Osteopathy.

When the writer was a boy living in Kirksville, Mo., he had the good fortune to know Dr. Still and his family. The first time I ever saw the "Old Doctor," he took hold of me and ran his fingers up and down my spinal column. What was he doing? He was studying the normal relations of anatomical structure. He was figuring out the principles of bodily mechanism, so that he might be able to prove his theory of the cause of disease, for already he had the idea that structural derangement would cause functional disorder. I wonder where osteopathy would have been today had he at that time been sidetracked. Suppose he had given a general rubbing, or a pulling of all the tissues, using to the extreme almost every normal movement in the body with the hope that he would accidentally remedy a structural derangement, of the location of which he knew nothing. He might have done this, or by that kind of massage procedure, which helped the circulation of the blood, the case might have been benefited. I say he might, but he did not. He knew that he must be able to find the derangement. He knew that he must be able to understand the mechanism of its form-

ation, and he knew that he would have to give specific movements to remedy it. Therefore he studied the subject. I have seen him many times sitting on a stump in the woods with two bones in his hands. These bones would be joined together with slingshot rubbers. He would displace and replace these bones over and over again. He was studying the normal and the abnormal relations of the joints. He was studying movements of the anatomical structure. He was studying osteopathy.

One day in 1876 the "Old Doctor" asked me if my mother was sick. I informed him that she was, and she had been sick two or three days with a very bad headache. He said: "Come with me and I will cure her." The "Old Doctor" went into the house and put his fingers on my mother's neck and said, "When did you hurt your neck?" She told him that she had been thrown from a carriage a good many years ago, and had been suffering from headaches ever since. At that very instant he gave her head a sudden twist. I for the first time in my life heard the "good old pop." He had reduced a lesion and she has never had a headache since. Just one movement cured her. I defy any man living to say that he ever saw the "Old Doctor" give any more than one, or two, or three movements in treatment. I do not mean to say that we can do as he does. It is necessary for us, who are not so proficient as he is, to loosen the tissues before we are enabled to adjust the disturbed articulation. His fingers are so trained that he is able to detect a slight derangement much quicker than we; and, while we have to work around the area of the disturbance to locate it he is able to put his finger right on the spot.

It is a regret to me that we moved away from Kirksville about this time, and I heard no more of Dr. Still for about fifteen years, when I became interested in the work his sons were doing. They explained to me the theory. The "Old Doctor" had then developed his system of therapeutics and had given it the name "Osteopathy." I took many notes of what they told me and have followed this practice and have the notes by me as this paper is written.

First, I shall explain how a lesion is formed. To do this it is necessary to consider the mechanism of a normal anatomical area. In these explanations I shall use the neck principally, as I consider the anatomy of the neck easier to work with than that of any other region of the body, although these descriptions of lesions, etc., are applicable to any other region of the human anatomy. In a normal neck every bone, cartilage, ligament, muscle, fascia, blood vessel and nerve is in its normal position, working one with the other and all together in absolute harmony. The cartilages and ligaments are so placed, all with the necessary de-

gree of flexibility, to allow free play of the articulation, just enough yellow elastic in their formation to balance muscle contraction—no more, no less. The arrangement of cartilage and ligament with the natural tonicity of surrounding muscles keeps the articulation so perfectly balanced that when a joint is not in action, the soft tissues should be relaxed. When all tissues are in this mechanical position of perfection there can be no interference one with the other, no friction and no obstruction nor irritation to blood vessel or nerve. All movements of the neck, flexion, extension, rotation and lateral movement are perfectly normal in all respects.

Now for the abnormal. Should any of the neck tissues become contracted or unduly relaxed, hyperaemic or anaemic, from whatever cause, then we have the beginning of the formation of an osteopathic lesion. This lesion may be disturbed relation of bones, or soft tissue contraction from congestion or relaxation from exhaustion.

There may be just as many osteopathic lesions as there are movements in the parts. In considering the formation of a structural lesion, let me mention injury first as a very common cause of creating lesions, the formation of which does not need any description, as it is easily understood how an injury may form a primary lesion by violently degrading tissue.

I will now describe how a lesion is formed from exposure to cold. One takes a cold from a draught, let us say, blowing directly on his neck; a stiff neck results. All or only a part of the tissues in the neck are contracted from congestion, the tissues on one side usually contracting more than on the other side. Gradually these tissues become more normal, the congestion being eliminated through their natural recuperation; but the greater strain of this tissue contraction, let us say, has been put on the Rectus Capitis Posticus Major of one side of the neck. The origin of this muscle is the spinous process of the axis and running diagonally upward and outward it is inserted into the inferior curved line of occipital bone. This muscle is congested; it is being weakened from congestion, and just exactly as it weakens, its fellow of the opposite side takes up the slack. Now remember the fellow muscle which is now doing the pulling has not been weakened; therefore by its normal strength it will pull or rotate the axis toward its side of the neck, crowding the bone to the side of its articulation and holding it there. The Rectus muscle which had been weakened will naturally accommodate itself to this new order of things as it gradually comes back to normal strength. And we have an atlas-axis lesion. This process may take place in almost any of the articulations of the

skeleton, other muscles or sets of muscles being involved, of course, and the resulting derangement may be explained purely upon the basis of anatomical mechanism. The axis in this mal-position becomes an osteopathic lesion by interfering with cellular interchange, deranging the tissues all around the joint, causing pressure on blood vessels and nerves. I want to state right here that I believe all lesions in their effect are the pressure of the soft tissues. The bone is displaced, it is true, but it is displaced only in its own articulation. It is the deranged and congested soft tissue that causes the pressure, never the bone. If a bone should press a nerve against another bone, it would destroy the integrity of the nerve and cause paralysis of the parts supplied by it. If you will look closely at the articular facets of a vertebra, you will see that it is utterly impossible to close or lessen the diameter of an intervertebral foramen without breaking the facets or rupturing the ligaments. One would be fracture, the other complete dislocation. These cases are met with and are usually fatal. They are caused by injury wherein an extremely violent wrench is given the vertebra. The injury that creates an osteopathic lesion is only sufficient to strain the tissue and cause congestion, the formation taking place as I have described in the lesions caused by exposure to cold except the lesion in this case is formed suddenly. I believe all osteopathic lesions of the spinal articulations in their formation go through the procedure that I have explained, with this exception, that a muscle is sometimes weakened by exhaustion instead of by congestion.

Now for the lesion that is caused by influences within the body. Let us consider lesions caused from acute diseases. Every osteopath has noticed the great number of spinal lesions found in a patient who has an attack of typhoid fever. One of these lesions may have been the primary cause in weakening the resistance of the intestinal wall, making the entrance of typhoid bacilli possible. The other lesions found are secondary and are caused by irritation to the end organs of the nerves of the intestines. This form of secondary lesion is mostly muscular contractures. The irritation to the end organs of the intestinal nerves will naturally exhaust the nerves somewhat, and we know exhausted nerves lose their tone, as they do when we over treat them. This exhaustion allows the irritation to work backward over the affected nerves to their origin, naturally lowering the free impulse through the rami communicantes connecting the ganglia to the spinal nerves. The spinal nerves in resisting this loss of tone in their sympathetic fellows become irritated themselves, causing the muscles they supply to first contract, then to relax, becoming exhausted through over stimulation,

and we have the beginning of what is called secondary lesions. The formation of this lesion takes place as I have before described.

Next we will consider how lesions are caused by errors in diet. For illustration, let us say that a man persists in eating what does not agree with him, or constantly over-eats, or eats too rapidly, or masticates insufficiently, so that the gastric juices are unequal to taking care of it. In any of these cases the gastric digestion is slow or incomplete, and if these errors are continued the strain upon the stomach walls eventually impairs them; and the glands within them are weakened by overwork; the gastric juices become chemically imperfect; the end organs of the stomach nerves are irritated or exhausted; and secondary lesions in the spine are created by this means just as I have previously explained in the case of those formed by acute disease.

Now, these secondary lesions may be caused by mental attitudes in this way: We all know that the brain uses an enormous amount of blood during mental concentration, and that there is nothing which calls for such concentration as worry. For instance, a woman will think she has a cancer, that she must have a cancer, just because her aunt or some one else in the family had a cancer, and died of cancer. Is it any wonder that this continued abnormal mental picture prepares the body for the very disease which causes the worry? The extra amount of blood, which is thus constantly called to the brain, must be taken from some other part of the body which is in need of it for functioning. When the stomach needs the blood, the person is probably worrying and the poor stomach does not get enough blood to properly perform its function, its juices are slightly impaired chemically, and we have what is called nervous indigestion. Who ever saw a case of nervous prostration or neurasthenia without the stomach being involved in this way. If this worry keeps up we are bound to have a functional disorder of the pneumogastric as well as of the sympathetic system. The secondary lesions will be formed the same as those in dietary errors, with the exception that in these cases of mental worry the pneumogastric, becoming overstimulated by irritation to its end organs in the stomach, is thrown out of harmony and will cause other functional disturbances such as palpitation of the heart, etc.

These nerve irritations may be traced further than I have traced them. There is the consideration of the inactivity or overactivity of cells in a lesion's formation which I shall not touch upon, other than to say that perfect function of cells is as necessary to perfect structure of cells as perfect cell structure is to perfect cell function. A book might be written on the local lesions caused by the breaking down of cells,

allowing the entrance into the body of poisons, etc.; but as I do not consider this phase important as it is, as belonging to an explanation of the formation and result of a mechanical disturbance in anatomical structure, I shall not consider it at this time, although there is a disturbance of cellular activity as well as destruction of cells in an osteopathic lesion.

The secondary lesions that I have described are, as I said before, usually no more than contraction or exhaustion of soft tissues, and nature may bring them back to a normal condition through natural recuperative effort, after the irritation that caused them is gone. But if the tissue contraction or exhaustion remain or displace a bone in its articulation and maintain this displacement, in that the bone is unable to return to its normal position, then these secondary lesions become primary spinal lesions, and will in turn keep up the functional disorder of the organ or organs that caused their formation.

How to find an osteopathic lesion is the next thing we have to consider. This consists in nothing more nor less than having the fingers so trained on normal surface anatomy that they will be able to detect anatomical abnormalities. It is much better to know when one's fingers touch a sore spot than to ask the patient if it hurts him. Training the tactile corpuscles in the finger tips is the most important part of an osteopathist's work. It is all right and necessary for us to study descriptive anatomy, physiology, pathology, chemistry and the kindred subjects, but it is more important to study surface anatomy on a living model than all other subjects combined. If an osteopathist knows everything in the world except how to locate a lesion, he is not thoroughly equipped to practice osteopathy. Of course delicacy of touch comes from experience in handling patients. I believe, however, it is much better to study normal surface anatomy by touch as a regular routine work than to developing the fingers by examining and treating patients. The guide to the osteopathist's fingers in locating a lesion is the tension or relaxation of tissue. When either one of these is present in area, the examination carried further will disclose the kind of lesion; and, if it is a displacement, it must be figured out by making all the normal movements possible to that joint in order to know the movement that is limited; this with the use of the eye and fingers will inform the examining osteopathist as to whether the displacement is anterior, posterior, lateral or rotated, and just what structures are involved.

To correct an osteopathic lesion, it is first necessary that the patient be placed in a position on the operating table where the greatest amount of natural relaxation can be obtained to the area upon which

the operator intends working. Tell the patient that you are trying to get relaxation. He will help you by letting loose. Then all tensed tissue must be worked on until it relaxes; this is hardly possible at one treatment, as great care should be taken not to overtreat. The tissues surrounding and included in an osteopathic lesion are so easily stimulated through mechanical irritation in some cases that it demands the very lightest treatment to obtain the result necessary at that particular time. In other cases a much harder treatment can be given.

A good way to know when a tissue has had enough stimulation to help its blood supply is that it will get warmer than normal bodily heat of that area. This is the clue to stop, or too much friction will cause congestion and the object for which the treatment has been given will be defeated. When the tension has been taken out of the tissues, or exhausted tissues have been strengthened, all the movements possible to that area should be made to the limit. The movement that is limited is the one that should be forced a little beyond the limit, if possible, at each treatment. In this way nature may line up this articulation without any further work.

If it becomes necessary to overcome a pull exerted by some deep tissue that you have been unable to reach, always break the articulation worse, which means work hard against the greatest resistance, then with a movement that will stretch or extend the vertebra rotate the spine toward the same side (if lateral displacement), to which the vertebra has been drawn or crowded when the lesion was formed. During the same time that this movement is being made, a pressure upon the spinous process of the vertebra will push it back into place. If the displacement is anterior or posterior the movement must be modified to suit, always remembering that there must be extension and rotation at the time the vertebra is moved. In this way the ligaments surrounding the articulation help in replacing the bone.

Now as to our stimulation and inhibition idea: Such stimulation is brought about by mechanical irritation of the nerves with the fingers in order to bring more blood to them. Irritating the posterior spinal nerves in this way will carry a stimulating impulse through the rami communicantes to the sympathetic chain. But I would advise irritating only the nerve or nerves that are necessary to carry the impulse to the organ or organs you wish to stimulate. There is only so much reserve blood, you know, and it is not necessary to distribute it all over the spinal area, when it is only needed in one place. Do not know much about the inhibition idea. I rather think there isn't any such thing. I have an idea that in holding a nerve for a time the nerve tissue is re-

laxed and more blood is brought there than by a sudden pressure. In this way the nerve becomes more normal, not inhibited. Over stimulation may have an inhibiting effect up to or near the point of congestion; but I would advise against too long or hard a pressure upon nerves in any case. It might damage the nerve sheath or at least cause congestion.—A. O. A. Journal.

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Forum

EDITOR OF THE JOURNAL OF OSTEOPATHY.

Dear Doctor: I notice in the July number of the Journal which I received a short time back, on page 546 a piece entitled "Reporting on Tuberculosis." The National Association or whoever reported the article is wrong as I have a copy of the Sanitary Code, State of Louisiana, published in 1911 and on page 9 of said code it states that "Tuberculosis (consumption) is communicable and dangerous to the public health." Again in Chapter III, page 9, Sec. 13, "It is hereby made the duty of every physician to report to the local Board of Health of the city, town or parish, wherein he practices, any case of a communicable disease which he has attended or for which he has prescribed; and such report shall state the name of the patient, nature of the disease treated, and the place where the patient is to be found, and said report shall be made by the physician within twenty-four hours of the time the physician first visits the patient." Chapter VII, pages 56-61 inclusive treats of the handling of tubercular patients and the reporting of same, a blank form which is to be filled out, giving the name, address, age, race, sex, occupation, single or married, duration, where contracted, number of persons in house with subject, general sanitary conditions of place of residence, what steps, if any, have been taken for its sanitary control, educated or illiterate, is literature desired on the subject of tuberculosis from this office, signed by attending physician giving his (the doctor's) address. Then you have to indicate the form that the disease has taken, giving the duration, where contracted, parish, state, date, how long a resident of the state, years, months, days, complications, if any exist. Give the names of towns in which the patient has resided since coming to the state, what steps, if any have been taken for its sanitary control. Signed by health officer and his address and jurisdiction. All such communications are to be held as confidential reports.

Penalty for failing to do as outlined above—1st offense, not less than \$10.00 nor more than \$200; 2nd offense, not less than \$25 nor more than \$400; 3rd offense, not less than \$50 nor more than \$500, or imprisonment for not less than ten days nor more than six months, or both for each subsequent offense.

You see we have a pretty good law on tuberculosis after all, probably it was an over-sight or a wrong point given the National Association. I would be glad if you would call the Association's attention to the above facts or if you will send them my address, or send me their address, I will try and give them information in my power.

Fraternally,

DR. COYTE MOORE.

DEAR DR. JACOBS: In "Business Opportunities" column of last issue I note someone has been stealing something from Dr. Murray's "Practice of Osteopathy." Have just been wondering whether it was being used in a dime museum or to teach a few manipulations to M. D's and thus give them a liberal (?) Osteopathic education. In either capacity it should appear side by side with that professional travesty called "Osteopathy" which was produced some years ago by Dr. Davis. Here's hoping that the stolen will be located, cremated and forgotten.

Fraternally,

ASA WILLARD, D. O.

EDITOR OF THE JOURNAL OF OSTEOPATHY:

The New York Syndicate Publishing Co., has just put out the 20th century encyclopedia. Their canvassers are now in the field. The especial plea for its purchase is its "up-to-date ness". It neither mentions osteopathy or Dr. Still. It is the only American encyclopedia published in recent years which does not. That this omission is accidental in a work of this kind is rather inconceivable and when the agents of the "20th century encyclopedia" call, the work should receive the consideration from our profession and friends which this omission merits. Thinking you would like to bring this to the profession, I write this letter.

Fraternally,

ASA WILLARD, D. O.

Fake Gallstone Remedies.

Among the many bold, disreputable swindles in the patent medicine line, the Gall Stone remedies are the most reprehensible.

The Journal of the American Medical Association has exposed a number of them but they continue to ply their trade and the drug stores continue to sell the nostrums and the people are continually being duped and doped.

After exposing the methods adopted by different venders, including a long list of cancer cures and kidney cures, the Journal of the A. M. A. exposes a "fake gall stone trick," which is sold by the Pinus Medicine Co., of Los Angeles, Calif., called "Fruitola." As stated in the Journal, the principle on which the fake depends is the well known fact that giving a patient massive quantities of some bland oil will result in the passing of soapy concretions, especially when preceded by rochelle salts or seidlitz powders. These lumps, greenish in color, and of varying size are easily mistaken for gall stones.

Fruitola consists of an 8 oz. bottle of oil and six powders, four of them being in blue paper and two in white. Upon chemical analysis it is ascertained that the powders are almost identical to the common seidlitz powders, with which the reader is familiar. The patient is instructed to take the powders and follow it up with the contents of the bottle at one dose. An analysis of the oil revealed the fact that it was olive oil, flavored with anise.

The cleansing of the intestinal tract by means of a laxative, not too drastic, in connection with the expectant mental condition, produces a feeling of relief, especially in a person suffering with constipation, and this enables the fake venders to get all the testimonials they need.

The latest fake remedy to be exposed by the Journal of the A. M. A., (Aug. 19, 1911) is that of "May's Wonderful Stomach Remedy" at No. 40 Dearborn St., Chicago, Ill. This remedy is said to consist of 6 oz. of yellow oil and two powders. The powders when analyzed appear to be common rochelle salts with six per cent of compound licorice powder. Thus it will be seen that the credulity of the patient is imposed upon and when he awakes to a realization of the fact that he has been deceived, the elated, exhilarated feeling gives way to depression and the last stage of the patient is worse than the first.

The Journal ends its exposure of the "Fruitola" fake with the following paragraph:

"That persons should be mulcted of a dollar, however, for the sake of having their bowels moved and being made into a peripatetic soap factory may seem humorous—but it is an outrage nevertheless. To such as wish to make the experiment—and it is one that is by no means free from danger in all cases—we would suggest the following procedure as equally efficacious and much less expensive:—Buy 20 cents worth of olive oil and a nickel's worth of seidlitz powders. You then have all the paraphernalia necessary for the production of home-made gall stones. All that is required is to take the oil and the powders and then practice watchful expectancy. The expected will happen."

If the reader is not familiar with the series of articles which appeared in Collier's Weekly exposing patent medicines, you should obtain a copy of "The Great American Fraud," published by the Journal of the A. M. A., which is a compilation of those articles with other valuable information on the same line.

When we consider the many exposures concerning the injurious effects of medicine and the fraudulent methods resorted to by the venders of "nostrums," and when you realize the fact that the greatest exposures are coming from within the ranks of the Medical practitioners, we as Osteopaths, can certainly feel justified in proclaiming the truth concerning the merits of osteopathy and join hands with the conscientious "M. D." who by experience has learned that medicine does not cure and has ceased to defend it.

When the advocates of a crumbling system are constrained to proclaim the futility and even injurious effect of their own and each other's nostrums it is time something should be done. In exposing these frauds in the patent medicine business the Journal of the American Medical Association is doing a good work and the public is beginning to realize the fact that medicine does not cure anything. It was a physician of several years experience who said:—"To give medicine to a well man is very very wrong, but to give it to a sick man is a crime indeed."

It should be a matter of gratification to Osteopaths to know that the principles of Osteopathy are founded upon a scientific basis and can never be intelligently assailed.

Sincerely,

Salt Lake City, Utah.

G. A. GAMBLE, D. O.

EDITOR OF THE JOURNAL OF OSTEOPATHY: I am sending you a copy of a letter from Dr. W. L. Davis, osteopath, which fell into my hands recently. Now it may be that this doctor is deluded into believing what he writes is true and is therefore sincere. This, however does not seem probable. I don't believe he will catch many suckers among the osteopathic profession, but they should be warned lest some fall into his net. This fake remedy has been exposed several times in the past by the A. M. A. Please refer your readers to the Journal of the A. M. A. for August 19, 1911 (page 671) where they will find information on the subject under discussion.

I find that Dr. Davis is a regular D. O. The greater is the pity, for such games as his tend to discredit the profession to which he belongs.

Fraternally,

GEO. W. REID, D. O.

Have you ever had a case that you have lost because of the need of Surgical Interference? You probably have. Do they ever return to you afterward or are they lost to you forever? My experience has taught me that they seldom return. This condition is what has led me to two years of study and I have at last a remedy for one or more of these difficulties. The removal of Gall Stones without the use of the knife is my discovery. I have a remedy no Osteopath will hesitate to give as it is composed almost entirely of oils from the foods we eat every day, that when given in large enough quantities remove these stones without sickness or pain in one day. I have removed hundreds at one time. One stone taken from a lady patient of mine that measured three quarters of an inch around and two inches long by actual measurement. I have another stone removed as large as a black walnut. Of course these are exceptions as they range in size from rice to hazel nuts. These stones are softened or they would not come without pain. The lime salts that surround them are practically all dissolved and in three days time after removal are a mass of oil colestrin colored with bile pigment. I have had these stones examined by eminent chemists and pronounced O. K. and I now purpose to give the benefit of my experience and experiments to the Osteopathic Profession.

You will find this one of the greatest advertisements and patient getters ever handed to you. As they need treatment to prevent reforming and a month or two treatment at your regular price and a new family added to your list and a family and neighborhood discussion of a removal of gall stones at small expense and no knife, anesthetic or hospital fee appeals to the American people. The cost is so slight that it is not to be considered. I charge you two dollars per treatment and guarantee successful removal of Gall Stones if they are there. If no Gall Stones are present they won't come but my experience has taught me that where the following symptoms are present, Gall Stones are present also:

Dizziness and cold sweats, indigestion and gas formation, renal colic is the sure symptom but is not present in many cases. Constipation, or constipation with diarrhea, jaundice, bloating in the abdomen, pain over the lower dorsal and extending up under the right shoulder, and many other things.

Now think this over and if you want to make a trial on some of your cases which you undoubtedly have, send me two dollars and I will send the treatment to you F. O. B. Lincoln, Nebr., and you can charge what you wish. The remedy is yours without my name or anything on it except directions to you and I guarantee you success if they are there. I have had over fifty cases since commencing this treatment and not one bad result or unsatisfied patient and most of the cases were new ones to me, coming through the recommendation of someone who has tried my treatment.

Now don't think this an advertisement scheme as I am only asking you to make one trial, which I know will convince you forever of the truthfulness of my statement and I put my reputation as an Osteopath of eight years practice behind it, and I purpose to make this an Osteopathic remedy.

For cleansing the whole alimentary tract nothing is better. The thorough cleansing of the bowels prevent many attacks of appendicitis and impaction and is a benefit to any person with difficulties in digestion and elimination.

Will I hear from you or shall I pass it up to someone else? I will help you if you will let me.

Fraternally,

DR. W. L. DAVIS, Osteopath.

Legal and Legislative

Ontario Doctor Wins Case.—In the case of the Ontario Medical Council vs. Dr. Beverly Wilson, the Leamington osteopath, who was recently tried for alleged practice of medicine at Leamington, before Police Magistrate Selkirk, judgment was given in favor of the defendant. There is talk of an appeal.

Missouri Board Will Hold Examination.—The board, through its secretary, Dr. J. B. Cole of Columbia, Mo., announces that it will hold examinations in Kirksville, Friday and Saturday, January 26 and 27, 1912.

League of Medical Freedom Busy in California.—Declaring that the "doctor's trust" was endeavoring to force a State medicine upon the country, which would be as obnoxious as a state religion, Senator Works and Rev. Raymond Blight made a strenuous plea for medical freedom at Dreamland Rink, San Francisco.

The meeting was held under the auspices of the National League for Medical Freedom, and Dr. D. C. Farnham, the osteopath presided. In his introductory remarks he said that there are at the present time no less than 7000 doctors in the Federal service and claimed that for the purposes of sanitation, quarantine and pure food measures the country now has ample machinery. He held that attempts to increase the power of the political doctors by further legislation was vicious.

"There is no popular demand for this legislation," said Rev. Raymond Blight, the first speaker of the evening. "It can all be traced to one point of origination, the American Medical Association, which proposes to provide Federal employment for armies of doctors.

"As an example of what is going on, a bill was recently introduced in the Legislature of Minnesota which proposed to appropriate \$500,000 yearly for the State control of contagious disease. This is class legislation of the most vicious character, having for its purpose the establishment of a medical despotism, and the time has come when we must open our eyes to what they are trying to accomplish.

FEDERAL MEDICAL STAFF.

"One of their own authorities has said that before long every town of 5000 to 10,000 population will have its medical staff in the pay of the Government, and that means compulsory medicine.

"Until their profession can be brought to a scientific basis, and until the untimely deaths of medical men themselves no longer testifies to the chaos of their theories we must say to these medical men: 'Gentlemen, hands off.'"

"The science of medicine is today a science of guessing. The doctors cannot agree among themselves as to what they do believe, and the frequency of operations increases with the increase of the power of the doctors to get larger fees for operations."

Senator Works, who followed, went into a further elaboration of the point that the different theories of medication proved that the medical practice of today was not upon a scientific basis.

"But there are some physicians today," he continued, "who have organized themselves to force their particular theories upon us. To them we say: 'You have no right to do this, and when you do it, we are going to resist to the limit.'"

DIED UNDER CHLOROFORM.

The speaker then told of the practice of the doctors in the schools of the State, claiming that young girls were subjected to physical examinations, the character of which he advised parents to investigate.

He read extracts from a pamphlet on the care of nursing babies, which he said the teachers of Los Angeles were forced to read at length to the children in the schools, and instanced a case where he claimed a boy's parents were told by the school medical examiner that he had a weak heart, but that afterwards when they were told to have the boy's tonsils removed the surgeon said his heart was all right—so that he would be able to take chloroform without injury. He then read a report of a case in the Long Beach schools in which it was claimed a boy had been sent to a surgeon for the removal of adenoids and died under the influence of chloroform.

In answer to the criticism that the Government was more strict in the medical regulation of hogs than of human beings, he said "that is all right if you want to put yourself on the level of the hog."

In conclusion, Works stated his belief in the teachings of Christian Science, and declared that he would fight in the Senate all legislation proposed by the American Medical Association which was aimed to establish a State medicine by the abridgment of constitutional liberties of the people.

May Sign Death Certificate.—Corporation Counsel Hammond, of Buffalo, N. Y., submitted to Health Commissioner Fronczak an opinion reading to the effect that an osteopath has a full right to issue birth and death certificates, but according to law is not permitted to use drugs or surgical instruments. In the opinion it is stated that an osteopath to whom a license has been issued by the state board of regents possesses the right to give out such certificates and use after his name the degree D. O.

When Commissioner Fronczak was called upon to accept an osteopath's certificate he was doubtful as to the legal phase. An immediate decision was made necessary, however, by circumstances surrounding the burial of the person mentioned in the certificate. The commissioner went to the corporation counsel for a legal decision.

Favor Sanitary Engineer.—One of the most important resolutions at the recent meeting of the New York Osteopathic Society, favors a State Board of Hygiene instead of a State Department of Health. The resolutions adopted are as follows:

Whereas, there was introduced into Congress at the recent session, by Senator Owen, a measure creating a Department of Public Health, and, Whereas, we as physicians and as an organization, earnestly desire to see those conditions and causes which make for disease eliminated and removed, but,

Whereas, The measure above referred to may be constructed to permit and even direct agents of the Federal government not only to have control over the bodies of those engaged in Interstate Commerce as well as all enlisted in government service without reference to their wishes or consent, but go into the States and use government authority and money to increase if not compel the use of certain remedies and modes of treatment. Now, therefore, be it,

Resolved, That we disapprove of the Owen bill in its present form and urge the introduction into Congress of a measure which would create a Bureau or Division of Sanitation and Public Hygiene whose chief shall be, not a graduate of medicine but a sanitary engineer and provide for an advisory board composed of

one member from each of the recognized schools of medicine, which division or bureau shall exert itself to prevent contamination and pollution of streams and enforce cleanliness and the proper quarantine in contagious diseases to better tenement conditions and increase hygiene and safety in mines and factories, and spread among the people a knowledge of the desirability and means of accomplishing the same; but shall not permit the treatment of disease nor enforce other measures of prevention, than to eliminate the causes of disease and conditions which breed and spread disease.

"Such a measure, by meeting general public approval and support, would go further toward maintaining health and preventing disease than the Owen bill, and at the same time would not violate the rights of the citizens to control their own bodies and those of their children.

Convention of Medical Freedom Delegates.—Delegates from thirty states, seventy-five in number—representing 250,000 members of the National League for Medical Freedom, gathered at the Blackstone hotel, Chicago, on November 20, for the opening session of their first annual conference. The organization, which sprang into existence simultaneously with the launching of the Owen bill in congress a year ago, having for its purpose the establishment of a national department of health, opposes all movements pointing toward legislation which seeks to establish any particular branch of the profession for the nation. The feature of the Owen bill which provided for the appointment of a medical director in the president's cabinet was fought at the time by the members of the association.

Dr. Lewis Pinkerton Crutcher of Kansas City and a member of the homeopathic branch of the fraternity, told of the purpose of the league's convention business.

"We are opposing what we call a national system of 'state medical practice' which corresponds in principle with what is called in England the 'state church,'" he said, "We believe that no certain system of practice, whether it be allopathic, homeopathic, osteopathic or what not, should be legislated into becoming the general system of the country. This the Owen bill supporters openly acclaimed as their purpose.

"When they made known that they sought to restrict the practice of medicine by national legislative enactments to the members of the allopathic branch we organized our league in opposition to their movement. We are for national freedom among medical practitioners and believe that every man should be given the opportunity to choose his physician just as he chooses his clergyman."

B. O. Flower, president of the National League for Medical Freedom, assailed President Taft in an address at the convention at the Blackstone hotel.

Delegates were present from thirty-five states, representing organizations of Christian Scientists, homeopathic and osteopathic physicians.

President Flower, the chief speaker, voiced a protest against the establishment of a national department of health, as provided for by the Owen bill in congress.

The aim of this bill, it was declared, was to establish as complete a control over the practice of medicine as that maintained over interstate traffic by the commerce commission.

NAMES DR. JOHN B. MURPHY.

"The American Medical Association, through its president, Dr. John B. Murphy, stood sponsor for the Owen bill and influenced President Taft into issuing an edict in regard to the practice of medicine in the Panama canal zone," said Mr. Flower. "This order is a moral crime."

"The president's edict requires that any one who practices the art of healing in any form must pass an examination before the board of health of the canal zone. This examination, intended only for the regular school of medicine, cannot be passed by the homeopaths and other members of this association.

"Any man who makes a lawabiding and lawloving citizen a lawbreaker by robbing him of his most sacred rights commits a moral crime, and any privilege-seeking class or association of men who seek their own enrichment by interfering with the free citizen in his right to obtain health from whatever system or school he finds efficacious is the enemy of justice, progress, and human rights—in a word, the enemy of society."

SAYS TAFT "CAN'T PULL WOOL."

"President Taft cannot pull the wool over my eyes any longer," declared Maj. Anderson of Topeka, Kans. Maj. Anderson was on the reception committee to receive the president on his recent trip through Kansas. "This action of President Taft's has turned me against him, and it will lose him every friend of the organization who formerly supported him."

Senator John P. Works of California addressed the members of the league at the First Regiment armory on Friday evening. His subject was "Medical Freedom."

Osteopath Replies to Article in Ohio State Medical Journal.—"In your issue of Nov. 17 is a statement from a physician which is so absurd in its implied conclusions that, in order that the public may not be misled, it merits some analysis. In discussing reasons for death from diphtheria of two children recently, and using the calamity to bolster up "medical inspection," he is reported to have said:

"Even cursory medical inspection, in my opinion, would have prevented those deaths, as the disease would have been detected in time for medical assistance to have accomplished something."

The undersigned is thoroughly in sympathy with any movement which may lessen the death rate, or which shall result in discovering defects that interfere with physical or mental development of the pupil. But he is just as thoroughly disgusted with arguments based upon so flimsy and impractical premises. His reason for calling attention to this misrepresentation is not entirely based upon the above, as a similar declaration was made at a public hearing of the question of medical inspection before the board of education some time ago.

In order to accomplish the result implied above, if his premise be true, which we doubt, a careful physical and bacteriological examination of every pupil every day would be required, which of course, is impossible. There are 23,878 pupils enrolled in the public schools of Columbus. By a little mathematical calculation we arrive at the conclusion that an inspector working five hours a day and giving five minutes to a pupil would require 398 days to make one inspection of each school pupil of Columbus. Or, that the inspection may be as effective as implied in the quotation, it would require 398 inspectors working five hours a day to accomplish the necessary work. This estimate does not include many more assistants, who would be required to make the necessary bacteriological laboratory demonstrations.—M. F. HULETT.

Decision Reversed.—The Supreme Court of Colorado, has recently rendered a decision that places the osteopathic physicians in a position to be termed "doctors." notwithstanding the fact that some of the old school practitioners do not like the idea.

The case was tried before Judge Whitford of Denver. A man by the name of Robert M. Jones had used the word "doctor" before his name and practised osteo-

pathy without a medical certificate. Defendant found guilty of both charges and fined \$50. The case was carried to the Supreme Court. In the District Court the District Attorney admitted that the defendant was a graduate of the Still College of Osteopathy, which is acknowledged as a reputable institution for teaching osteopathy; that the defendant held a diploma from said osteopathic college; that he held a certificate in the Colorado Osteopathic Association, incorporated under the laws of Colorado; that he had printed upon his card, letterheads, envelopes, and the door of his office, the words, "Dr. Ralph M. Jones, Osteopathic Physician," and at no time attached the word "doctor" or the abbreviation "Dr." to his name except in connection with the words "Osteopath" or "Osteopathic Physician;" and that he was engaged in the practice of osteopathy without prescribing medicines or administering drugs.

The Supreme Court decided: "In this the court was in error. Section 6069 Stas. 1908, upon which the prosecution is based, defining the practice of medicine, provides: "Nothing in this act shall be construed to prohibit. * * * nor shall it appear to * * the practice of osteopathy, when not prescribing medicines or administering drugs."

The stipulation brought the defendant clearly within the exception. The court should have sustained the motion and discharged the defendant."

Legislation in the District of Columbia.—By the number of letters from all parts of the United States that have come to our notice, there seems to be a universal misunderstanding as to the outline of the pending legislation for the District of Columbia. Briefly—the medical status at present is as follows: A board of Medical Supervisors consisting of five persons. The members are the presidents of the Allopathic, Homeopathic, and Eclectic examining boards and two persons not physicians, one of whom must be a lawyer. The Osteopathic bill is to create a new Board of Medical Supervisors consisting of seven persons. The members will be the presidents of the Allopathic, Homeopathic, Osteopathic and Eclectic examining boards, and three persons, not physicians, one of whom must be a lawyer. The duties of these examining boards are to submit to the Board of Medical Supervisors, questions in each and every branch except practice. From these several lists the Board of Medical Supervisors select the questions and conduct the examinations in all branches except practice. In practice the examination is conducted by the sub-board representing the school which is in harmony with the qualifications of the applicant. In a nutshell—the proposed law would be a composite board of seven persons, four physicians, representing the four schools and three laymen.

The Legislative Committee,

C. D. SWOPE, Chairman.

Associations

November Meeting of the A. T. Still Osteopathic Association.—The A. T. Still Osteopathic Association of Massachusetts had its November meeting on the 25th in Boston. The members listened to a discussion on paralysis by Dr. John J. Howard. A case was presented for examination and demonstration. Legislative work was discussed and the committee outlined the work to be done at the coming session of the legislature.

Meeting of the King County, Washington Osteopathic Association.—The November meeting of the King County Osteopathic Association (Seattle) was well attended. Several new physicians were admitted to membership. The year's program is based on a study of the cervical and upper dorsal regions.

Dr. L. M. Hart gave a concise paper on the "Effects of Cervical lesions on the Pneumogastric nerve."

Dr. Frances Thoms presented a carefully prepared article on "Headaches—the results of cervical lesions." A spicy question box, and a splendid Book Review by Dr. A. B. Cunningham finished the evening's work.

Southern Minnesota Entertains the State Association.—A joint meeting of the above named associations will be held in Fairmont, January 4, 1912. The following program promises to be the best ever held in the state.

9:00 Invocation The Rev. Edward Constant, Fairmont
Address of Welcome by the Pres. of Commercial Club W. L. Nichols
9:30 The Diagnostic Importance of the Reflexes in Nervous and Mental Diseases

D. J. G. Connolly, Lake City, Minn.

Discussion Dr. D. B. Catlin, Mankato, Minn.

10:00 Successes and Failures in Practice Dr. W. G. Sutherland, Mankato, Minn.

Discussion Dr. L. E. Ijams, Marshall, Minn.

10:30 Technique of Cervical and Upper Dorsal Regions Dr. W. C. Johnson,

S. C. O., Des Moines, Ia.

Business Meeting.

12:15 Dinner at Bullard Hotel.

1:30 Original Technique as Applied to Allbright's Idea Dr. C. W. Allbright,
Danville, Wis.

Clinics.

2:10 Osteopathic Treatment in Diseases of Children Dr. Emma Lewis,
Owatonna, Minn.

Discussion Dr. Arthur Taylor, Stillwater, Minn.

2:40 Pathology and Bacteriology as Applied to Osteopathy Dr. C. W. Johnson,
Des Moines, Ia.

3:30 Infectious and Contagious Diseases Dr. A. D. Becker, Preston, Minn.

4:30 Clinics—Rare and Interesting Cases Dr. C. W. Johnson, Des Moines, Ia.

The Boston Osteopathic Society Meets.—The November meeting of the Boston Osteopathic Society was held Saturday evening, November 18.

The program was contributed by women osteopaths exclusively and actual work was done on live subjects.

Dr. Ada A. Achorn, who spent the past summer in Europe gave a talk on, "The International Hygiene Austelling, Dresden, Germany, 1911."

Then followed demonstrations on cervical lesions and their correction by Drs. Effie L. Rogers and Edith Stobo Cane; Drs. Helen G. Sheehan and Mary Small; Lumbar-sacral regions and lesions found in gynecological practice, by Dr. Emily G. Wilson.

The meeting was one of much interest and had a large attendance. A business meeting followed and several applications for membership were received.

Monthly Meeting of the Osteopathic Society of the City of New York.—

The regular monthly meeting of the Osteopathic Society of the City of New York was held in Genealogical Hall on Saturday evening, November 21st, about fifty being present.

The address of the evening was delivered by Mr. Edwin A. Jones, the attorney for the Society in the Board of Health case, his subject being "The Osteopathic Physician: His Duties and Responsibilities." In a forceful and convincing address, Mr. Jones took up the various and many duties we have to meet as physicians, pointing out the broad principles of ethics as applied to us as practitioners, and citing the advantages of working together to uphold the highest principles of professional conduct toward our patients and toward each other. In considering the legal phase of osteopathic practice, the speaker took up in order Expert Testimony, Privileged Communication, and Malpractice, which important and timely topics proved to be of much interest to all present.

This Society is continuing its work of upholding osteopathic principles and practice through organization effort here in Greater New York. The programs of the meetings already held have proven of much interest, and the "osteopathic concept" is always the basis of all addresses and papers delivered before the Society, while technique is made a part of as many programs as possible.

With a view to making this Society as much as possible a co-operating organization with the New York State Society and the A. O. A., a committee has been appointed for increasing membership in the State and National Societies.

Plans are going forward establishing an osteopathic clinic, and the work of the committee is meeting with encouraging results.

The Board of Health case will probably reach a final decision in the Court of Appeals in January, and we hope for a favorable outcome in the matter of granting transit permits.

The next meeting and probably subsequent ones will be held at the Astor House, which is somewhat nearer the geographical center of our membership than our former place of meeting, particularly for the Brooklyn and New Jersey members. Meetings for the remainder of this society year will be held on the third Saturdays of each month up to and including May, and our osteopathic associates from a distance are invited to attend and will always find a cordial welcome awaiting them.

Central Ohio Society Discusses Project for Columbus.—Advisability of operating in Columbus a free osteopathic clinic for poor children was considered Nov. 14th, at a banquet of the Central Ohio Osteopathic Society at the Chittenden Hotel.

The society unanimously indorsed the plan of examination of public school children for diagnosis only.

Dr. Paul S. Nichols of Delaware presented a paper on "Ethics of the Profession." Dr. L. A. Bumstead of Delaware led a discussion of medical inspection in the schools.

The following officers were elected: President, Dr. L. A. Bumstead, Delaware; Vice-president, Dr. J. H. B. Scott, Columbus; secretary, Dr. B. H. T. Becker, Columbus; treasurer Dr. Effie Koontz, London; member executive committee, Dr. Mary Dyer, Columbus.

Another Association for Michigan.—Detroit, November 26.—The Osteopaths of Southeastern Michigan, fifty in number, met in the Cadillac hotel in Detroit, Nov. 25th, formed a permanent organization and enjoyed a big banquet.

Dr. W. H. Jones, of Adrain, president of the Michigan State Osteopathic Association, was selected as temporary chairman, and Dr. H. E. Bernard, of Detroit, as temporary chairman.

A constitution and by-laws were adopted, after which the following officers were elected: Dr. T. L. Lellands, of Detroit, president; Dr. Carrie Classen of Ann Arbor, vice-president; Dr. Maude Brokaw, secretary and treasurer; Doctors Jones, Adrain; Bernard, Detroit and Classen, Ann Arbor, executive committee.

Dr. O. B. Gates, of Bay City, read a paper, considered the most important subject of the evening, on the Osteopathic Examination of School Children, his contention being that by special training along certain lines, the osteopath was better fitted for the physical examination of school children and the advisement as to the proper way to correct all troubles relating to spinal curvatures, deformities, eye strain and muscular trouble than the regular physician, having had special training along physiological and anatomical lines, in which they specialize.

Meetings of the association will be held in Detroit bi-monthly.

Meeting of the Sixth District Iowa Osteopaths.—The sixth District Iowa Osteopaths held their annual meeting at the home of Drs. Gamble and Gamble, Missouri Valley, Nov. 2, carrying out the following program:

Address of Welcome.....Dr. H. W. Gamble.
Paper—Etiology and Treatment of Chronic Pulmonary Tuberculosis.....Dr. E. C. Clark, Onawa.

Discussion.....Led by Dr. Ross English, Logan.
Paper—Valvular Diseases of the Heart.....Dr. Orrin A. Barker, Carroll.
Discussion.....Led by Dr. R. A. Gamble, Atlantic.

AFTERNOON.

Paper—Uterine Displacements.....Dr. Charlotte McCuskey, Council Bluffs.
Discussion.....Led by Dr. Emma Johnstone, Dennison.
Paper—Neuritis and Paralysis of Certain Motor Nerves.....Dr. A. C. Brown,

Council Bluffs

Discussion.....Led by Dr. J. W. Macklin, Anita.
Round Table.....Conducted by Dr. H. W. Gamble, Missouri Valley
Dr. Ella B. Caldwell, State President was present and addressed the doctors.

Genesee County Michigan Society Organized.—Osteopathic physicians met Dec. 4th and organized the Genesee County Osteopathic Society.

The following officers of the new society were elected: President, Dr. P. R. Hubbell; vice-president, Dr. F. J. Harlan; secretary, Dr. N. E. Harris; treasurer, Dr. E. C. Williams. All of the officers live in Flint, Michigan.

The purpose of the society is to promote the science of osteopathy in this vicinity and for the discussion of all subjects which will aid in the development of better health for the inhabitants of the community. The society will hold regular monthly meetings.

Meeting of Western New York Association.—The osteopaths of western New York met Dec. 9th at the Statler, Dr. Louise Dieckman presiding and discussed the bill introduced in Congress by Senator Owen of Oklahoma looking to the establishment of a national board of health, with a health officer, as a member of the cabinet. Resolutions were adopted opposing the bill on the ground set up by the American League for Medical Freedom that the proposed department would be controlled by allopaths and homeopaths to the exclusion of osteopaths. It was also resolved to appoint committees to report on the feasibility of establishing an osteopathic sanitarium in Buffalo and securing representation for osteopaths on the list of medical inspectors in the public schools. Dr. E. R. Larter of Niagara Falls read a paper on "Tuberculosis."

First District of Iowa Osteopathic Association.—The members of the First District of the Iowa Osteopathic Association met in regular session Dec. 5th in Dr. F. C. Liffing's office in the Lafayette building.

A paper on "Publicity" was read by Dr. P. C. Stevenson, of Cedar Falls, and the subject of "Appendicitis" was taken up by Dr. Liffing. The meeting was open for a discussion of the topics presented by these gentlemen and much good resulted therefrom.

Those present from other cities were: Dr. Stevenson and Taylor, Cedar Falls; Drs. Wright and McCigue, Charles City; Dr. Andrews, Oelwein; Dr. Wilton, Manchester; Dr. Michelson, Reinbeck. Dr. Ostrom of Waterloo also attended the meeting.

The next meeting of the Association will be held in Cedar Falls, March 5, 1912.

Meeting of the Third District of Iowa.—The members of the Third District Osteopathic Association met at the Hotel Burlington December 16, and the meeting opened at 9:30 A. M. A large number were present, and an interesting, profitable program was given. The convention was brought to its close with a banquet served at the Burlington Hotel. The program for this convention was as follows:

9:30 A. M.—Invocation, Rev. Dr. R. G. Jones, Christ Church. Address of Welcome, Mayor W. C. Cross. Response, Dr. U. M. Hibbetts, Grinnell, Iowa. Osteopathy in Acute Diseases, Dr. Turner, Farmington, Ia. Discussion, Dr. H. H. Smith, Mt. Pleasant, Iowa. Dr. F. H. Weidlein, Wellman, Iowa; and others. Rheumatism Cause, Treatment, Results, Dr. W. O. Pool, Fairfield, Iowa. Discussion, Dr. I. N. Walker, Burlington, Iowa. Obstetrics, Dr. Lola D. Taylor, D. O., M. D., Still College, Des Moines, Iowa. Discussion, Typhoid Fever, Dr. J. W. Snavely, Ottumwa, Iowa. Discussion, Dr. E. E. Westfall, Mt. Pleasant, Iowa. Lunch. Anamia, Compared Therapy, L. Van H. Gerdine, A. M. M. D., D. O., American School of Osteopathy, Kirksville, Mo. My Experience in Appendicitis, Laurena Reznor, Monmouth, Ill. Discussion, Dr. Daly, Ft. Madison, Iowa. Pneumonia, Dr. James Cournyer, Oskaloosa, Iowa. Discussion, Dr. D. Arthaud, Washington, Iowa; Dr. James Card, Ft. Madison, Iowa. Clinics, Dr. U. M. Hibbetts, Grinnell, Iowa. Gastritis, Dr. Elizabeth M. Thompson, Ottumwa, Iowa. Discussion, Dr. E. R. McConnell, Albia, Iowa. Osteopathy. It's Needs in Iowa, Dr. Delia Caldwell, President Iowa Osteopathic Association, Des Moines, Iowa. Discussion, Dr. A. G. Hildreth, ex-president American Osteopathic Association, St. Louis, Mo. Election of officers. Banquet. Dr. A. G. Hildreth, Toast Master.

The officers of the Third District are: President, J. S. Baughman, D. O.; Secretary, Elizabeth M. Thompson, D. O.

Annual Meeting of Oklahoma Osteopathic Association.—Between forty-five and fifty osteopaths from over the state met in Oklahoma City, Dec. 9th for the annual meeting of the Oklahoma Osteopathic Association. There were addresses and papers by various members of the profession, but the feature of the meeting was three addresses by Dr. George A. Still, the surgeon in charge of the hospital of the American School of Osteopathy, at Kirksville, Mo., a nephew of Dr. A. T. Still, the founder of osteopathy, and one of the leading authorities on therapeutics in the country.

Commencing at 9:00 o'clock Saturday morning the following program was given: 9 A. M. President's address. Dr. J. A. Ross, Oklahoma City. Address, "Recent Development in Theory and Practice of Osteopathy." Dr. Geo. A. Still, A. S. O. Kirksville. Paper, Dr. Mary Brewer, Norman Okla. Clinics, Dr. Geo. A. Still. 1:30 P. M. Paper, "Acute Practice from an Osteopathic View." Dr. F. C. Davis, Crescent, Okla. Address, Osteopathic Gynecology. Dr. Geo. A. Still. Paper, "Unadulterated Osteopathy." Dr. H. E. Thompson, McAllister, Okla. Question Box, Dr. Geo. A. Still. 4:30 P. M. Paper, "Treatment of the Pregnant Woman Preparatory for Labor." Dr. Mary L. Webb, Oklahoma City. Address, "Osteopathic Treatment of Contagious Diseases." Dr. Geo. A. Still.

Pittsburg Osteopathic Physicians Hold Meeting.—The Pittsburg College of Osteopathic Physicians, composed of the most prominent licensed osteopaths of Pittsburg and vicinity, held its annual meeting and banquet at the Pittsburg Athletic Association's clubhouse, December 16. Well-known osteopathic practitioners from all parts of Western Pennsylvania and Eastern Ohio were present.

The meeting was informal in every way. Dr. Harry M. Goehring, of Pittsburg, president of the college, was toastmaster at the banquet. There were no set speeches, but a number of topics for discussion had been arranged, many of which were of public interest, because they affect the public health. The principal part of the meeting was taken up with clinical demonstrations of osteopathic technic and treatment of various diseases, in which experts who have had years of experience demonstrated their methods. A number of clinical patients were prepared for the demonstration, and some interesting cases were brought by various members of the college.

The Pittsburg College of Osteopathic Physicians is an elective association, comprised of the leading members of the profession in Western Pennsylvania who are graduates of recognized colleges, and are licensed by the state. Its object is to further the science of osteopathy and it is purely educational in its functions. Social features are introduced at the annual meetings.

Besides President Goehring the other officers are: Vice president Dr. Harold J. Dorrance, Pittsburg; secretary, Dr. William L. Grubb, Pittsburg; treasurer, Dr. Vernon L. Peck, Pittsburg; advisory committee, Dr. George W. Bumpus, East Liverpool, O.; Dr. L. C. Kline, Tarentum; Dr. George W. Tebbetts, Pittsburg; Dr. W. S. Lawrence, Braddock, and Dr. Frank L. Goehring, Pittsburg.

Fourteenth Annual Meeting of Ohio Society.—The fourteenth annual meeting of the Ohio Osteopathic Society took place at the Chittenden Hotel, Columbus Dec. 13 and 14. The meeting was called to order by President Dr. E. R. Booth of Cincinnati, who delivered an address. Another Cincinnati physician who attended the meeting was Dr. C. A. Ross, a member of the executive committee. There were physicians from all parts of Ohio, Michigan, Illinois and Kentucky present.

Southwest Michigan Osteopathic Association.—The Southwest Michigan Osteopathic Association held its Nov. meeting with Dr. Platt, Kalamazoo. The meeting was well attended. Officers for the coming year were elected as follows: President, R. A. Glezen, Kalamazoo; vice-president, Betsy Hicks, Battle Creek; Sec'y and Treas., Frances Platt, Kalamazoo. The subject for the evening was "Pneumonia."

Diagnosis and Prognosis Frances Platt.
Diet and Hygiene R. A. Glezen
Treatment R. B. Peebles.

Dr. Marion E. Clark will speak to us at the next meeting in Dec. We are sorry to lose Dr. Bruce Hayden from our association. He has located in Saginaw and will be out of our District.

Bi-monthly Meeting of Third District Illinois Osteopathic Association.—The regular bi-monthly meeting of the Third District Illinois Osteopathic Association was held in Dr. Thiele's office, Galesburg, Nov. 8th.

The meeting was well attended, the program being of especial interest consisting of interesting clinics and instructive papers.

Dr. Ada Chapman read a paper on displacements of the uterus and resulting conditions, which covered the subject very completely. She drew largely from her extended experience in the treatment of pelvic disorders.

Dr. Cora Hemstreet read a paper on the differentiation of surgical and non-surgical cases, showing the importance of careful diagnosis and the wisdom of a preparatory course of treatment in surgical cases. Treatment of non-surgical cases, was the subject of a talk by Dr. Brown which brought out the fact that all cases should be considered non-surgical until a thorough examination proves them to be amenable to no other treatment. Dr. Messick gave several interesting case reports and told of splendid results in a surgical case. Dr. Thiele reported the perfect recovery of a patient from a successful operation performed by Dr. George Still a few weeks ago. After the reading of the papers and the general discussion Prof. Molton gave a very interesting talk. Because of its central location, good train service and general attractiveness Galesburg has been selected as the permanent meeting place of the Association.

Eastern Michigan Osteopathic Association Organized.—At a meeting held in Saginaw, on Thursday Nov. 2d, at which there was present a majority of the Osteopaths in the district: There was organized the Eastern Michigan Osteopathic Association. The following officers were elected for the ensuing year: Dr. J. F. Harlan, Flint, President; Dr. R. E. McGavock, Saginaw, Vice-President; Dr. O. B. Gates, Bay City, Secy-Treas. Meetings are to be held bi-monthly, on the second Saturday of January, March, May, July, September and November.

Book Reviews

The Physiology of Consciousness.—By Louisa Burns, M. S., D. O., D. Sc. O., Constituting Volume III of the series Studies In The Osteopathic Sciences, Pp. 352. A. T. Still Research Institute. H. M. Still, Kirksville, Mo., Treasurer, 1911.

It is with the hope of being able to present in a simple manner those physiological conditions which underlie the rational treatment of abnormal mental conditions, that this book was prepared. The contents are as follows: The Function of the Nervous System. The Development of the Hemispheres; Cerebral Relations; The Inhibitions; The Nature of Consciousness; The Ganglionic Centers of the Cerebrum; Development of the Cortical Co-ordinations; Cerebral Localizations, Sensory, Intermediate and Motor Areas; Language; Relations of Somatic and Cerebral Processes. Education in Therapeutics; Certain older Views; Glossary; Bibliography; Index.

The book has been carefully written and the subject is presented from the osteopathic standpoint. The scientifically proved factors in etiology, relation of the parts within the body and of the body to its environments, are kept in mind. "The physiological view of consciousness brings all of the phenomena of abnormal mentality into harmony with the osteopathic theory," are the author's own words and we think is an accurate reflection of the book. It should be in the library of every osteopath. This laudable work carried on by the A. T. Still Research Institute should be unanimously supported. We are not in particular need of more clinical evidence as to the efficacy of osteopathy. It is osteopathy scientifically demonstrated and presented that we need. We congratulate the author on this the third volume of the series.

A Cross-Section Anatomy.—By A. C. Eycleshymer, B. S., Ph. D., M. D. Professor of Anatomy, St. Louis University, etc. etc., and D. M. Schoemaker, B. S., M. D. Associate Professor in Anatomy, St. Louis University, etc. New York and London D. Appleton & Co. 1911.

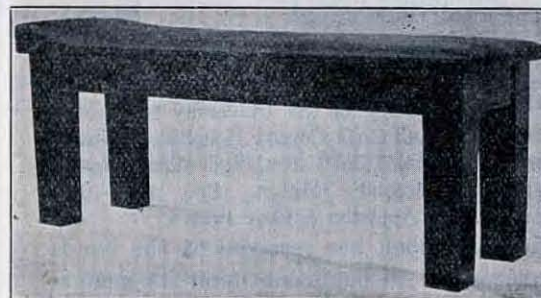
This magnificent volume was first planned in 1902 but owing to various intervening events has not materialized until this year. It is the work of anatomists of national repute and is undoubtedly the very finest book of its type that we have ever seen. In preparing the

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book the authors have endeavored to keep in mind the clinician, the anatomist and the student, realizing the vital importance of the cross section study of the human anatomy in obtaining a truly adequate knowledge of the subject. To the student this book should appeal because it demonstrates the essential step between dissection and visualization, a step that can hardly be shown anyhow else. To the anatomist it should appeal because it suggests the basis for an exact anatomy, a subject that all anatomists must realize is sorely neglected, while to the clinician it should appeal because it supplies in a most practical form a gross anatomy and as the authors state "the mental pictures gained from a study of sections are easily carried over to the living body and thus form the immediate anatomical basis for practical work" and it should be above all things the aim of the physician, and especially the osteopath to learn to think anatomically. A vast amount of material has been used in the production of this work and it is certainly the most perfect that we have ever examined. There are over one hundred cross sections and a number of "Key-Figures" and each section is accompanied by a full description of the landmarks of interest on the page opposite to it. In every way the work appeals to us as a most vital and important one and we recommend it as a magnificent and most practical addition to every osteopath's library.

The Principles and Practice of Dermatology.—Designed for Students and Practitioners. By William Allen Pusey, A. M., M. D., Professor of Dermatology in the University of Illinois. Dermatologist to St. Luke's and Cook County Hospitals, Chicago, etc. With fine plates, one in color and Three Hundred and Eighty-Four Text Illustrations. Second Edition. Pp. xviii-1079. New York and London. D. Appleton & Co. 1911.

The very generous reception this book has received at the hands of the profession makes it unnecessary to comment upon its general excellence. In revising the work the author has included the discussion of new topics as follows: Gangosa, Sporotrichosis, Tinea Intersecta, Tinea Albigena, Brown Tail Moth Dermatitis, Dermatitis from Straw Mites, Cestode Larvae in Skin, Cutis Plieata Cutis Verticis Gyrata, Dermolysis, Paraffinoma, Multiple Hereditary Telangiectasia, Trichonodosis.

The later knowledge concerning the therapeutic uses of radium, and of refrigeration with liquid air and solid carbon dioxide, pellagra and yaws, syphilis, is included. Collected in a Bibliography at the end of the book are references to important articles, which is another valuable feature. The work is a carefully prepared, authoritative treatise on

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the principles of Dermatology which includes the anatomy and physiology of the skin, general etiology, pathology, symptomatology, and treatment of the diseases of the skin. The work cannot be too highly recommended. In fact we doubt whether there is a book on this subject, of American authorship, which is its equal, certainly there are none better.

Anaesthesia and Analgesia.—By J. D. Mortimer, M. B. (Lond), F. R. C. S. (Eng.), Anaesthetist, Royal Waterloo Hospital, etc., etc. London. University of London Press. American Branch, New York. 1911. 276 Pp.

This little manual has been produced primarily for the general practitioner, with the idea in mind of emphasizing points which may be to him of real practical benefit. We find therefore no chapter on the historical epochs in the study of anaesthetization, nor do we find the accounts of the physical and chemical properties of drugs and the discussions of varied and unproven theories that are frequently so prominent a feature in a work of this kind, while we do find most helpful discussions on the preparation and after-treatment of the patient, the selection of the anaesthetic, and the relative value of the well known methods employed etc., etc., we believe that this work would prove very helpful to anyone desiring to gain a practical knowledge of the subject it deals with.

Manual of Physiology.—For students and practitioners. By H. Willoughby Lyle, M. D., B. S., (Lond.), F. R. S. C. (Eng.). Assistant Ophthalmic Surgeon to King's Hospital. Surgeon to the Royal Hospital, Examiner in Physiology for the Primary Fellowship of the Royal College of Surgeons of England, etc. Illustrated with one plate and 135 figures. Pp. xi-747. Oxford University Press. American Branch, New York. 1911.

The purpose of the author of this book has been to furnish the student with a text sufficiently comprehensive to meet his requirements and yet a volume of convenient size. To the practitioner it is made to appeal because the writer has indicated wherever possible, the bearing of Physiology to practical Medicine and Surgery. No attempt has been made to include exhaustive descriptions of laboratory instruments and technique, as the author chooses to leave this to the laboratory text book where it belongs. The book is an elaboration of the notes the author has used in his lectures to the students of King's College.

The treatment of the subject matter is strikingly clear and the arrangement of the material admirable in its logical sequence. The main facts of physiology are presented succinctly, without requiring

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too much of the student's time. It meets all practical requirements of student or practitioner.

Physicians Visiting List For 1912.—Sixty-first year of its publication. Philadelphia. P. Blakiston's Sons & Co. Price, Leather \$1.25.

These little memorandum books are so conveniently arranged and at the same time so well calculated to stand usage that they should be in the hands of every osteopath. If you have never used them, we recommend a trial.

Anatomy of the Brain and Spinal Cord.—By J. Ryland Whitaker, B. A., M. B., (Lond.), Fellow of the Royal College of Physicians, Edinburgh, Lecturer on Anatomy, Surgeon's Hall, Edinburgh, Examiner in Anatomy, Royal College of Physicians, Edinburgh, etc. Fourth Edition. Pp. XVI-228. Edinburgh. E. & S. Livingstone. 1911.

The convenience of a small authoritative work of this nature will appeal to every physician. Especially should it be of interest to osteopaths whose therapy involves so much of an accurate, comprehensive knowledge of anatomy. For purposes of review or ready reference this is one of the best books we have seen. It is comprehensive, and well illustrated, a great deal of color work being employed. To students it is to be fully recommended as a text on this subdivision of anatomy.

Minor Surgery.—By L. A. Bidwell, F. R. C. S. Surgeon to the West London Hospital etc., and author of "Handbook of Intestinal Surgery." With eighty-eight illustrations. Pp. 264. London. University of London Press. American Branch, New York, 1911.

There are many works dealing with the subject that is quite ably handled by this author in the little manual before us, and it is invidious to make comparisons, but we will say that this book contains within its covers an abundance of most practical hints and suggestions, which would be helpful to anyone interested in the subject of minor surgery. The book aims to give simple and clear directions for the management of everyday surgical work, while not pretending to be a full and complete treatise upon the subject. There is some discussion in respect to certain of the more severe operations and the author's directions and advice are practical and sound, being based as he states for the most part upon his own experience. In all it is a handy little volume, of genuine merit.

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Business Opportunities

Wanted.—Position as assistant for one year after January 1911, by student. Finished Junior year at A. S. O. Address "1213" care of Journal of Osteopathy.

For Sale.—Practice and office furniture with good will in good town of over 7,000, on Southern Railway, in Piedmont section of N. C. Osteopath here for last six years with good practice. Only D. O. here. Price reasonable as I want to leave soon for the West. Address W. R. Munger, D. O., Salisbury, N. C.

For Sale.—Practice and office fixtures for sale at price of furniture if taken at once. No other D. O. here. Good reasons for selling given to applicant. Address Box 12, Rich Hill, Mo.

Wanted.—Good Housekeeping Magazine requires the services of a representative to look after subscription renewals and to extend circulation by special methods which have proved unusually successful. Salary and commission. Previous experience desirable, but not essential. Whole time or part time. Address with references, J. F. Fairbanks, Good Housekeeping Magazine, 381 Fourth Ave., New York City.

Personals

Takes State Examination.—Dr. Mabel E. White of West Holt Ave., Pomona, Calif., recently spent two weeks in Los Angeles, during which time she took the state examination that she may practice her profession in that state.

Opens Office at Chambersburg.—Drs. K. B. and Bertha F. Moomaw, of Waynesboro, Pa., have opened a branch office at Chambersburg, Pa.

Closes Office for Rest.—The office of Drs. Ellis & Ellis at Canton, Ill., will be closed after January 1st, while the doctors take a much needed rest, and a post graduate course, which will include about one year. They have enjoyed a large practice at Canton for the past eleven years.

Elected President.—Dr. Carrie O. Cline of Delvan, Ill., has been elected president of the fifth district society of osteopaths.

Will Practice in England.—Dr. J. Stewart Moore who has been practicing in Falmouth, Mass., has sold his practice and office equipment to Dr. T. A. Wiswall and will practice in England.

Form Partnership.—Dr. C. T. Ray who has been practicing in California has formed a partnership with Dr. J. O. Schwentker of Albuquerque, N. M.

Gave talk Before Health League.—Dr. E. J. Elton, Milwaukee, Wis., gave a talk on osteopathy before the Health League in the Y. M. C. A. building Nov. 28th.

Appointed Member of Board.—Dr. J. G. Dawson of Jackson, Tenn., has been appointed member of the board of osteopathic examiners and registrars by Gov. Hooper. Dr. Dawson is a member of the '08 class, A. S. O.

Osteopath Injured.—Dr. J. T. Majors of Seymour, Ia., while attempting to jump into a moving wagon was caught by the foot in a wheel which threw him under the wagon. The wheel passed over his body, breaking four ribs. Dr. Majors was improving rapidly at last reports.

Visits Mother in Kirksville.—Dr. Minnie Harmon, Whitewright, Tex., is spending a month's vacation visiting her mother in Kirksville.

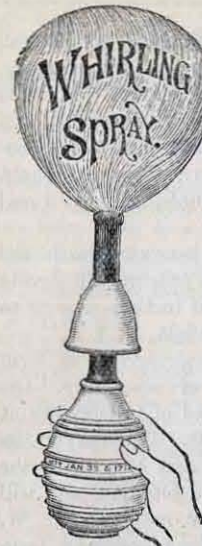
Callers at Journal Office.—Dr. Zudie Purdom of Kansas City, Mo., and Dr. Frederick E. Moore of Portland, Ore., called at the Journal office Nov. 24th.

Spent Week in Harrisburg.—Dr. F. E. Moore and Mrs. Moore of Portland, Ore., spent a week recently with Dr. H. M. Vastine in Harrisburg, Pa., on his way home from a several month's trip to Europe. Dr. Moore, who is ex-president of the National Osteopathic Association, visited the universities of Austria, France and Germany for post-graduate work, while away.

Opens Branch Office.—D. H. S. Beckler of Staunton, Va., has opened a branch office at Charlottesville.

Former Trained Nurse Locates to Practice Osteopathy.—Dr. Katherine Broderick, formerly a trained nurse at Bridgeport, Conn., has recently located there for the practice of osteopathy. She has practiced in Torrington, Conn., for the past three years.

Osteopaths Dies.—Dr. Lydia E. Crow, who has been practicing in Twin Falls, Idaho, for the past two years died October 25th. Death due to pneumonia. She had been working too hard and was contemplating a rest when stricken down. She had purchased a home and her mother was living with her.



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Woman's Belt—Front View

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Woman's Belt—Side View

An Interesting Case.—We are in receipt of a letter from Dr. J. A. Quintal, in which among other interesting things he tells of a case which came to him recently. He writes, "One of the University of Wyoming foot ball boys, whom I had been treating for a bad ankle, became drowsy in class and yawning too vigorously dislocated his jaw. Not being able to reduce it himself, he and a classmate, both considerably frightened, hastened to an auto and came directly to my office. I thought they were "kidding" me for a minute but I soon located his trouble. I fixed it and he was back to his class in less than twenty minutes."

Finishes Course.—Dr. Grace Stauffer has finished a two year's course in the Methodist Episcopal Hospital in Brooklyn, N. Y., and for the present will devote all her time and attention to the care of her invalid mother, but in time expects to resume her practice. Her address is now 281 Wohlers Ave., Buffalo, N. Y.

New Physician for Twin Falls, Idaho.—Dr. Bula C. Sawyer arrived in Twin Falls Nov. 18th to succeed Dr. Lydia E. Crow in the practice of osteopathy. Dr. Sawyer is, as was Dr. Crow, a graduate of the American School of Osteopathy at Kirksville, Mo. In fact, they were in school at the same time. Dr. Sawyer has had quite extensive field experience, practicing in both Kansas and Missouri. She has secured the offices occupied by Dr. Crow in the McDonald building, and will be glad to welcome any of Dr. Crow's friends and to make new ones. Dr. H. W. Sawyer will follow his wife in a short time and they will practice together in Twin Falls. The gentlemen is a specialist on nervous diseases, while Dr. Bula Sawyer has done special work along the line of women's diseases, and the complaints of childhood.

Opens Branch Office.—Dr. B. P. Williams, of East St. Louis, has opened an office in the Bohm building and will practice his profession, osteopathy, in Edwardsville, Ill., two days each week, Tuesday and Friday. The doctor has a thriving business in East St. Louis, and resides in that community. His wife was before her marriage Miss Hazel Crossman, of Edwardsville. There are many residents of Edwardsville and vicinity who favor osteopathy, and the doctor will doubtless be favored with a large clientele.

Called at the Journal Office.—Dr. Sarah E. Carrothers of Lawrence, Kans., who is a member of the '06 class A. S. O., called at the Journal office while in Kirksville, December 5th.

Opens Offices in Newton and Wakefield, Mass.—Dr. Oliver Van Dyne of 687 Boylston Street, Boston, has opened offices in Newton and Wakefield, Mass.

Removal Notice.—Dr. O. W. La Ploum who has been practicing at Portage, Wis., has sold his practice to Dr. Russ Coplantz of Joliet, Ill., and removed to Wausau, Wis.

Resumes Practice.—Dr. Ina Barker-Polmeyer who retired from active practice three and one-half years ago, and who last February underwent a severe surgical operation has regained her health and resumes her practice. She and her husband Dr. E. C. Polmeyer have removed from Sigourney, Ia., where they have practiced the last eight years, to Harlan, Ia.

Good Opening for Wide Awake Osteopath.—The people of Madison, Ind., want a wide awake osteopath to locate in their town. Madison has about 10,000 people and is near other good places. Further information may be obtained by addressing Mr. E. E. Tibbetts of Madison.

Associated in Practice.—Drs. Winifred De Wolf and Edward D. King announce their association with Dr. Herbert Bernard, 504 Fine Arts Building, Detroit, Mich.

Fortunes in Food Products

Do you want to make 33 1-3 per cent profit in ten days?

The time to buy an industrial is when it has been shown to be a good thing—just before it begins paying dividends. Now is the time to buy Hygienic stock.

The price will be raised to \$1.00 per share December 31, 1911, provided the stock is not withdrawn before that date.

A Dividend Will Be Declared in January, 1912

Industrial Enterprises HONESTLY CONDUCTED in the interests of the stockholders, by practical men, have always paid fair, and many of them, LARGE DIVIDENDS.

We wish every reader could understand the immense possibilities of "Grant's Hygienic Cracker," as well as we do. We KNOW that the enterprise was subjected to the most rigid investigation ever brought to our attention before those controlling the company agreed to invest their money and devote their time to the organization and up-building of the business WITHOUT compensation, other than the enhanced value of their holdings. Some of them have had 20 years' experience in the introduction of food products—they know the game. KNOWING this, we have no hesitancy in recommending the shares of the company as a safe investment.

The shares of the company owning "Grants Hygienic Cracker" offer an exceptional opportunity for those of moderate means to acquire an interest in an enterprise probably destined to become one of the largest cereal concerns in America. Its shares can now be bought BELOW PAR, and NOW is the time to buy. They offer an opportunity that should not be allowed to pass. A few hundred shares might provide the protection and comfort so much desired by those who have passed the meridian of life. A hundred shares for each one of the children might give them a royal start in life. We know of an instance where \$250 invested in a food product enterprise, of now National prominence, produced \$500,000, besides large dividends all in 19 years.

The company owning "Grants Hygienic Cracker" is a going and growing concern. It owns a large, modern, fully equipped fully equipped factory. Its business is now on a profit showing basis. Its cap-

italization is small, the management conservative, yet alert, and its prospects exceedingly bright. A dividend will be declared in Jan. 1912.

"Grants Hygienic Cracker" is a palatable, wholesome whole-grain product, more nutritious than milk, eggs, beef or lamb and contains ALL the elements necessary to sustain life. It is NOT MEDICATED and yet positively cures CONSTIPATION and DYSPEPSIA. It brings about the desired result in a natural painless way. Just think what an immense future there is ahead of a product that appeals to 70 per cent. of the 95 million people in America.

WE KNOW that "Grants Hygienic Cracker" is a steady and sure REPEATER, because the testimony of California's leading grocers and the records of the corporation prove it. WE KNOW that the introductory campaign that has been in progress during the past 26 months, has produced splendid returns.

Based on the result of the past year's work, and the profits now being made by other food product concerns, the following is a conservative estimate of the earning power of "Grants Hygienic Crackers" within five years from date.

A \$100 investment will probably yield \$200 annually

The directors of the Chamber of Commerce of the company's home city, after careful investigation officially endorsed this enterprise. A banker, manufacturer and grocer, all of them prominent, comprised the special committee that personally made the investigation.

This is an opportunity rarely offered the general public, and the wise ones will buy as much of the stock as they can carry. Do not allow it to pass without due investigation. We say investigate because we KNOW the enterprise can stand up under the most searching investigation. EASY TERMS ON PAYMENTS, IF DESIRED. A full size package of the crackers mailed to any address on receipt of 25c.

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Studies in the Osteopathic Sciences

Volume I—"Basic Principles." Price \$4.50. Now on sale. Volume II—"The Nerve Centers," in preparation. Price \$4.00. Volume III—"The Physiology of Consciousness," in preparation. Price \$4.00. Advance subscriptions will be received for Vols. II and III at the rate of \$5.00 for the two books, payable when 300 subscriptions have been received. Address MISS M. T. BURNS, Pacific College of Osteopathy, Los Angeles, Cal.

Spends Vacation in Florida.—Dr. G. F. Lathrop is spending a month's vacation at St. Petersburg, Tampa, and Palm Beach, during which time Dr. L. E. Hewitt is taking care of his practice.

Brought Patient to Hospital.—Dr. Fred De Groot, Rock Island, Ill., was in Kirksville, Nov. 28th, having brought a patient to the hospital.

Announces Removal.—Dr. Geo. W. Graham announces that he has moved into a commodious suite of front office rooms on the second floor of the new Masonic Temple, Marshalltown, Ia.

Brought Patient to Hospital.—Dr. F. P. Walker of St. Joseph, Mo., brought a patient to the hospital for operation for tumor, recently. Dr. Walker is a member of the 1903 January class, A. S. O.

Celebrate Twenty-fifth Anniversary.—Dr. and Mrs. W. T. Thomas celebrated their twenty-fifth anniversary at their home, 619 S. Trafton Street, Tacoma, Wash., December 15th.

Talks Before Grange.—Following an invitation from the Grange, Dr. N. Maude Kellet of Skowhegan, Me., gave a talk on "The Science of Osteopathy," before that order on November 29th. Dr. Kellet gives a favorable report of a branch office opened at Auburn, Me.

Osteopathic Chair Awarded.—Dr. Nora B. Pherigo of Fulton, Ky., one of the leading osteopathic physicians of West Kentucky has accepted a position as a member of the faculty of the Bush Sanatorium, one of the leading institutions of Louisville, Ky.

Death of Cameron Osteopath.—Dr. E. C. Boxx died at his home in Cameron, Mo., Nov. 11th, having moved there from Excelsior Springs about six weeks ago. He had a serious attack of a complication of diseases about the middle of the summer and was in very poor health at the time he left here. He was unable to resume his practice.

Dr. Boxx for a number of years was a member of the state board of osteopathy and edited a paper for the profession at Plattsburg, Mo. While located there he answered a call to Lathrop in 1904 and was struck by a Burlington train at the depot at the latter place, being so badly injured that it was necessary to amputate one limb. He had never enjoyed perfect health since that time.

Passed State Board.—Robert W. Flansburg, of Marlboro, Mass., who graduated from Massachusetts College of Osteopathy last June has passed the examination of the state board, and will soon enter upon practice of his profession.

Director of Sanitarium.—Dr. Joseph H. Sullivan, who has been practicing for the past fifteen years in Chicago, has become associated with the Green Gables Osteopathic Sanitarium at Nogawiska Lake, Wis., a short distance from Milwaukee. This Sanitarium has been a paying one the past two years under the management of Drs. McNary of Milwaukee. Dr. Sullivan has been elected one of the directors.

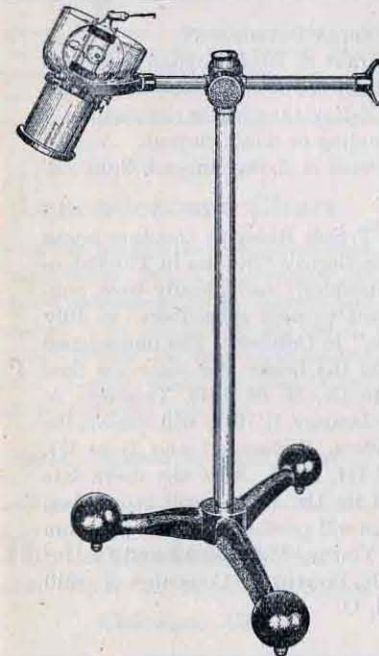
Another Opening for Osteopath.—We are in receipt of a letter from Mr. Ed. Schnose in which he says, "We want an osteopath doctor here at Wagner, N. Dak. The nearest we have is Yankton and Parker. This should be a good location as train service is good for going to Tindall and back."

Another One of Those "Unusual Operations."—John Miller, a laborer on a Badger Mountain ranch, underwent an unusual surgical operation this morning, the setting of a dislocated bone in his neck. Dr. A. W. Seibert and Dr. W. M. McCoy performed the operation and it is thought that Miller will be fully recovered within two or three weeks.

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"The accident which necessitated the operation occurred several days ago Miller was working on the top of a wagon loaded with wheat, when his foot slipped and he was precipitated to the ground ten feet below.

He struck the ground head first, with his head bent just sufficiently to make the back of his neck the point of impact with the ground. Picked up and brought to Wenatchee for Medical examination, it was discovered that the second cervical vertebrae of the spinal column, a bone in the neck, was dislocated.

"This morning Dr. Seibert and Dr. McCoy opened the man's neck and put the bone into place. In ordinary dislocations of the neck, death is the portion of the injured person. Miller will recover, in the opinion of the attending physicians.

"The local lodge of Eagles is taking care of Miller, and will give a charity ball next Thursday night to raise funds for the injured man."

According to medical "authorities" when disputing, this man should have died. They practically all agree that such a condition as they here describe is impossible without producing death.

Notice.—We have been receiving letters from our graduates in the field stating a man that at one time a janitor here is visiting osteopaths over the country and borrowing money to get back to Kirksville, stating he worked for the A. S. O. fourteen years.

The Management of the School has nothing to do with this individual at this time, and we hope our profession will not be taken in by him any more.

There was a man that worked for us twelve or fourteen years. He did not come back to Kirksville, as he ran away and owed most everybody, hence his statement he wants to get back to Kirksville in untrue. We have been receiving letters recently from our practitioners stating they have been visited by this individual. Look out for him.

AMERICAN SCHOOL OF OSTEOPATHY.

A New Money Saving X-Ray Tube.—The Frank S. Betz Company of Hammond, Indiana, informs us that Mr. Betz has just returned from Europe and among the many new things he picked up was "the only X-Ray tube where the vacuum is controlled direct from the lamp socket of the alternating or direct current. A great saving in money is claimed for it and anyone interested in X-Ray tubes will do well to write this company.

Dr. Burns's Books.—The Council of the A. T. Still Research Institute began the publication of Volumes II and III of Dr. Louisa Burns's "Studies in The Osteopathic Sciences" last May. Volume I, "Basic Principles," had already been published. Volume II, "The Nerve Centers," was sent to paid subscribers, in July and Volume III, "The Physiology of Consciousness," in October. The undersigned must close the work of publishing and distributing the books and make his final report early next month. All subscriptions sent to Dr. H. M. Still, Treasurer A. T. Still Research Institute, Kirksville, Mo., before January 1, 1912, will receive the books, carriage charges prepaid, at the following rates. Volumes I and II or III, \$7.00, Volumes II and III, \$5.00, Volumes I, II and III, \$9.00. After the above date \$4.50 per volume. Practically every cent received by Dr. H. M. Still before Jan. 1, 1912, will be used for research work and subscribers will get the books as a premium for their contributions. Will you act promptly? You need the books and the Institute needs the money to carry on its work. E. R. BOOTH, for Council, A. T. Still Research Institute, 603 Traction Bldg., Cincinnati, O.

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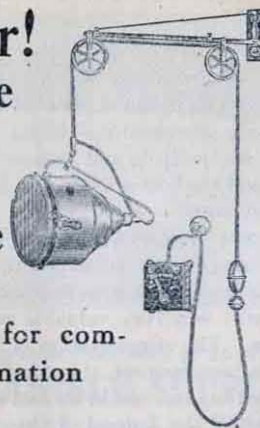
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and feel the rapid change in your condition inside of 30 minutes. It has produced astonishing results in men and women, nervously exhausted and afflicted with rheumatism, blood, stomach, and other troubles. Prominent physicians in many cases are abandoning drugs for this new treatment. THE ROBINSON BATH CABINET is the only scientifically constructed Bath Cabinet ever made—a model of ingenuity. Sold by dealers or sent direct at prices to fit any purse. Send for illustrated booklet of astonishing facts, free with full information.

OUR \$2.00 BOOK SENT FREE. It represents the best work of some of our greatest minds on a subject of a vital welfare to all human beings. "The Philosophy of Health and Beauty" was prepared under the supervision of Prof. Robinson. This offer is for a limited period only. Send today.

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Valuable Aid to Osteopaths in Obstetrics.—Dr. E. S. Harris of Blue Springs, Mo., has published a booklet called *Hygiene of Pregnancy* which every osteopath should use. You may purchase them from Dr. Harris in lots of 25 or more with your name and address on front cover and have the exclusive right to use them in your vicinity. Distribute a few among your lady patients and request them to read it and give it to some friend who is pregnant and see how quickly you will be getting an obstetric practice. The price is 10 cents per copy.

Reading Notice.—Readers of the Journal of Osteopathy will be especially interested in the advertisement of the Neel-Armstrong Company, on page 911. The Oxyoline apparatus for the administration of Ozone and Terpene Peroxide (a chemical combination of Ozone and certain essential oils) is a very valuable adjunct to the treatment which has made Osteopaths famous. The augmentation of lowered oxidation is of great value, and in addition to its harmlessness, this form of treatment will "make good" a great deal more frequently than one would at first suppose.

At all events we would recommend readers of the Journal of Osteopathy to get in touch with the manufacturers and see some of the literature on Ozone which they will be glad to send you.

Abdominal Support in Pregnancy.

The wisdom of supporting the abdomen during the late stages of pregnancy and occasionally from the very beginning, is becoming more generally recognized. The advantages have been conclusively demonstrated, not alone by assuring greater comfort but quite as substantially by the prevention of many of the disagreeable and more or less serious complications of pregnancy traceable to abdominal sagging. The large amount of thought that has been given to the proposition is shown by the development of special forms of support. Unquestionably any measure of appliance approaching closest to every day customs and requiring the least possible change in a patient's usual manner of dress, deserves special consideration. To the painstaking medical man the Storm Binder is bound to present a special appeal. Careful scientific study of the anatomical requirements are reflected in this splendid maternity supporter, and the physician is bound to commend the effective support afforded without forcing a woman to wear an unnatural and unpleasant apparatus.

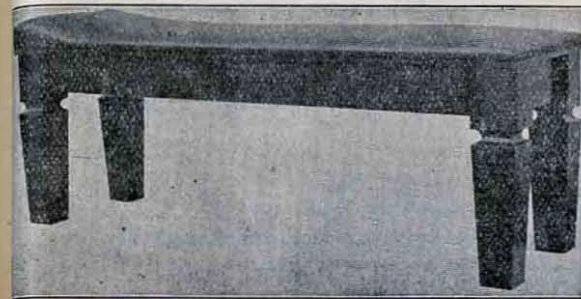
The Storm Binder solves a most important problem and the benefits obtained from its use show how perfectly adapted it is to the necessarily exacting needs of the pregnant female. The comfort that attends its use is a feature second only to the complete support it constantly gives. Limited space prevents elaboration of the many important and interesting facts connected with the Storm Binder, and every physician who is interest in promoting the welfare of his pregnant patients should turn to page 4 and send forthwith for full description.

Married

Dr. Charles Bernard Spohr and Miss Adelia Belle Francisco, White Sulphur Springs, Mont., Nov. 15th.

Dr. George Raymond Estes and Miss Elizabeth J. Brown, Smithshire, Ill., November 23rd. At home after December 6th at Northfield, Minn.

Dr. W. H. Thompson, June, '10, and Miss Charlotte Bothwell, at Breckenridge, Mo., November 30.



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- Childress, T. E., from Wellsville, Kans., to Osage City, Kans.
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- Polmeteer, E. C. and Ina Barker, from Sigourney, Ia., to Harlan, Ia.
- Richards, C. L., from Sharon, Pa., to 310 Penn St., Huntingdon, Pa.
- Spence, Thomas H., 251 W. 92 St., New York City.
- Spohr, C. B., White Sulphur Springs, Mont.
- Starkwather, L. A., from Louisville, Ky., to Lake Forest, Ill.
- Stauffer, Grace H., from Methodist Episcopal Hospital, Brooklyn, N. Y., to 281 Wohlers Ave., Buffalo, N. Y.
- Tandy, R. T., from Greensburg, Kansas, to Grant City, Mo.
- True, W. F., from 12 E. 32d St., to 841 Ave. C, Bayonne, N. J.
- Tull, George, 727 K. of P. Bldg., Indianapolis, Ind.
- Tupper, Maud, Aiken, S. C.
- Walker, J. L. Lewistown, Idaho.

Born

To Dr. and Mrs. C. C. Reid of Denver, Colo., Dec. 15th, a boy and a girl, Homer Argall Reid and Ellen Jane Reid.

Born to Dr. and Mrs. A. H. Davis, Niagara Falls, N. Y., Dec. 1st, a daughter weighing eight pounds, Ruth Baker.

Died

Dr. Catherine H. Estlack, wife of Dr. M. M. Estlack, Blackwell, Okla., November 5th.

Dr. Chas. Boxx, Cameron, Mo., November 18th.

Dr. Lydia E. Crow, Twin Falls, Idaho, October 25th.