

The Journal of Osteopathy

June 1913

Vol. 20, No. 6

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The Journal of Osteopathy

EDITED BY A. S. HOLLIS, A. B., D. O.

VOL. XX¹

JUNE, 1913

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EDITORIAL

**To the Profes-
sion from
President
Atzen.**

The Research Institute, is a fact now—a reality—in place of a hope. Your trustees and officers have done their duty along the line they have been instructed by you, the profession. It is hoped that you and the profession at large, will clearly realize that THIS IS

YOUR BUSINESS, A MEANS TO AN END, TO BOOST YOUR PROFESSION. It is not a mushy sentimental move, but a hard business proposition, and one that must be pushed to a successful termination, or your profession will stand before the world as a tottering, crumbling institution, too weak to survive the rush of modern business methods.

I trust that you who are reading this fully realize the force of the above stated fact. There can be no turning back now: the profession stands committed to a certain business policy: the Council has acted as though you were in earnest on this research proposition and they have engaged men to start the work in the Institute no later than July first. The plan outlined by the Council has committed your profession to an expenditure for the first year amounting approximately to \$8000.00 for equipments, salaries of the workers, and other incidentals. This money must be raised by the trustees in order to make this movement a success. The endowment fund, now in possession of the finance committee of the Institute, cannot be disturbed and only the earnings thereof can be expended. The balance therefore must be raised by the efforts of the profession, if this research work is to be successful.

Kindly take this to heart; the trustees and the officers have done their duty as per instructions; the next step forward depends upon the loyalty with which the profession supports this movement. It is agreed by all clear thinking members of our profession that we must prove our theories by practical demonstrations. The Institute can do that part for us in time, and there is no other way to do it, but by means of practical demonstrations. I know that you desire the theories of our profession placed upon a solid base where clinical demonstrations have been

reinforced by practical experimental facts that are open to investigation by the world. In fact, we court this investigation as a proof of our sincerity; but we must have these records to show to the world that our efforts are worth while and the Institute can furnish these records, if we are willing to back up our theories with our earnings.

Let nothing dissuade you from supporting this movement, be the motive what it may; there is no duty that is as clearly defined as the present one; no sentimental thought can take the place of this practical problem, and no greater honor can be extended to the Old Doctor than to pledge an unflinching allegiance to this practical movement to perpetuate his efforts by proving his theories by means of practical demonstrations. UNLESS THIS IS DONE BY OUR PROFESSION, SOME OTHER BODY OF THINKERS WILL STEP INTO THE BREACH, PROVE CERTAIN FUNDAMENTALS OF OUR PROFESSION AND CLAIM THEM AS THEIR OWN DISCOVERIES. We must not allow this. Therefore, for the good of our profession, for the justice due to the Old Doctor, and the good of ourselves, we must make this additional sacrifice and finance the Institute for the first year. It is only this first year we need trouble about, for after that it will be an easy matter to get outside assistance.

Pardon me if I seem insistent, but there may be those in the profession who do not clearly see the great importance of this business undertaking. To such I would appeal with all the strength of which I am capable to review this business undertaking from the personal point of view and to ask themselves this question: "What would give me the greatest prestige in the minds of my patrons?" The answer undoubtedly would be: conclusive proof that the osteopathic theory is correct. This proof can in time be furnished by the Institute.

Fraternally yours,

C. B. ATZEN, President A. O. A.

The National Convention. Kirksville is looking for a big time in August. Preparations are well on their way to make the coming convention the best in the history of Osteopathy. The older graduates will scarcely recognize this town, as so many improvements have been made in the last few years. Large office buildings have been erected, many of the roads have been paved, and a large number of the streets have cement side-walks. A good lighting system will be in operation all over the town. We are printing the program of the Convention elsewhere in this issue, and it will be noticed that every paper will be well worth while. It is useless to write a more extended invitation. We would simply say: "Come, you want what will be

presented at the Convention, we want your presence to ensure that the meetings will be a success." There is no one who will come and enter enthusiastically into the proceedings who will not be amply repaid. We would simply leave it at this, therefore, and trust that your good judgment will advise you aright.

Surgery and Osteopathy. In the March issue of the "Medical Council" p. 84., there is an article entitled "Surgery and Osteopathy".

The article is prompted by the publication of the surgical number of the Journal of Osteopathy for November last, and is a strange mixture of rational fairmindedness and biased prejudice. It starts as follows:

"It is a strange commentary upon recent advance that the assumed love of science is being so identified with the real love of money; and it is most discouraging to note that, as medical science is honestly developing along reasonable and truly scientific lines, along with this advance is growing up a callously indifferent propaganda seeing few opportunities in the healing art except those of personal gain."

There are so many points to note in this sentence that we hardly know where to start. We will, however, simply suggest a few thoughts and leave them for individual comment. In what branch of work and research is there a more abundant field for the identification of the "assumed love of science with the real love of money" than in the serum-manufacture so extensively advertised in the most ethical of medical magazines. We read "as medical science is honestly developing along reasonable and truly scientific lines, along with this advance is growing up a callously indifferent propaganda seeing few opportunities in the healing art except those of personal gain." Does this sentence refer to such "discoveries" as the many and varied serums? Why, no! they are quite orthodox. It is just a method of throwing down the gauntlet of challenge to other systems of practice. A little further on we note the following: "Quite aside from the general contention for and against Osteopathy, and making no indictment against it that may not be justly applied in other directions, we are, nevertheless, seriously concerned over one of its phases, and that is its entrance into the field of operative surgery. A recent issue of a prominent and ably-edited osteopathic monthly was almost wholly devoted to operative surgery."

We glance over the contents of the November, 1912 Journal, and find the following titles: Some Field Experiences, George A. Still; General Anaesthetics and the Osteopath; Osteopathic Treatment in Surgical Cases; Case Reports; Osteopathy and Surgery; Before and

After Anaesthesia. It is possible that the writer of the article we are commenting on sees things from a peculiar angle, because we fail to see wherein the articles named should cause such "serious concern." It is evident that the writer did not stop to examine the nature of the articles but that the mere presence of the word "Surgery" in an osteopathic periodical served as a red rag to a bull. We continue: "We have followed up this matter very carefully and note that there is a class of osteopathic practitioners who are truly able and earnest men and who feel very much contracted in their work by the original concepts of Osteopathy. It is not to be at all wondered at that they are branching out and following each the line of his especial bent. A few of them are developing into creditable surgeons, following the most approved technic and having good results. Almost without exception, these men have had a medical as well as an osteopathic course of instruction. With these few able osteopathic surgeons we have no especial contention along general lines. But we sincerely believe that as a school, Osteopathy, especially as represented in its journalism, is following an utterly mistaken policy in urging its ordinary run of practitioners, the least equipped ones, to take up minor or major surgery: most of them are wholly unprepared for this work, and it is against public policy to allow them to operate." If our esteemed contemporary can point out a single sentence in any well-established journal of our profession "urging its ordinary run of practitioners to take up major surgery work"—that is to say without special preparation, we will be glad to contradict it in our next issue. In fact the ostensible reason for the surgical course in the osteopathic curriculum is that the osteopathic graduates MAY KNOW A SURGICAL CASE WHEN THEY MEET ONE IN THEIR PRACTICE.

Further on we read: "What a small coterie of osteopathic or other practitioners believe is of comparatively slight significance so long as their beliefs do not prompt incompetent and self-seeking men to exploit the public. But we fear that the proposed alliance of Surgery and osteopathic practice will result in many half-baked "Osteopaths," "Mechano-therapists," "Neuropaths," "Chiropractics," and the whole grotesque assortment of manipulators 'rushing in where angels fear to read.'"

Again we fail to see the real connection in the writer's mind. We fail to see why we, as a school, should be any more responsible for the actions of the "half-baked 'Osteopaths', 'Mechano-therapists', 'Neuropaths', 'Chiropractics'", etc. than the school of allopaths should be. We are as heartily opposed to these "half-baked" imitators as any medical men could be, and as a school of rational practice we refuse to be responsible for what they do.

Another sentence reads as follows: "Osteopathy has added little,

if anything, to surgery, unless DR. ABRAM'S CURE FOR APPENDICITIS BE SO CONSTRUED. A successful osteopathic surgeon is successful wholly from his skilled application of well-known surgical principles. It is ungracious, to say the least, for these men to attempt to create an impression that they are reconstructing Surgery: they know better. We had hoped for better things of the osteopaths; and we are not quite prepared to believe that any really skilled osteopathic surgeon, once he thinks the matter over, will favor playing into the hands of the men that, from his point of view, he should regard contemptuously."

It is difficult to see exactly what the writer is driving at. The reference to "Dr. Abram's cure for appendicitis" raises a smile unwittingly. The cure is so ludicrously ridiculous in all original points and so palpably a plagiarism in any points that could benefit the patient. But to proceed. "It is ungracious for these men to attempt to create an impression that they are re-constructing surgery: they know better." Why of course they do; and whoever tried to create that impression. We challenge the writer to produce a single instance from our standard literature suggesting such a thought, for it is foreign to established osteopathic teachings and understanding. It is needless to comment further upon the article in question. The remainder of it can so easily be applied both ways that a mere interpolated quotation will be all that is necessary: "We know of a 'mechano-therapist,' a man wholly without surgical training, or any other kind worth while, who is so delighted with the Osteopathy-Surgery propaganda that he has bought some surgical instruments." WE KNOW of several medical men in precisely the same plight.

"We are told of another who carries a kit of instruments with him regularly." We know of a number of absolutely unqualified medical men who do exactly this same thing.

"We can see wherein the osteopaths may well have occasion to regret their ill-advised surgical propaganda: it appeals too much to cupidity, especially as the Courts usually rule that only by administering drugs is one 'practicing medicine.'" We fail to see why the first sentence should be especially applicable to osteopaths. We know of many medical men who are influenced almost exclusively in their "advice for a surgical operation" by the thought of the commission; and we know of one or two (!) surgeons who are quite anxious about their fees. The last few words are especially interesting: "The average osteopath has sense enough to leave potent drugs alone. What of the knife?" We would add to this thought the following: "The average medical man does NOT have sense enough to leave potent drugs alone. What of the knife?" Comment is unnecessary.

The Old Doctor Sends A Message To The Profession. Recently when in Kirksville, I asked the Old Doctor what there was that the profession or the A. O. A. could bring to him that would please him most. I said to him that it was our desire to bring something that he would appreciate—that we did not want to come with some useless thing, which, while it might cost a considerable sum, yet if he could not utilize it or enjoy it, would be of no value to him, and hence a waste of money. This conversation occurred some time in the fore part of May, and I said to him, “now you think this over, and I shall be here again May 29th, and then you must tell me what you would prize most—what would be of greatest value to you, and this is the message he wished me to deliver to the profession.

He said, “Arthur, tell those boys and girls for me that if they wish to raise a sum of money with which to make me a present, I want them to give every dollar of it to the Research Institute to help in carrying on the work I have begun. Tell them that my life’s efforts have been one continual battle for American Freedom—Freedom from the shackles of a medical monopoly. I have fought for the right of every free-born American citizen to be independent in all things, and that I want them to use their money to help to carry on that great work. Tell them for me that we want American brains at the head of that institution, because American brains are the greatest and most productive—that they lead in all the great advancement of this great age. Tell them that I named the first school The American School of Osteopathy, because Osteopathy was an American product, and that my one desire is to keep it strictly American throughout all time, believing that this means most in going deeper into this science that has been given to the world through me.”

A. G. HILDRETH, D. O.

An Invitation from Dr. Moore. We have lately received a letter from Dr. F. E. Moore of Portland, Oregon with reference to the 1915 National Convention. Dr. Moore states that the osteopaths of that region are desirous of being the hosts in that year. We quote from his letter: “The time is drawing near when we will all meet together, I hope, at the Kirksville Convention. It is the wish of the Northwest to entertain the 1915 Convention, at Portland. Five years will then have elapsed since the convention was in the West. We have practitioners and also the energy to make a national meeting a big success. Our climate is ideal, cool, and comfortable, while our scenery is perfect, and the beautiful Columbia River and our snow-capped peaks afford a great delight to visitors.”

Doctors in Times of Peril. In the issue of the Journal of the A. M. A. for April 5, 1913 an editorial appeared which has since been extensively quoted in periodicals all over the country. The editorial in question is headed “Doctors in Times of Peril,” and is of sufficient malignant interest to warrant reproduction in full:

“During the recent period of disaster and havoc ordinary events were relegated to the back pages of the newspapers. Every issue of the dailies was full of heart-rending and pathetic stories of disasters, storms, and floods. The people responded to the call for help with the magnanimity and promptness which characterize the nation. From the scenes of the disaster came the call for food, clothing, and shelter. But before this there came a call for physicians to minister to the wounded, the sick, and the dying. From almost every afflicted locality soon came the same statement, ‘A special train carrying volunteer physicians, nurses, dressings, and medical supplies is on the way to the scene of disaster’.

“So it is after every great calamity. The first men on the scene are physicians, performing their sacred work of saving life and relieving the suffering. This happens so constantly as to be an accepted occurrence. No one expresses any surprise. On the contrary, surprise would be aroused only if the nearest available physicians ever failed to respond in numbers equal to the need. Leaving their own work, volunteering without hesitation for the hardest service they toil often for days and nights without intermission, without asking for or expecting compensation. Instances are not hard to find. Following the recent cyclone in Omaha, our correspondent writes: ‘I have personal knowledge of physicians whose homes were destroyed, yet the moment they knew their families were not injured they left them and worked all night, ministering to the maimed and dying.’ There never has been a public calamity in which the services of physicians were not instantly offered, without money and without price.

“At such times what becomes of the innumerable sects and cults which, under ordinary conditions, are constantly trying to usurp the place of the scientific medical profession and to undermine the confidence of the public? Apparently they sink into obscurity and silence. When the emergency arises, what have they to offer? Suppose the dispatch from Ohio last week had read: ‘A special train containing one hundred osteopaths is on the way to Dayton. All of the sufferers will be given spinal adjustments as soon as the train arrives.’ Or ‘It is reported that two hundred people are dead and thousands rendered homeless and in danger of their lives through exposure due to the floods in Colum-

bus. A special train containing one hundred chiropractics is being sent to the scene at once. Those suffering from injury and exposure will be given immediate treatment for nerve impingement." Or let us even suppose that those who disdain all material methods should emerge from their state of self-absorption long enough to do something practical: "Senator Works telegraphs that he has arranged for a special train, containing one hundred Christian Science healers, to be sent to Omaha. This train has been given the right of way over all railroads. All persons injured in the cyclone and the blizzard will be given mental treatment as soon as the train arrives." No such items have appeared in any of the newspapers. They would be greeted with laughter from all over the country. The peculiarity common to all of the unscientific and irrational cults and fads is that, in times of real peril and need, they have nothing to offer. When lives are in danger and when death rides on the wind and waters, the people want the men of scientific training and experience, of cool judgment and steady nerves, who can carry to them all the aid the human intellect in its centuries of struggle has been able to discover. Fads and isms may be followed by some of our people in times of peace and safety, but they fail when real danger threatens."

This article was copied somewhat fully in the Peoria, Ill., Star, and an excellent reply was printed from the pen of Dr. Boyer in the same periodical. We quote a few selections:

"As a school and as individuals, we are glad to accord full credit to the honest and sincere members of the medical profession—and there are thousands of them—for the good and efficient work done by them at such times of public disaster as the Omaha tornado or the Dayton deluge.

"The public in general is willing to show, and does show, due appreciation for all the sacrifices and self-denials made by them and their profession under such trying circumstances, but in doing so it does not necessarily forfeit the privilege of expressing its appreciation for similar work done by the members of any other school of practice, or by any other group of individuals, whenever conditions made such concerted action necessary.

"In every great calamity that results in general distress and suffering the osteopath, who is worthy of the name, will be found in the front ranks, working side by side with the M. D. and all other good citizens in the endeavor to alleviate suffering and to restore health and happiness to the afflicted community. No class of citizens, according to number, did more heroic or more praiseworthy work than the osteopaths at the great disaster of San Francisco. The same is true of them in their

efforts to save lives from the perils of the flood and to bring order out of chaos and to re-establish sanitary conditions to Dayton, Ohio.

"However fine the services rendered by the medical profession may be, we welcome honest comparison with that done by the osteopathic profession. They and we are striving to accomplish the same end, viz: to help the afflicted and to relieve the suffering, only by different methods. In this work there is honor enough for all, and the high purpose of both professions is well worthy of public appreciation, and should be fostered and not discouraged or ridiculed.

"For physicians as a class we have no other feeling than that of profound respect. Medical physicians are no better and no worse than the rest of us. As in every class of human beings, there are good and bad men among them. They are no more nor less than human, and are actuated by the same motives, moved by the same considerations, and are subject to the same frailties and temptations as any other class of men. The true physician goes about his own business, doing the best he can, with nothing and no one to exploit, while the other class is willing to exploit his profession, his associates or the public whenever he sees chance for the acquisition of power, whereby he may give vent to his vicious and unscrupulous principles, and the innocent and well-meaning have to suffer for the sins of the gang.

"The osteopathic profession does not need nor does it require any defense from an attack from such a source. It is more than willing to leave the question as to its standing to a fair minded public, unbiased by professional bigotry.

"The public in general is too familiar with the achievements of the osteopath to make any apologies necessary for his existence. It has a sincere respect for his many and marvelous cures of seemingly hopeless ills—his success in fields where other schools of medicine have failed."

THE victory of success is half won when one gains the habit of work.—SARAH K. BOLTON.

SKIN DISEASES AND THEIR TREATMENT

B. A. WILLIAMS, D. O., Gallatin, Tenn.

Eczema And Its Differential Diagnosis

In the two papers we are presenting on the subject of skin diseases we have attempted to describe eczema in its different forms with the most common integumentary maladies that may be mistaken for it. We have aimed also to outline their most important points of differentiation, and to make some suggestions as to their external treatment. Indeed in these diseases, in addition to the purely osteopathic manipulations, it is important to pay special attention to external antiseptic and soothing applications such as powders, lotions, ointments, etc. We propose therefore to give some prescriptions and any we suggest we will give in plain English with a short explanation of the ingredients employed.

As a profession we have always recognized the great value of antiseptics and anesthetics in their proper place, but evidently very few osteopaths feel competent to prescribe these remedies intelligently in skin diseases as they seem to be easily persuaded to purchase proprietary preparations at high prices, the formulæ of which they do not know.

LET US MAKE IT PLAIN AT THE OUTSET THAT OSTEOPATHIC TREATMENTS ARE TO BE CONSIDERED OF THE GREATEST VALUE IN MANY CASES and that external applications alone rarely do any permanent good. On the other hand, however, the fact remains as large as life that antiseptic and soothing remedies are in most skin diseases of the greatest value not only as curative agents, but as almost indispensable factors in relieving itching, smarting, and burning sensations.

Our object in writing these articles then is two-fold:

First, to present a consideration of the most common of all skin diseases in this country, eczema, and in as few words as possible to try to make plain its different varieties, those skin affections most liable to be confounded, with it and their points of differentiation.

Secondly: To make plain in simple language what is known of the most useful powders, lotions, ointments, pastes, etc., for external application.

The dietary and constitutional treatment will be touched upon only along general lines, leaving it to the practitioner to work out the individual needs as conditions may demand.

In order to accomplish these results we must have a good working knowledge of both the Primary, and what are called the Secondary,

Skin Lesions. These latter are a blending or a ripening of the former or they are produced by rubbing or scratching the primary lesions. In this way we hope to make an opening into what is to many the dark jungle of skin diseases, as it is a safe assertion to make that a thorough study of eczema and the 15 or 20 other skin diseases likely to be mistaken for it will so open up the way that the rest will not offer any great difficulties. We wish to emphasize the fact that the treatment is not difficult either of comprehension or of application. We especially give this assurance as many no doubt feel that skin affections are difficult to handle and therefore pass them up to the M. D.'s or to some specialist.

While as osteopaths doing a general practice we may not be in a position to do special work in these diseases, we have "at hand" the best constitutional treatment in the world and with a proper understanding of helpful external applications we are in a position to handle a large per cent of these cases in a very satisfactory manner.

Primary or Elementary Skin Lesions

(1.) **Macules.**—Synonyms.—Spots, Erythematous Spots. Macules are variously tinted patches or discolorations WITHOUT ANY ELEVATION OR DEPRESSION.

(2.) **Papules.**—Syn.—Pimples. Papules are small, pin-head to pea-sized solid, rounded elevations. They may be white, red, yellow, or other colors.

(3.) **Tubercles.**—Syn.—Nodules, tubercula. Tubercles are solid, rounded, pea-sized, usually deep seated, elevations of a generally persistent character. There is a close clinical analogy between papules and tubercles, but the tubercle has a strong tendency to grow downward into the corium and subcutaneous tissue, while the papule is a very superficial lesion. The term "tubercle" has no special reference to tuberculosis.

(4.) **Tumors.**—Tumors are large and prominent formations, from the size of a cherry to an egg or walnut or even larger. They generally originate deeply in the subcutaneous tissue. They may be soft or firm.

(5.) **Vesicles.**—Syn.—Little blisters. Vesicles are pin-point to small pea-sized, whitish, yellowish, or reddish elevations, containing clean or opaque fluid. They may originate as vesicles or may form from pre-existing papules.

(6.) **Blebs.**—Syn.—Blisters. Blebs are rounded or irregular in shape. They vary from the size of a pea to as large as an egg or larger. They have serous, or sero-purulent contents.

(7.) **Pustules.**—Pustules are pin-point to finger-nail-sized elevations containing pus. They are similar to vesicles except that they contain pus instead of serous or sero-purulent fluid.

(8.) **Wheals.**—Syn.—Urticae, Pomphi. Wheals are variously sized, and shaped, whitish, pinkish, or reddish elevations. Their most typical expression is as the lesion of urticaria, although they may be produced by the bite of a mosquito or the sting of the common nettle. They are of an evanescent character.

Secondary or Consecutive Lesions

(1.) **Excoriations.**—Synonyms.—Abrasions, Erosions, Scratch Marks. Excoriations are variously sized and shaped. Usually, however, they are small, irregular solutions of continuity, generally of a superficial character and they are the result of traumatic or mechanical irritation. The most familiar examples are the red denuded spots, and small abrasions, lines, or furrows produced by the finger nails in the act of scratching to relieve the intolerable itching that accompanies so many skin diseases. The epidermis being denuded, the rete or corium is laid bare leaving a bright or dark red lesion which may become yellowish from a thin coating of exuded serum. Excoriations are often accompanied by small and large pustules, the exposed points and abrasions giving ready access to local infection of pyogenic cocci.

(2.) **Fissures.**—Syn.—Cracks, Rents, Clefts. Fissures are linear cracks or wounds involving the epidermis alone or the epidermis and corium.

(3.) **Scales.**—Syn.—Exfoliating epidermis, Squamae. Scales are epidermal exfoliations, resulting from some underlying morbid process.

(4.) **Crusts.**—Syn.—Scabs. Crusts are dried effete masses of exudation with a mixture of more or less epithelial debris.

(5.) **Ulcerations.**—Syn.—Ulcers. Ulcers are losses of cutaneous or subcutaneous tissue.

Eczema

Eczema is said to comprise about 1-3 of all skin diseases in this country. As it is so common and occurs in several different forms it is of the greatest importance to be able to differentiate this disease from others like it. A thorough knowledge of the Primary and Secondary Lesions we have been studying and a working knowledge of eczema will enable us to make a good start in studying skin diseases.

Definition. Eczema is an acute or chronic catarrhal inflammatory disease of the skin. It may begin by the appearance of erythema, papules,

vesicles, or pustules, or of a combination of these lesions, with more or less infiltration and thickening.

It terminates either in discharge with formation of crusts or in desquamation, and is always accompanied by a variable amount of itching (often intense), heat, or burning. All three of the last mentioned symptoms may not be present together but in any case of sufficient extent to call for treatment we will find at least one of them.

The following are the several primary types of the disease: ERYTHEMATOUS, PAPULAR, VESICULAR, AND PUSTULAR. All cases begin with one of these types or with a combination of them. If the disease is extensive the pure type is but rarely observed. Vesicles will appear in one place, papules in another, erythema in another, etc. One thing to remember here is that they are all eczema and in order to recognize them on sight it is very essential to have a correct mental picture of all these primary and secondary lesions.

Vesicles may soon discharge and form crusts or small papules, or they may be so closely packed together as to form a confluent patch, later tending to scaliness. The erythematous areas usually show moderate scaliness.

Very often the disease does not continue as one of these primary types but develops into one of the secondary types almost immediately. Of these the most marked are Eczema Squamosum (scaly or dry), and Eczema Rubrum (weeping) with reddened, raw looking, inflamed surfaces.

The subjective symptoms are almost always troublesome and consist of itching, burning, pricking, and stinging or of a mixture of these several sensations. Itching is the most common and is almost always present. The itching nearly always provokes enough rubbing or scratching to alter somewhat the type of the disease. An erythematous or papular eruption may thus be changed into a moist or oozing form and a vesicular by infection may become pustular.

The Different Types of Eczema

(1.) **Eczema Erythematosum.** As its name implies this form begins as one or more red patches (erythema) accompanied by itching and burning. The skin becomes thick and of a scaly, branny character. If the disease becomes extensive there may be moist patches but this is not usually the case.

(2.) **Eczema Papulosum.** The lesions of this variety appear suddenly and usually in considerable numbers. They consist of dis-

crete, aggregated or closely crowded, reddish, pin-head-sized, rounded papules. As already mentioned the papules may be so closely crowded together as to make a solid, red, inflammatory patch. These papules may last for weeks or may be replaced by fresh lesions in a few days. It is a very persistent type and usually more itchy than other types and excoriations, scratch-marks, and blood crusts bear evidence of much scratching.

(3.) **Eczema Vesiculosum.**—This is considered the most typical variety of the disease. It usually appears somewhat acutely as reddened diffused patches upon which rapidly develop small pin-point vesicles containing clear or slightly opaque fluid. These vesicles tend to become larger and coalesce forming solid sheets of eruptions. If they do not rupture or are broken by rubbing and scratching, this leaves a partly oozing surface on which a yellowish crusting forms. These crusts may be cast off in a few days or weeks and new vesicles form.

Sometimes papules and pustules may be seen scattered about the border of the affected area, but eczema nearly always fades off gradually into the healthy tissue. In this type the burning and tension is liable to be more predominant than the itching.

(4.) **Eczema Pustulosum.**—This is the least common type and is somewhat similar to the vesicular variety but it is less actively inflammatory. There is often a blending of these types as the vesicles enlarge and become pustular or they may be pustular from the beginning. The course is chronic but is not so persistent as in some other varieties; slight itching soreness, and burning are also complained of.

(5.) **Eczema Rubrum.**—(Weeping). This is a secondary type evolving from one of the primary types just described. It is a common clinical variety and usually follows the Papular or Vesicular Eczema. Its main features are considerable infiltration and thickening often with swelling and variable degrees of redness. It is a weeping form but not constantly so and is a very persistent type. The surface is raw looking with more or less oozing of a sticky character. Itching is troublesome.

(6.) **Eczema Squamosum.**—This is a secondary type usually developing from the erythematous. Scaliness may be considerable and is nearly always of a dry type, but if a large area is involved, moist patches may be found.

(7.) **Eczema Fissum.**—As the name implies this variety is marked by a tendency to fissuring or cracking of the skin which is usually of a deep seated and painful character. Chapping or chaps is an extremely mild example of fissuring although this condition is hardly eczematous.

Other types are often described but the ones we have mentioned and their different combinations cover the ground sufficiently. Indeed greater detail, until these fundamentals are learned, is only confusing. If we keep well in mind the only primary lesions that ever form eczema and the three secondary varieties mentioned; and if we remember that all of them are accompanied by itching and burning or stinging sensations we have a clinical picture of eczema that will render a correct diagnosis in the great majority of cases.

Diagnosis.—Keep in mind the Primary and Secondary lesions: add to these redness, thickening of variable degree, the frequent blending of the types, the scaling, crusting, and in many cases the presence of a fluid exudate of sticky nature, together with the almost constant symptom of itching and the not uncommon disposition to fissuring, and there need be no excuse for many mistakes. It is said that in children under the age of four or five an itching inflammatory eruption of any duration on the face or scalp is usually eczema.

DIFFERENTIAL DIAGNOSIS

Psoriasis

Psoriasis is a chronic inflammatory disease, always showing numerous dry, reddish, variously sized, rounded patches with sharply defined borders. These patches are covered with grayish white scales and are usually present in great numbers. Psoriasis is always a dry, scaly, papular eruption. THERE IS NEVER OOZING OR LIQUID EXUDATION AS MAY PRACTICALLY ALWAYS BE NOTED IN AN ECZEMA AS EXTENSIVE AS PSORIASIS USUALLY IS. It nearly always begins with a number of pin-head-sized slightly elevated maculo-papules, covered with grayish white scales. These small lesions gradually increase in size, growing peripherally and as the growth proceeds the scales become more abundant and overlap. There are usually 20 to 100 or more of these patches from the size of a pin-head to a silver dollar. The true cause is not known and most authorities think the pathologic changes are due to parasites or are of a neuropathic nature.

Diagnosis.—A well developed case can hardly be mistaken for any other eruption. The widely scattered, rounded, sharply defined, variously sized, scaly plaques that are slightly elevated, that rarely occur on face, palmar or flexor surfaces, and are invariably dry in nature make rather a sharp contrast to eczema which is frequently limited to a certain region and shades gradually into the surrounding skin. Eczema frequent-

ly shows or gives history of oozing or vesicles. PSORIASIS IS ALWAYS DRY AND PRESENTS NO VESICLES. In psoriasis it is not uncommon to find a few ring shaped patches with clearing centers; in eczema this rarely occurs. In eczema itching is almost invariably present, in psoriasis rarely.

Seborrhea

Seborrhea is a functional disease of the sebaceous glands characterized by an excessive and abnormal secretion of fatty matter, appearing on the skin as an oily coating with crusts and scales but with no inflammation. Two varieties are usually described, SEBORRHEA OLEOSA and SEBORRHEA SICCA. On the face, the favorite site for oiliness is about the nose and sometimes on the forehead. However, the whole face may be involved, presenting a pasty-looking, soiled aspect. Acne lesions may be seen scattered about the face, while on the scalp the secretions are apt to dry and cake. Seborrhea Sicca usually occurs in the scalp and illustrates one variety of the condition known as dandruff of the oily or greasy form; the dry variety is due to pityriasis of the scalp.

The oiliness of the crusts and their non-inflammatory character is sufficient to prevent error in diagnosis. There is no infiltration and thickening as is always present in an inflammation. If there is inflammation present it is called ECZEMA SEBORRHOICUM by most authorities.

Acne

Acne is a chronic inflammatory disease of the sebaceous glands and its usual seat is the face. It may appear on shoulders, upper trunk, or back. The lesions are papules, tubercles, pustules, or nodules, and the trouble is most common between the ages of 13 and 30. It is generally limited to the face and there may be a few or many scattered lesions. The eruption is usually pale or dark red pin-head to pea-sized papules or pustules and some of these have a distinctly inflammatory base while others are much more sluggish.

Acne Rosacea

Acne Rosacea is a chronic congestive disease of the face, most commonly limited to the nose, and characterized by passive hyperemia and later capillary dilatation together with more or less acne or acne-like lesions. If there are no acne-like lesions present it may be mistaken for eczema but eczema is rarely limited to such a narrow region.

Pediculosis

Pediculosis is an eczematoid eruption of a papular or pustular character about the scalp and pubic regions and is caused by lice. It is an easy matter to determine the cause by the presence of nits on the shafts of the hairs.

Impetigo Contagiosa

Impetigo Contagiosa is an acute contagious inflammatory disease characterized by the formation of discrete vesicles or blebs which become sero-purulent and dry up to thin yellow crusts. The lesions are of larger size than eczema (peato dime-size or larger) and they dry up without rupturing. Eczema vesicles are pin-point to pin-head in size and tend to spontaneous rupture. There is no inflammatory base as in eczema and there is usually a history of contagion.

Scabies

Scabies is a contagious disease due to the itch mite. The lesions are papular, vesicular, and pustular in character and are accompanied by itching. They are never found in numbers except upon the fingers, hands, wrists, axillary fold, lower abdomen, genital and anal regions.

Diagnosis can be made on the following points: The steady progress, the scattered papular, vesicular, and pustular lesions in the regions mentioned, history of contagion, and increased itching at night when patient is in bed. Scabies may present distinct eczematous looking lesions of the secondary type from scratching, but eczema is practically never distributed only in the regions mentioned. Indeed this distribution is almost pathognomonic of scabies.

Dermatitis

Inflammation of skin of artificial origin may be considered identical in symptomatology with eczema. It is to be differentiated chiefly by the history of cause, acuteness of attack, short course, and usually rapid disappearance. In many cases of artificial dermatitis the very violence of the symptoms is very suggestive of some local irritation.

In RHUS POISONING we have an intense process with history of exposure to rhus plants. These violent early symptoms may give way to an eczematous disease; that however but rarely happens.

Dermatitis Exfoliativa

Dermatitis exfoliativa is a more or less generalized exfoliating inflammatory disease of acute type and variable duration. The disease as ordinarily met with is not contagious, the infantile and epidermic varieties being different diseases from the one under consideration.

The exfoliation without septic symptoms or throat involvement will differentiate this disease from scarlet fever.

The dry exfoliation and dry surface over the whole body will distinguish from eczema, which is never over the entire surface and even when of wide extent will always show more infiltration and thickening with characteristic gummy oozing.

Erysipelas

Erysipelas is a specific inflammation of the skin and subcutaneous tissues usually of the face.

Symptoms: Shining redness, swelling edema, heat, and tenderness, with in some cases bleb and vesicular formation accompanied by febrile disturbance. An area of a dime to a dollar size, elevated, and bright red with a sharply defined border is first noted. The disease spreads by peripheral extension. There is a feeling of tenderness, burning, and some itching. Eczema can be mistaken for this disease only when markedly acute with considerable edema and swelling. The well defined border and constitutional symptoms are lacking in eczema. The violence of an acute attack of eczema usually abates in 24 hours; in erysipelas it does not until the disease has reached the acme.

Lichen Planus

Lichen Planus is most commonly observed in those of a neurotic temperament, after prolonged overwork or worry, anxiety, shock or exhaustion. It may occur however, in those apparently well nourished. It is an inflammatory disease of the skin characterized by pin-head to pea-sized, flattened, glistening, violaceous colored papules. These have a slight central depression with an irregular base and tend to coalesce and form a scaly surface.

The symptoms just mentioned together with the facts that there are never any vesicles and that the patches, being dry, never show any oozing, will serve to distinguish from eczema.

Eczema fades off gradually into the surrounding tissue, while in lichen planus scattered, characteristic discrete papules are nearly always found at the edges of the patches. Papules with irregular base, flattened or depressed top, dark-red or violaceous color, unmingled with vesicles, and not oozing, make a picture that on not easily be taken for papular eczema.

Herpes Simplex and Herpes Zoster

Fever blisters are an acute inflammatory affection characterized by groups of vesicles, occurring about the face or genitalia. This condition

can scarcely be confused with eczema. Herpes Zoster is an acute inflammatory self-limited disease of unilateral distribution corresponding to the peripheral branches of one or two cutaneous nerves. The vesicles are larger than in eczema with no oozing. Herpes Zoster comes on suddenly and is often preceded and accompanied by neuralgic pain. Eczema is never neuralgic and is often insidious in appearance.

Erythema

This term ordinarily refers merely to the simple hyperemias, i. e., those diseases showing exudation coming under the head of inflammations.

Of the purely local class the essential symptom is redness without perceptible elevation or infiltration. In this class the erythemata due to heat, cold, and sun rays may be put.

Of the symptomatic class the same symptom is present caused by some constitutional disturbance. Scaliness is not noted except occasionally while in eczema it is pronounced in many cases. Erythemata rarely itch.

Favus

Favus is a contagious disease of the skin due to a parasite of vegetable origin.

Symptoms: Pin-head to pea-sized, soft, cup-shaped, yellow crusts, tending to coalesce and form mortar-like masses. The common site is the scalp. Brittleness and loss of hair, the underlying atrophy or cicatricial condition, together with the dead looking, lusterless, broken hairs and irregular, patchy, hair-loss makes diagnosis rather easy. In case of doubt microscopic examination will reveal fungi.

Ringworm

Ringworm is due to different fungi. On the general surface the symptoms consist of one or more slightly elevated, sharply limited somewhat scaly hyperemic spots. These spots spread in a uniform manner peripherally and as they spread they tend to clear up more or less completely in the center. The most frequent sites are the face, neck, hand, and forearm. Instead of appearing in this slight inflammatory form it may be of a much severer grade, the border being markedly elevated and red, and not infrequently constituted of closely set papules and vesicles which may become pustular. Ringworm of scalp shows slight scaliness, broken hairs, hair stumps, and more or less baldness of involved areas. In favus we have the same tendency to hair loss but we have also yellowish cup-shaped crusts and an atrophic character of involved skin. In alopecia areata the sole symptom is complete loss of hair, the skin being per-

fectly smooth and shiny. In eczema of scalp there is never any trouble with the hair. Ringworm does not itch as a rule.

Miliaria

This condition is also called Prickly Heat or Heat Rash, and is an acute, mildly inflammatory disorder of the sweat glands. The lesions are numerous pin-point to pin-head-sized, separate, but closely crowded papules and vesicles or an admixture of these. There is always present some pricking, burning, and itching. Two varieties are distinguished, the papular and vesicular.

Extreme heat is the essential causative factor. Those who perspire freely are the most common subjects. The vesicular variety need not be confounded with eczema as the lesions are discrete and remain so, never tending to run together as in eczema. If the vesicles are ruptured the fluid contents is not of a sticky character. The papular variety presents greater resemblance to eczema but the sudden onset, profuse sweating, or heat exposure serve to distinguish from papular eczema.

Urticaria

The ordinary wheals of urticaria will almost invariably serve to distinguish it from eczema. Papular urticaria in which the lesions are small and often excoriated may resemble papular eczema very closely but in the former they are usually scattered or discrete, whereas those of eczema are commonly on one or two regions and often show aggregations or solid patches.

Pruritus

Pruritus is a functional affection of the skin having only one symptom—itching.

Causes are intestinal derangement, hepatic disorders, intestinal worms, uric acid excess, Bright's disease, ovarian and uterine diseases, diabetes mellitus, cancer, tuberculosis, gestation, and depraved state of the nervous system.

Worms, leucorrhoeal discharge, and diabetic urine, may be responsible for vulvar pruritus. The subjective symptom of itching without the presence of structural lesions is diagnostic. However, in severe and persistent cases where excoriations and papules have resulted from scratching it may be mistaken for pediculosis or eczema, but a history of the case (with itching before there were any excoriations) or the finding of nits on the shafts of the hair will exclude these troubles. Incessant scratching and rubbing may lead to a true eczema.

Sycosis Vulgaris

Sycosis Vulgaris is a chronic inflammatory affection of the hair follicles of the bearded or mustache regions due to microbic infection. The disease may invade a portion or the entire region. It begins slowly with a variable number of small red papules, pustules, or tubercles, each lesion being pierced by a hair.

At first they are discrete but as new lesions arise they may become quite crowded making the inflammation confluent with infiltration and swelling. As the disease progresses the hairs loosen and can be readily extracted, but as a rule very few hairs are lost and scarring does not result. Eczema rarely stops at the border of hairy regions and its lesions are rarely pierced by hairs. In acne the sebaceous glands are involved and not the hair follicles. There is no gummy discharge as frequently occurs in eczema.

Lupus Erythematosus

This is a chronic mildly inflammatory new growth formation characterized by variously sized, usually oval, dark red or pinkish patches covered with yellowish or grayish scales. It is found most frequently on the face and less frequently on scalp. Diagnosis as a rule is not difficult, the sharply defined elevated border, reddish or violaceous color with tendency to central depression and atrophy is characteristic of this condition. Also the adherent grayish or yellowish scales make a picture that need not be mistaken for squamous eczema as this latter has no such sharply defined border or tendency to atrophy of central portion of patch. Lupus Erythematosus is a slow process requiring months for the patches to form as large as a dime to dollar size. The subjective symptoms are slight or absent. The cause is not known some holding to the view of tubercular toxins in system. No tubercle bacilli have been found in the patches.

Syphilis

The secondary eruptions of syphilis are usually discrete and there is no tendency to form confluent areas. The lesions are darker in color and the color does not always disappear on pressure. In addition there is a history of the initial lesion of syphilis. There is rarely itching in syphilis and on the whole there is not much danger of confounding the two diseases.

Other Diseases

There are a few other diseases that might possibly be mistaken for eczema on a hurried examination but they are exceedingly rare and will not be described here. They are prurigo, pityriasis, rubra pilaris, pemphigus, foliaceus, dermatitis repens, and Paget's disease.

THE CONVENTION

A. G. HILDRETH, D. O.

Only about two months now until the A. O. A. will convene in Kirksville. While of course, we shall carry on the splendid work of our great organization while there, we are also going to celebrate with the citizens of Adair County and Kirksville, Dr. Still's eighty-fifth birthday. It should be considered a rare, rich, grand privilege to visit the birthplace of a profession that has been, and is, doing such a magnificent work; and better still it is a privilege to be able to see once more the man who gave Osteopathy to the world—the one man whose life's work has created such a world power, and has become such a far reaching influence for good upon so many, many lives. This gathering cannot help but be a historical one—it is one that probably can never be repeated, and those who miss it will feel in future years a keen regret over that fact.

On a recent trip to Kirksville, we found everything in splendid order for a successful meeting. The citizens are truly doing all in their power to make a grand success of our coming convention. Every one is very enthusiastic and determined that everything that can be done for the success of the meeting and the comfort of their visitors shall be done, so that no one need stay away from Kirksville for fear of lack of accommodations. On the Old Doctor's birthday, the citizens are arranging for a great barbecue on the State Normal School Campus. They have arranged for a band for the entire week, and on his birthday they will be able to dedicate the statue which they are erecting in his honor. Professor Zolnay has promised to have the model—a statue just one third the actual size, and exactly as it will appear when completed—ready for dedication, in order that all who visit Kirksville may know just what will be accomplished in Osteopathy's home town in honor of Dr. Still. This statue when completed will cost over six thousand dollars, and is truly a just tribute to Dr. Still. It will be placed upon one corner of the Public Square, the County Court having voluntarily tendered the ground. And, by the way, let me say that Dr. Still is much pleased over the movement, and is very much interested in the work. It will probably take a year and a half or longer to complete it.

There are so many reasons why this meeting will be the most important event in the life of Osteopathy, that all osteopaths should attend. This is truly the one time of all others when we should be in Kirksville, even at the expense of personal sacrifice. Every osteopath owes it as

a duty to Dr. Still, as a tribute to the personal worth of the man who made his life's work possible, to be there. We owe it to ourselves to be there, and we owe it to our profession to be there. From all over the country we get encouraging reports on attendance, but we want you all to be present—we want to, and will, create an enthusiasm there that will last for years to come. This convention, with its associations, its surroundings, and better still, with the Old Doctor's presence, cannot help but be a lasting inspiration.

Come—Come! All should come and be a part of the greatest Osteopathic Convention ever yet held. Kirksville, the home of Osteopathy, is waiting with outstretched arms to welcome you, and extend her most bountiful hospitality.

Contents

OF THE

June Osteopathic Journal

**OSTEOPATHY PROTESTS AGAINST
DRUGGING**

THE GERM THEORY OF DISEASE

AUTO-INTOXICATION

A FEW QUERIES ANSWERED

CASE REPORT

C. H. JENNINGS, D. O., GRAND RAPIDS, MICH.

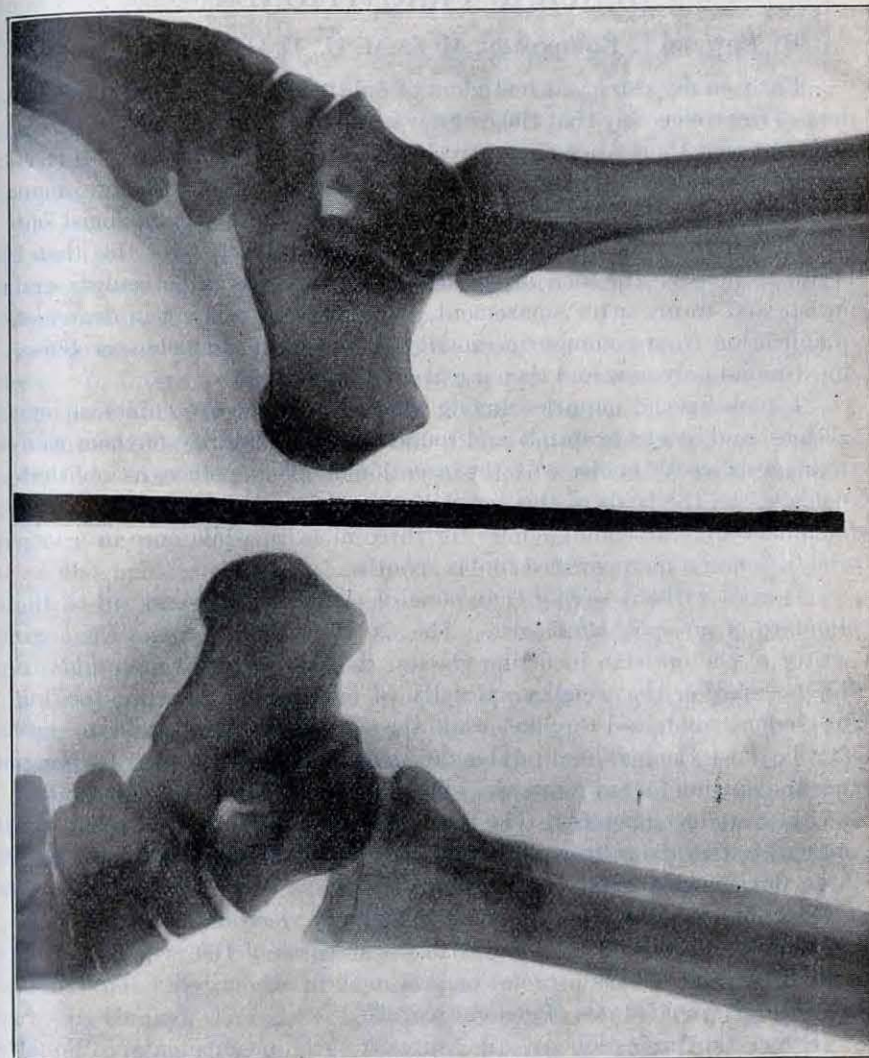
The case of Miss A., teacher, about thirty years of age, is a beautiful illustration of modern ignorance, surgery, and malpractice. The accompanying photographs tell the story very clearly with the exception that these pictures were taken ten weeks after the injury.

Miss A. was in Chicago at the time of the accident and was immediately treated by a physician highly recommended by her friends there. He pronounced the trouble a very bad strain and advised rest for several days. At the end of two weeks the ankle was still in a very unfavorable condition and a second physician was called who made the same diagnosis as the first. For three weeks longer, rest was given the ankle, with almost daily visits from the physician, and at the end of this time the patient was removed to this city. Several weeks more of the rest-cure were given before the case came under my care.

You will notice the pictures show both right and left foot from the inner side for comparison and make an excellent study. The astragalus is seen very clearly to be pushed up and back upon the os calcis. The tibia is thrown forward almost entirely from its articulation with the astragalus and is retained only by its posterior condyle. There is a green stick fracture in the shaft of the fibula about two inches above the external malleolus which draws the lower end of the fibula almost an inch above its normal position. There is a large amount of osseous deposit about the fracture of the fibula practically fixing that deformity for all time.

The shadows of the fibula and tibia are a little misleading. As they are here shown it appears as if a splinter of the fibula was thrust to one side but the fluoroscopic examination from the outer side of the ankle shows both bones solid with the exception of the fracture in the shaft of the fibula.

Strange as it may seem the patient was walking about at the time this picture was taken, without the aid of a cane. Since treatment was begun marked improvement has been noted in the relation of the tibia to the astragalus and the latter bone has resumed its normal position.



THE OPHTHALMOLOGIST AND THE GENERAL PRACTITIONER

BY EDWARD E. EDMONDSON, M. S., M. D., D. O., CHICAGO, ILL.

Early in my career, as a student of ophthalmology, I heard the president of my college say that the country is full of eye, ear, nose, and throat men, but that there are comparatively few cities so fortunate as to have an ophthalmologist. This startled me, for I had always held the prevalent idea that very little time was required to make an ophthalmologist out of a recruit from the ranks of general practice. It was after this that I began to observe the men in the field who were posing as oculists and aurists and to my utter amazement, I found them ranging in degree of qualification from common mediocrity to the most shameless pretense, and I found only now and then a real ophthalmologist.

I made special inquiries among the men at large eye clinics, at eye colleges, and at eye hospitals and found that the majority of them were taking a six weeks' course with the intention of opening offices as ophthalmologists on the basis of this limited preparation. The majority of the remainder were attending clinics for three months, while once in a long while I found a man enrolled for six months.

It goes without saying that none of these men measure up to the standard of an ophthalmologist. The six weeks man becomes the competitor of the optician in fitting glasses; the three months man adds to this occupation the weighty specialty of everting the lids and looking for cinders, sand, and the like; while the six months man is able to pass a probe down the tear duct (and make an artificial passage) and to puncture the antrum for sinus disease. Yet these men are earnest and honest; but they are incompetent. The best ones will scarcely be able to see the optic disc with the mirror, and when they do see it frequently mistake a large physiological cup for glaucoma!

I know one man who took a short summer vacation, and on returning announced himself a specialist in the diseases of the eye, ear, nose, and throat, and he was a professor in a medical school too. It reminds us of the paranoid states of general paresis.

Shall the profession at large support such incompetents? Would you allow such a man to operate on your eyes? Then why refer your confiding patient, who through age and infirmity has become cataractous, to him? The chances are ten to one that he will either send the cataract case home, advising delay, or will suggest another man in whom he himself has confidence.

"But", you ask, "what is an ophthalmologist?" "One who is versed or expert in Ophthalmology. Ophthalmology is the sum of knowledge concerning the eye and its diseases." Who can master this knowledge in six months?

The eye is the most complex organ in the body; its varieties of physiologic and pathologic appearance require constant application for one year to make a diagnosis alone, and this study must be done under the direct supervision of a competent preceptor. Then the study of the nose, throat, and ear increases this time by a second twelve months.

Thus modern oculists and aurists are not made in six weeks, nor in six months. The shortest possible time is full twelve calendar months in the presence of a large clinic, plus a complete library, and under the direct guidance of a competent preceptor.

The great Vienna surgeon, Billroth, said there is not enough about the ear to interest him as long as an hour, yet Schwartze and Politzer have spent a life time in the study of otology alone. The writer would welcome state laws requiring men who wish to enter the field of eye, ear, nose, and throat practice to take a preliminary course of at least twelve months internship in some large hospital devoted to the treatment of the eye, ear, nose, and throat, or twenty-four months as student assistant to an able ophthalmologist who has himself had this preliminary training, and who has not only a large practice, but a full library and museum for the use of his student, and who gives his students daily lessons and quizzes in the subjects of this specialty.

Until such laws are passed the general profession can protect itself and its clientele from inefficiency only by refusing to recognize or support men who do not measure up to this standard.

The writer would recommend to our state and national associations the creation of a board of censors whose duty it shall be to investigate the claims and credentials of such parties and to endorse only such men as have completed the standard preliminary training.

Within the past year the writer has seen a sarcoma of the nasal septum dallied with by an incompetent man till too late to be helped by surgical aid, also a case of leptomeningitis result from the vigorous curetting through the right cribriform plate of the ethmoid in an ignorant attempt to remove the pedicle of a nasal polyp, and again, the sloughing of several corneae after cataract operations, due to a timidity in cleansing the conjunctival sac before operation.

These deplorable results need not occur if you will insist that the men who do special work on your patients have the necessary preliminary training.

THE GRADUATION EXERCISES AT THE A. S. O.

A MESSAGE TO THE CLASS FROM THE PRESIDENT

MY DEAR FELLOW SENIORS:

Behind us lie three years of intimate association,—three years of toil and struggle,—three years that have been practically unmarred by jar or friction between individuals or factions,—three years that have served to mold the heterogeneous mass of humanity that we were as baby freshmen into our present state of homogeneity—the full fledged osteopath.

Before us lie uncounted years of opportunity—opportunity to apply in a practical way the wisdom and efficiency which we have attained thru our conscientious study here,—opportunity to make a place for ourselves in the world of hard knocks,—opportunity to realize our fondest dreams of wealth, position, and power—opportunity to assist in carrying forward the great work instituted three decades ago by our beloved “Daddy”,—and opportunity to render untold service to humanity by correcting the lesions of both body and soul of all those of our fellowmen over whom we chance to exert our influence.

During these coming years, upon whose threshold we now stand, we will find that “the secret of success in life is for a man to be ready for his opportunity when it comes”.

We are ambitious to succeed, we deserve success, we will succeed,—not because of ambition alone but because we have faithfully prepared ourselves while waiting for the advent of our opportunity and because we possess, as we believe, the three aids of ambition which are:

Patience to drudge in obscurity,
 Patience to smile in adversity,
 Patience to wait for prosperity;
 Courage to do what you think you can,
 Courage to use aye the better plan,
 Courage to yield to a better man;
 Love for the work you attempt to do,
 Love for the weak ones that cling to you,
 Love of the kind that is ever true—
 Patience, and Courage, and Love.

So at the parting of the way we must say good-bye, and at one and the same time let us pledge one another to do all in our power to further the interests of our profession,—to do our share to broaden, expand, and develop our science whose possibilities are as yet unfathomed,—and to endeavor in all we do to keep our work untainted by admixture with what is false and useless in other schools of healing—in short, to practice pure Osteopathy.

Most fraternally yours,

HEBER M. DILL.

THE CLASS TOAST TO “DADDY”

Here's to the “Old Doctor”, that rugged pioneer, who, boldly striking from the narrow well-trodden path of “Drug Therapy” into the trackless forest of truth, found there a healing art whose essentials were rationality and common sense. Having seen the vision of a perfect art, he strove and strove, fearless and unafraid, enduring the

taunts of all, even of his closest friends, that Osteopathy might be given for the alleviation of suffering man; he worked for the love of humanity, and not for praise; he held true to his ideal and saw his efforts crowned by success—the unsought for praise laid at his feet.

It is to “Dad” that the Class of June '13 offers its tributes of gratitude. His visions they perceive—his faithfulness to his ideal they honor—his personality they love.

A. R. BELL.

PROGRAM

Selection.....	ORCHESTRA
Address—“Basic Principles of Osteopathy”.....	H. J. EVERLY, Vice-Pres.
Class Song—Tune of “America”.....	J. R. KLIPPELT
Class History.....	R. C. McCAUGHAN
Class Poem—“The Mount of Knowledge”.....	EUNICE BAHANNON
Music.....	ORCHESTRA
Class Prophecy.....	E. A. MOORE
Class Song—Tune of “Auld Lang Syne”.....	LOUISE D. SHUMAN
Selection.....	ORCHESTRA

THE DOCTORATE SERMON

The Graduation Sermon was preached by the Rev. Glenn Frank on Sunday June 1st. at 9:30 a. m. The address was an extremely telling one and was of an eminently practical nature. The speaker commenced by defining and explaining true education as apart from the mere cramming of facts into the brain. He said that the largest and best University in the world was the University of Experience whose A. B. Degree meant the Bachelor of Aches and whose colors were the “Black and Blue” of Hard Knocks. He took as the subject of his discourse “A simple and sane Philosophy of Life”, and urged that we should look at life from both near and far. Life when regarded from the near viewpoint means the development of the worth and efficiency of selfhood; when regarded from the further standpoint it means the spending of the efficiency of manhood in the service of society. Life therefore includes two aspects: (a) being true to self, and (b) being true to others. The best developed selfhood means the cultivation of Body, Brain, and Heart; this is true reverence. In discussing the subject of service to society the speaker amplified four main thoughts: (a) the necessity for proper education; that is to say, an education that really trains the mind for usefulness; (b) the necessity for a proper positioning of the selfhood; a square peg must not be fitted into a round hole. We must strive to find our sphere of usefulness and then to fill it; (c) the necessity for a proper motive in our work. The utter inadequacy of money and applause as governing motives were fully dwelt upon and the relative value of money to merit was brought out; (d) the necessity of a proper “margin” of our selfhood. By this the speaker meant the proper utilization of spare time, the proper harnessing of the energies employed in our avocations. The address was ended by a spirited appeal to the cultivation of those qualities that make for real goodness and usefulness in the world at this present time and in our present surroundings, and not in some cloister or at some future period of existence.

CLASS ROLL

Allen, Arthur E.
 Allen, Hiram J.
 Allen, Carolyn
 Austin, Mack
 Bahannon, Mrs. Eunice B.
 Bailey, Homer F.
 Barbee, George R.
 Barker, Olga O.
 Barnes, Joanna May
 Bedwell, Mrs. Mary
 Bedwell, T. Cleveland
 Bell, Albert R.
 Black, Emma
 Blackford, Chauncey D.
 Blackford, Fanny M.
 Blakeslee, Clarence B.
 Bone, Charles A.
 Borough, Mrs. Lova D.
 Borough, Samuel
 Bowlby, Lewis M.
 Brownback, George G.
 Chandler, Alfred J.
 Chubb, Catherine M.
 Clark, Mrs. Nella B.
 Cleary, Charles S.
 Coffey, Eva K.
 Cole, John D.
 Collins, Louisa J.
 Cox, Wm. T.
 Craigie, Margaret
 Croxton, Charles H.
 Day, Clarence H.
 Deason, Mrs. Laura O.
 Decker, Eva G.
 Dill, Heber M.
 Dillon, Dot
 Drinkall, Earl J.
 Duglay, Howard A.
 Elliott, Walter B.
 English, Dan A.
 English, Ray F.
 Everitt, Edgar C.
 Everly, Henry J.
 Falk, Mary F.
 Farr, Bertrand H.
 Fifield, Wm. M.
 Fogarty, Joseph P.
 Fowler, Rebecca M.
 Freeman, Ezra A.
 Freeman, Howard M.
 Fulton, George H.
 Furman, Mrs. Mattie
 Gants, Mrs. Alice L.
 Gaylord, Ethel G.
 Gibbons, Dennis A.
 Gilcrest, Mrs. Elizabeth
 Hard, Mrs. Mary E.
 Harding, James F.
 Harris, Elmer C.
 Hawkins, Abner L.
 Hawkins, Charles R.
 Herbert, Mary B.
 Herrold, Sarah A.
 Hoag, Howard C.
 Hoecker, Mary T.
 Hollands, Augustus
 Irani, Ardeshir B.
 Jordan, Lawrie E.
 Jurage, Anis H.
 Keiningham, Robert R.
 Klippelt, James R.
 Kuhnley, Wilbur F.
 Lay, Thomas H.
 Lee, Minnie R.
 Lewis, Mary A.
 Livengood, Burt L.
 Lofgreen, Aaron J.
 Lusk, Charles M.
 McCaughan, Russel C.
 McCorkle, Zuie A.
 McCracken, Mrs. Daisy
 McCracken, Frank E.
 McHerron, Jesse D.
 Mann, Clyde M.
 Miller, Grace E.
 Moore, Ernest A.
 Moore, Ernest M.
 Moore, Kenneth F.
 Morris, G. E.
 Mott, William C.
 Muehleman, Edith
 Nicholson, Frederick M.
 Niswander, John M.
 Overstreet, Charles M.
 Parfitt, John W.
 Peck, Eber K. I.
 Pollok, Lissa M.
 Raymond, Herbert B.
 Record, Blanche
 Richards, Parris T.
 Ridley, Clarence J.
 Roben, Matthew G.
 Roberts, Frederick S.
 Robinson, Lloyd A.
 Robuck, Samuel V.
 Rowland, Mrs. Nina T.
 Sanford, Vernon T.
 Scaife, Leigh G.
 Semon, Raymond R.
 Semones, Albert H.
 Shellenberger, Neff W.
 Shoush, Francis M.
 Shuman, Louise D.
 Sluyter, Edward G.
 Smith, Charles S.
 Spangler, Clyde B.
 Stanton, J. Horace
 Staver, Muriel
 Stoner, Alton G.
 Story, Emery G.
 Strance, Carl W.
 Strayer, Vere A.
 Stryker, Charles N.
 Tedford, Addington C.
 Trevit, Edith D.
 Trigg, Oliver S.
 Teuckes, Augusta T.
 Ward, Edward A.
 Watson, Ruth
 Weaver, Earl E.
 Weber, Caroline L.
 Whipple, Ray A.
 Whitacre, Harry S.
 Wilson, Margaret E.
 Wingfield, Portia J.
 Winslow, Everett S.
 Wright, C. Lynn
 Wright, George
 Wright, Mrs. Catherine A.

LEGAL AND LEGISLATIVE

The Osteopaths in New York.—By the decision of the Board of Health, osteopathic physicians who hold a State license and who have passed the usual physician's examination are henceforth to be privileged to sign death certificates in New York State. A resolution to this effect was passed by the board on May 6, and is a recognition of the plea made by a number of osteopaths that there was no reason why they should not sign death certificates when they had passed the examinations which gave the privilege to M. D.'s.

But while this action of the Health Board is a decided victory for some few of the osteopaths, its effect, it is said, will be to defer indefinitely any prospect of the privilege being granted to all the members of that school, who have made a long fight for it. There are said to be only fourteen osteopaths in the State, of whom twelve are in New York City, who can be benefited by such a regulation.

The twelve osteopathic physicians in the city petitioned the Board of Health for this recognition on the ground that the present rules of the board were discriminatory. Health Commissioner Lederle said today that the position of the twelve seemed right and that the board agreed it would hold to this decision as regards the osteopaths and death certificates.

Practically all the osteopaths today are practicing under a special provision which legalized the operations of osteopaths who were actively engaged in practice on May 13, 1907, and who filled certain requirements. It is regarded as likely, because of the new position of the Board of Health with regard to them, that many will now seek to pass the regular physician's examinations.—Brooklyn Eagle.

North Carolina Board Examination.—The North Carolina Board of Osteopathic Examination and Registration will hold the regular annual examination at Yarborough Hotel, Raleigh, N. C. July 10, and 11th. All persons wishing to take this examination will please have in their applications by July 5th. All communications should be addressed to Dr. E. J. Carson, Sec., Fayetteville, N. C.

From Dr. Hulett of Kansas.—"The Governor has appointed the Board. I am on but have received no notice from the Governor yet, and I have merely seen my name in the paper. I heard that there were some students wishing to take the Exam in June; if so we will organize as soon as possible and arrange to give temporary permits until the state printer can get up our certificates. I am asked to be the first president of the board after fourteen years of work." We quote the following from a clipping sent by Dr. Hulett:

"Governor Hodges today named the five members of the new osteopathic board, created by the 1913 legislative session. The members of the new board as announced from the governor's office today are: F. M. Godfrey, Holton, 1 year; E. B. Waters, Wichita, 2 years; J. L. McClanahan, Paola, 3 years; Miss Linda Hardy, Hiawatha, 4 years; C. E. Hulett, Topeka, 4 years.

The new board will hold its first meeting in Topeka early in June when it will elect a president and secretary. Officers of the board will be paid \$10 a day and actual travelling expenses for their attendance at meetings and time devoted to board work." See also notice below.

The following is also interesting:

Resolutions commending the action of Dr. H. A. Dykes of Lebanon in his fight on medical quacks and fakes, were adopted by the Kansas Osteopathic Association at their meeting in Hutchinson. Dr. Dykes is also praised for the courtesies extended the doctors since the passage of the Osteopathic bill by the recent legislature.

The Dykes resolution reads:

"Resolved, that in appreciation of the work of Dr. H. A. Dykes, secretary of the Medical Board of Examination and Registration, wherein he has made an effort to enforce the medical laws of Kansas, thereby driving out of the state several fakes of various classes and for courtesies extended the Osteopaths of Kansas since the last legislature created a new board of osteopathic examination and registration, that a vote of thanks be extended to Dr. Dykes to show our appreciation and hope that his good work may continue."—Topeka State Journal.

Montana Osteopaths not Benefitted.—The following is quoted from the Montana Daily Record. "Montana osteopaths cannot avail themselves of the provisions of the law passed by the last legislature prohibiting hospitals from discriminating against certain physicians. Attorney General D. M. Kelly, in an opinion today to Dr. Asa Willard of Missoula, secretary of the board of osteopathic examiners, advises him 'it is clear that the provisions of the hospital bill have no relation to osteopaths or the practice of Osteopathy.'"

Nebraska State Board.—The Nebraska Osteopathic State Board will conduct the next state examination at the State House at Lincoln, Nebr. on Friday and Saturday, July 11th and 12th starting at 9 a. m. Friday morning. Address all communications to Dr. C. B. Atzen, 412 Omaha Nat. Bk. Bldg., Omaha, Nebr.

Kansas State Board.—The Kansas State Board of Osteopathic Examination and Registration was organized June 2. The following are the officers for the first year. Pres. Dr. C. E. Hulett, Topeka, Kan.; Secy. Dr. F. M. Godfrey, Holton, Kan.; Treas. Dr. E. B. Waters, Wichita, Kan.; Committee on Finance, J. L. McClanahan, Paola, Kan., Dr. Linda Hardy, Hiawatha, Kan.

The board will meet again June 27 in Topeka at 9 a. m. in the Commercial Club rooms, and examine all who file their application on or before June 21. The fee for examination is \$25.00 which must accompany the application. We have not yet made arrangements for reciprocity with other states, but our law provides for reciprocity with states of like standard, also five years practice fee \$50.00. A temporary permit will be issued, good until first meeting of board upon application with fee.

Our blanks are now in the printer's hands and will be sent out to applicants on request.

Respectfully

F. M. GODFREY, Sec. of Board.

ASSOCIATIONS

A. O. A. PROGRAM

Monday, August 4, 1913

- 10:00 Invocation.
Address of Welcome.
President's Address.....Dr. C. B. Atzen
11:00 Probable Mechanism of Body Defence in Infection...Dr. W. B. Meacham
Discussion....Dr. Chas. H. Spencer, Dr. Thos. J. Howerton, Dr. J. Deason

Tuesday, August 5th, 1913.

- 9:00 Gastritis, Osteopathic Methods of Diagnosis and Treatment
.....Dr. S. D. Jackman
Discussion.....Dr. Hugh W. Conklin, Dr. L. A. Bumstead
10:00 Practical Application of Osteopathic Hygiene.....Dr. Orren E. Smith
Discussion.....Dr. F. E. Moore
10:45 The Milder Grades of Anemia.....Dr. Louisa Burns
11:15 Report of A. T. Still Research Institute.

Wednesday, August 6th, 1913

Celebration of the "Old Doctor's" 85th Anniversary.

Thursday, August 7th, 1913.

- 9:00 Faulty Posture and Its Relations to Osteopathic Conditions
.....Dr. Ernest C. Bond
Discussion.....Dr. Dain L. Tasker, Dr. Ella Still
9:45 Question Box, "Gynecology".....Dr. M. E. Clark
10:45 Round Table—Pediatrics; Moderator.....Dr. W. C. Brigham
Discussion.....Dr. Roberta Wimer-Ford, Dr. Ella McNicoll
11:00 Report of Publication and Education Committees.
11:30 Report of Legislative Committee.

Friday, August 8th, 1913

- 9:00 Generic Internal SecretionsDr. Ernest E. Tucker
Discussion...Dr. C. W. Proctor, Dr. Geo. V. Webster, Dr. F. M. Schwarzel
10:00 Round Table—Acute Diseases; Moderator.....Dr. Wm. D. McNary
Discussion.....Dr. Leslie Keyes
10:45 Main Points of Weakness of the ProfessionDr. George Still
Clinics.....Dr. George Still

The following will demonstrate Technic in the afternoons in sections:—

- | | | |
|----------------------|-----------------------------|--------------------|
| Dr. Frank C. Farmer | Dr. Jennette Hubbard Bolles | Dr. Frank H. Smith |
| Dr. Earle S. Willard | Dr. Edith Ashmore | Dr. P. V. Aaronson |
| Dr. Arthur D. Becker | Dr. Ethel Louise Burner | Dr. A. S. Hollis |
| Dr. C. D. Atzen | Dr. Josephine A. Jewett | Dr. H. W. Forbes |
| Dr. C. W. Johnson | | Dr. K. L. Seaman |
| Dr. J. W. Hofsess | | Dr. H. W. Forbes |
| Dr. E. C. Link | | Dr. F. H. McCall |
| Dr. S. H. Bright | | |

Monday

2:00 P. M. Eye, Ear, Nose, and Throat.
Five Sections in Technic.

Tuesday

2:00 P. M. Orthopedics.....Dr. Geo. Laughlin, Dr. Kendrick Smith,
Dr. Otis F. Akin, Dr. E. M. Downing.
Five Sections in Technic.

Thursday

2:00 P. M. Orthopedics.....Dr. Geo. Laughlin, Dr. Kendrick Smith,
Dr. Otis F. Akin, Dr. E. M. Downing.
Five Sections in Technic.

Friday

2:00 P. M. Six Sections in Technic

EYE, EAR, NOSE and THROAT PROGRAM

Dr. C. C. Reid, Chairman.

Monday at 2:00 P. M.

- 1 Indications for Refraction and Putting on Glasses.....Dr. C. E. Abegglen
- 2 Questions and Discussion.
- 3 Results of Osteopathic Treatment on Refractive Conditions of the Eye
.....Dr. W. B. Dobson
- 4 Questions and Discussion
- 5 Interdependence of the Eye and Other Organs.....Dr. T. J. Rudd
- 6 Questions and Discussion.
- 7 Nerve Centers and Reflexes affecting the Eye, Ear, Nose, and Throat
.....Dr. J. N. Waggoner
- 8 Questions and Discussion.
- 9 Bony Lesions and Color Vision.....Dr. Louisa Burns
- 10 Questions and Discussion.
- 11 Osteopathic Treatment of the Tonsils.....Dr. J. H. Hoefner, Franklin, Pa.
- 12 Questions and Discussion
- 13 Nasal Obstruction, Its Symptoms, Sequelae, and Treatment
.....Dr. M. V. Goodfellow
- 14 Questions and Discussion.
- 15 Clinics.....Dr. J. N. Waggoner

Gulf States Society Have Annual Convention.—The sixth annual convention of the Gulf States Osteopathic society was held at the Hillman hotel, Birmingham, Ala., on May 16 at 10 o'clock. The first day's programme was as follows:

MORNING SESSION.—10:00—Address of welcome, Culpepper Exum, president city commission. President's address, Dr. Grace Bullas, Biloxi, Miss. 10:30—"The Osteopathic Physician as an Obstetrician," C. E. Lorenz, D. O., Columbus, Ga. 11:00—"The Prophylactic Value of Osteopathic Treatment," C. G. Howes, D. O., New Orleans. 11:30—"Dysmenorrhoea," Ollie Farthing, D. O., Meridian, Miss.

AFTERNOON SESSION.—1:00—"Superiority of Osteopathy over Drug Medication," E. M. Sasvil, M. D., D. O., Montgomery. 1:30—"Innominate Lesions," W. H. Bowdoin, D. O., M. D., Atlanta. 2:00—Visit to steel plant at Ensley. 7:00—Dinner at Hotel Hillman. The Saturday's programme was as follows:

MORNING SESSION.—9:30—"Function of Appendix," E. E. Bragg, D. O., M. D., Atlanta. 10:00—"Hydrotherapy in Osteopathic Practice," W. W. Blackman, D. O., M. D., Atlanta. 10:30—"The Osteopathic Physician as an Expert Witness in Damage Suits," F. E. Jones, D. O., Macon, Ga. At 11 o'clock there was a general discussion of problems confronting the profession.

AFTERNOON SESSION.—1:00—"Symposium on Technic," T. C. Reid, D. O., Demopolis; S. L. Bennett, D. O., Selma; S. P. Markham, D. O., Anniston; A. C. Foster, D. O., Birmingham; Minerva Baird, D. O., Montgomery. 3:00—Election of officers.—Birmingham Age-Herald.

Minnesota Osteopaths Hold Quaterly Meeting.—A meeting of the Minnesota Osteopaths convened at the St. James hotel parlors at 10:30 on May 16. Following the invocation by Rev. E. G. Chinlund, the address of welcome was delivered by Jens K. Grondahl. Dr. Arthur Taylor, president of the association, who is located at Stillwater, responded.

During the forenoon there were three addresses. Dr. E. J. Stoike of Austin dwelt upon "Diet in Health and Disease", advising particular diet in conjunction with osteopathic treatment and in some instances short fasts. Dr. C. W. Johnson, dean of the Des Moines Still college spoke on "Technique" and Dr. J. G. Evans of Lake City contributed advice as to the treatment of inflammatory rheumatism. He brought out the importance of using hot packs to inflamed portions of the body when treating with Osteopathy.

A short business session was held before the dinner hour in which Northfield was chosen as the next quarterly meeting place and the following trustees of the association were elected: Dr. J. Y. Ernst of Faribault, Dr. S. H. Stover of Northfield and Dr. J. W. Hawkinson of Luverne. The by-laws were read in full by Dr. E. S. Hawkins of this city.

Dr. Lily F. Taylor of Northfield in a pleasing manner gave her views of professional ethics. She was followed by Dr. A. U. Jorris of La Crosse, who told of treatment of hardening of the arteries.

Dr. Clement Woolson of St. Paul told of Surgery of the ear, nose, and throat, with Osteopathy as a convalescent treatment, and illustrated his advice by performing an operation for removal of adenoids.

"Technique of the Cervical Region" was the title of a paper by Dr. W. H. Bedwell of Mankato, while Dr. E. C. Murphy of St. Paul furnished a treatise on "Constipation, and its treatment." The meeting closed with a paper on "Internal Secretions" read by Dr. C. W. Johnson of Des Moines which was followed by a question box.—Red Wing Press.

California State Osteopathic Association.—Dr. J. Strothard White of Pasadena was elected president of the California State Osteopathic association on May 17, at the concluding session of the three-day annual meeting, held at Hotel Maryland.

Other officers elected were Dr. Margaret Farnham, San Francisco, vice-president; Dr. L. R. Daniels, of Sacramento, Dr. C. J. Gladdis, of Oakland; Dr. R. D. Emery, Dr. C. W. Brigham, and Dr. L. L. Haight, Los Angeles, trustees. The trustees will meet later on and choose a secretary and treasurer. Among other papers read were the following: Dr. Louisa Burns of Los Angeles gave a talk on "Backs," illustrating with stereopticon views, and showing marked progress made in cases under treatment; Dr. Charles Spencer of Los Angeles presented a paper on the subject "Constipation,"

in which he told of the various types of this trouble, and dwelt upon the many causative factors and the broad field offered the osteopathic physician in affording permanent relief for the patient. This was followed by a general discussion of the topic. Then came clinics, report of the resolutions committee, election of officers, and other business matters. There also was a discussion of senate bill No. 813, having to do with the medical profession, led by Drs. Tasker and Forbes of Los Angeles.

The banquet at the Maryland on May 16 was attended by 150 persons. Dr. D. C. Farnham of San Francisco was toastmaster. The list of toasts included the following: "Footprints," Dr. Ernest Sisson; "Our Magazine," Dr. L. C. Hulbron; "Third House," Dr. D. L. Tasker; "Pull," Dr. D. C. Daniels; "Push," Dr. Margaret Farnham, and "Rubber," Dr. C. G. Phiney.

Stockton was chosen as the place for holding the 1914 meeting.—Pasadena Star.

Annual Banquet in Iowa.—The third annual banquet of the Iowa Osteopathic Association was held in the Chamberlain Hotel on May 20, 1913. The Toastmistress was Dr. Della B. Caldwell. The program rendered was as follows: "The Culture of Friendship is a Duty"—HUGH BLACK.—Dr. A. G. Hildreth. The Old Doctor, Dr. Minnie B. Erwin. Friendship, Dr. F. W. Bechly. "What do we Live for if not to Make Life Less Difficult for Each Other"—ELLIOTT.—Dr. C. B. Atzen.

The program for the afternoon of May 20th follows:—1:30 p.m.—Music. Invocation. President's address, Dr. Della B. Caldwell, Des Moines. 2:00 p.m.—Section on infectious and contagious diseases. Chairman, Dr. Ella Ray Gilmour, Sioux City. Differential diagnosis, Dr. George Ingledue, Sioux City. Treatment, Dr. A. E. Hook, Cherokee. Sequelae, Dr. F. G. Gluett, Sioux City. General Discussion. 3:30 p.m.—Long Treatments vs. Short Treatments, Dr. A. G. Hildreth, ex-president of A. O. A., St. Louis, Mo.

Kentucky Osteopaths Meet together.—The annual dinner of the Kentucky Osteopathic Association was the feature of the first day's session of the fifteenth annual meeting of the body at The Seelbach on May 15. The banquet was in the nature of a "love-feast." Dr. E. W. Patterson, of Dawson Springs, president of the association, was toastmaster. About thirty members and their wives were in attendance.

The convention was called to order by Dr. Patterson, and Mayor Head welcomed the physicians to the city in a short address. Dr. Parker and Dr. Martha Beard, of Hopkinsville, were heard at the morning session, and Dr. Annette Alexander read a paper prepared by Dr. Evelyn Bush. The afternoon session was devoted to a discussion on "Technique," on which Dr. F. A. Turfler, of Rensselaer, Ind., read a paper. Dr. Frank Farmer, of Chicago, was heard on Friday morning, May 16, on Physical Diagnosis."

"Osteopathy and the Child" was the subject of a paper read at the session that afternoon, beginning at 1:30 o'clock, by Dr. E. O. Vance, of Lexington. The paper was discussed by Dr. Claud Wilson, of Fordville.—Louisville Times.

Wisconsin Osteopaths Protest Laws.—Members of the Wisconsin osteopathic association, in convention at the Plankinton hotel, drew up a proposed amendment to the state medical laws seeking to make them more favorable to the practice of the osteopathic profession.

The afternoon session was devoted to clinics conducted by Dr. Frank C. Farmer, Chicago, and the clinic committee.

Officers elected at the evening meeting were President, Dr. Kirk W. Shipman,

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Janesville; vice-president, Dr. Bessie C. Childs, Milwaukee; secretary, Dr. E. L. Elton, Milwaukee; treasurer, Dr. Harriet Whitehead, Wausau. Dr. William L. Thompson of Milwaukee was recommended for reappointment on the state medical board. Dr. E. J. Elton was elected delegate to the meeting of the American Osteopathic Association at Kirksville, Mo., in August.—Milwaukee Free Press.

First Congress of Maine Society of Osteopaths.—Doctor S. D. Goldstein, of Portland, was the principal speaker at the first Congress of the Maine State Society of Osteopathic Physicians, which was held at 85 Exchange street, on May 20 at 2. Discussions of important osteopathic methods of treatment, together with interesting excerpts from osteopathic lectures were heard. Promotion of social spirit among members was urged.

The membership of the Maine State Society of Osteopathic Physicians includes all the graduates of Incorporated Colleges of Osteopathy and was organized for the two-fold purpose of establishing and incorporating a center in the State of Maine for osteopathic teaching and of providing an osteopathic infirmary where poor people can obtain osteopathic treatment.—Portland Express.

Resolution from Iowa Osteopaths.—Resolutions recommending that the liquor traffic be placed under the supervision of the state board of health are now on file with the secretary of the Iowa Osteopathic association. They were passed on May 21 following a stringent arraignment of the traffic by Dr. S. B. Miller of Cedar Rapids, who spoke before the closing session of the fifteenth annual convention. Dr. Miller charged that liquor is the cause of much infant mortality, and that it is the cause of ill health, insanity, and degeneracy. His remarks were heartily applauded, the resolutions following immediately after the close of his address.

Dr. A. C. Brown of Council Bluffs in a paper read to the convention by Dr. U. M. Hibbets recommended that a state medical examining board for candidates for marriage should be created. He also urges the teaching of sexology in the schools.

Meeting in La Salle, Ill.—The La Salle County Osteopathic association held a meeting in the office of Dr. M. Loring, in La Salle, on May 22. Many important and interesting papers were read and discussed, some of which were "Infantile Paralysis," Dr. Loring; "Osteopathy a Complete Success in Obstetrics," Dr. M. E. Noyes, Ottawa; "The Legislative Situation in Illinois," Dr. J. J. Moriarty, Ottawa, etc.

Registration of N. J. Osteopaths.—A meeting of the State Board of Medical Examiners to pass on the applications of Osteopaths seeking registration under the new law adopted March 12 has been set at Trenton for Tuesday, June 17. It is expected that about 200 applicants will be considered.

Dr. D. Webb Granberry, of Orange, who was appointed to the board as a representative of the osteopaths, is the first to make application for registration. The first license is scheduled to be given him. Licenses are to be granted to those who have been graduated from colleges whose standing is approved by the board.

Osteopaths who have been practicing in the State less than a year will be examined by Dr. Granberry, and when he gives approval the licenses will be signed by him, and by Dr. William Perry and Dr. Horace Norton.—Dover Index.

Tennessee Osteopaths have Annual Convention.—The fifteenth annual convention of the Tennessee osteopathic association took place in Chattanooga on May 16 and 17. The program was as follows:

FRIDAY AFTERNOON.—"Pellagra"—A. J. Harris, D. O. "Technique"—J. W.

If this were your little girl, Doctor, what would you do?



What *wouldn't* you do?

You would search unceasingly for a method of cure. You would emphatically reject all means of treatment of questionable benefit, the antiquated instruments of torture, the plaster cast, the steel and leather jackets, and other unscientific apparatus.

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Skidmore, D. O. "Hygiene and Sanitation vs. Serum Treatment"—J. R. Shackelford, D. O. "The Composite Board"—J. Meek Wolfe, D. O. 8 p. m.—Banquet—Hotel Patten.

SATURDAY, 10 A. M.—"Emergencies"—M. A. Smoot, D. O. "Care of Upper Air Passages in Children"—W. S. McClain, D. O. "Doctor vs. Physician"—H. R. Bynum, D. O. "Our State Board"—D. T. Mitchell, D. O. "Ethical Publicity"—W. F. Link, D. O. "Tropical Diseases"—L. A. Downer, D. O.

AFTERNOON SESSION, 2 P. M.—"Osteopathic Gynecology"—W. Miles Williams, D. O. "The Osteopathic Specialist"—P. K. Norman, D. O. "Eczema"—Benton Williams, D. O. "Our Research Institute"—J. Erie Collier, D. O. "The Future of Osteopathy"—E. C. Ray, D. O. "Reports of committees. New business. Election of officers.

8 P. M.—The election of officers resulted as follows: Dr. O. Y. Yowell, Chattanooga, was chosen president; A. L. Dykes, D. O., of Bristol, vice-president, and J. Erie Collier, D. O., of Nashville, secretary and treasurer. The board of trustees, elected for the ensuing year, is composed of Dr. L. A. Downer, of Chattanooga, Dr. E. T. Ray, of Nashville, and Dr. J. W. Skidmore, of Jackson. Dr. R. F. Kitworth, of Knoxville, was appointed on the examining board, and Dr. J. R. Shackelford was elected as a delegate from Tennessee, to serve on the legislative committee which meets in Kirksville, Mo., in August. Dr. H. Viehe, retiring president of the association, will represent Tennessee at the annual convention of the American Osteopathic association at Kirksville, Mo.

Chicago Alumni Association Meeting.—The Chicago A. S. O. Alumni Association met at Hotel Sherman April 26, 1913, with President Fred Gage in the chair. After a delightful dinner the regular business of the association was transacted.

Dr. Frank Farmer, speaker of the evening, gave a most instructive talk on "Headache". This brought out questions and discussions, after which the legislative situation in Illinois was fully considered and many points of interest in regard to the work now being done at Springfield were presented in a talk by Dr. Gage. Following this, the election of officers was held, resulting as follows: President, Dr. Alfred W. Young; 1st. Vice-president, Dr. Agnes V. Landes; 2nd, Vice-president, Dr. Ernest R. Proctor; Sec'y-Treasurer, Dr. Jessie Wakeham.

Much interest is manifested in these meetings, both by the members and their friends.—JESSIE WAKEHAM, Sec'y.

Annual Convention of New England Association.—The Ninth Annual Convention of the New England Osteopathic Association was held in the Narragansett Hotel, Providence, R. I., May 9-10.

The President, Dr. Ward C. Bryant, opened the meeting at two o'clock Friday May 9th, by introducing the Rev. George S. Wheeler who offered the Invocation. He was followed by an address of welcome by the Hon. Joseph H. Gainer, Mayor of Providence.

The program which was a most scientific, interesting and helpful one was as follows:

FRIDAY, MAY 9.—Symposium on Obstetrics, Dr. George W. Reid, Worcester, Mass., Dr. Mary Wheeler Walker, New Bedford, Mass. Infant Feeding, Dr. Margaret M. Poole, Fall River, Mass. Headache Associated with the Menstrual Period, Dr. Florence A. Covey, Portland, Maine. Sacro-Iliac and Lumbar Region, Dr. Alson H. Gleason, Worcester, Mass. Discussion: Apparatus for Measuring

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Innominate Lesions, Dr. Frank M. Vaughan. Examination of School Children, Dr. M. H. Nichols, Everett, Mass. Erb's Paralysis: Clinic, Dr. Lallah Morgan, Providence, R. I. Practical Orthopedics for the Osteopath, Dr. Ralph Kendrick Smith, Boston, Mass.

FRIDAY EVENING.—8 o'clock. Address, "Public Health," Dr. George W. Goode, Boston, Mass. Address, "The Future of Osteopathy," Dr. F. P. Millard, Toronto, Canada. Address, "The Sanitary Work of our Government in the Building of the Panama Canal," with moving pictures of the Growth and Development of the Mosquito, Dr. George W. Riley, New York City. A Social Hour and Informal Dance followed.

SATURDAY FORENOON, MAY 10.—9 o'clock "Treatment of Auto Intoxication," Dr. George W. Riley, New York City. An Adjunct, "The Mile Cure," Dr. St. George Fechtig, New York City. Clinic, "Indigestion," Dr. George D. Wheeler, Melrose, Mass. "Motion Studies in Osteopathic Technique," Dr. C. C. Teall, Author of Practice of Osteopathy. "Regulation of Blood Cephalad," Dr. F. P. Millard, Toronto, Canada. "Technique in Cervical Region and First to Fourth Dorsal," Dr. L. L. Draper, Philadelphia. 12:30—Lunch at Narragansett Hotel.

SATURDAY AFTERNOON.—2 o'clock. "The Value of X-Rays in the Practice of Osteopathy," Dr. M. Prichard Von David, Boston, Mass. "Clinic," Dr. Grant E. Phillips, President New York State Society. "Neuritis," Dr. Kendall L. Achorn, Boston, Mass. Discussion, Dr. Norman B. Atty, Springfield, Mass. "Sex Hygiene," Dr. Orren E. Smith, Indianapolis, Ind. Author of "manhood" and other Sex Studies. "Latest Ideas in Advertising," Dr. H. L. Chiles, Secretary of the A. O. A.

At the business meeting, Dr. M. T. Mayes of Springfield, read resolutions to regulate the practice of Osteopathy in Rhode Island. A telegram was sent to Dr. A. T. Still by the Association. The following officers were elected: President, Dr. E. C. Link, Stamford, Conn. 1st Vice President, Dr. Genoa A. Sanborn, Showhegan, Maine. 2nd Vice President, Dr. Rosa Cota, Burlington, Vt. 3rd. Vice President, Dr. Julia J. Chase, Portsmouth, N. H. Secretary, Dr. Helen G. Sheehan, Boston, Mass. Treasurer, Dr. Clarence H. Wall, Providence, R. I.

On Saturday, after the business meeting, a party of fifteen went to Pawtuzet and enjoyed a regular Rhode Island Clambake, Dr. Harry M. Hutchins, being host.

Twelfth Annual Meeting of Kansas State Association.—The Twelfth Annual Meeting of the Kansas State Osteopathic Association was held at Hutchinson, Kans. May 9-10. The meeting was well attended. The report of the Legislative Committee was interesting to all and we feel proud to know that Kansas has an Independent Osteopathic Law and will soon have a Board as the Governor is in possession of the names selected by the Association, and will make his appointments from them.

The Program was good, and especially the Clinic and talks by Dr. Gerdine of Kirksville, Mo. and Drs. C. J. Conley and J. W. Hofsess of Kansas City, Mo.

Dr. Gerdine gave a lecture in the Convention Hall that was enjoyed by a good many but the crowd would have been much larger if it had not rained at that time.

The Officers for the ensuing year are President, W. M. Koons, Herington; Vice-President, Josephine A. Trabue, Pittsburg; Sec'y-Treas. G.B. Wolf, Ottawa; Trustees J. L. McClanahan, Paola, C. E. Hulett, Topeka, T. E. Childress, Osage City. The next meeting place is at Topeka.

SUMMER SCHOOL

AFTER

THE CONVENTION

The Members of the Faculty of the American School of Osteopathy are arranging to give a summer school during the four weeks following the convention

PARTICULARS WILL BE
ANNOUNCED LATER

We expect to be with the Old Doctor on his Birthday with a good delegation. The following program was carried out:

FRIDAY, MAY 9, 1913.—10:00 a.m. Opening Meeting. 12 noon. Luncheon. 1:30 p.m. Address of Welcome, City Att'y Walter Jones. Response, Dr. P. W. Gibson, Winfield. 2:15 p.m. Address, President Dr. J. E. Gibbons. 2:45 p.m. Reading of Minutes. Report of Secretary-Treasurer Dr. G. B. Wolf. Report of Trustees. New Business. 3:30 p.m. Paper, Dr. E. B. Waters, Wichita. 4:00 p.m. Technique, Clinic, Dr. L. Von H. Gerdine, M. D., D. O. Dinner. 8:00 p.m. Public Lecture: Osteopathy, Dr. L. von H. Gerdine, M. D., D. O., Kirksville, Mo.

SATURDAY, MAY 10, 1913.—9:00 a.m. Report of Committee. 9:30 a.m. Legislative Report, Dr. C. E. Hulett, Topeka. 10:00 a.m. Choosing Names for Governor for State Board. 10:30 a.m. Obstetrics: by Dr. Geo. J. Conley, M. D., D. O., Kansas City, Mo. 12 noon. Luncheon. 1:30 p.m. Election of Officers. Business Meeting. 2:30 p.m. Rib Lesions, Results and Technique, by Dr. J. W. Hofsess, M. D., D. O. 3:30 p.m. Question Box. 4:30 p.m. Adjournment. 5:30 p.m. Banquet at Chalmers Hotel.—G. B. WOLF, D. O., Sec'y.

Meeting of Dayton District Osteopathic Society.—The Dayton District Osteopathic Society held its regular monthly meeting Thursday evening May 8, at the office of Dr. P. A. Greathouse, Schwind Bldg., Dayton, O.

There were present practitioners from Piqua, Springfield, Xenia, Middletown, Franklin, and other neighboring towns.

The meeting was given over to a discussion of the experiences of different members in the flooded districts. Plans for extending aid to practitioners who suffered most were considered.

The following officers were elected for the ensuing year: President—Dr. J. E. Hoskins, Piqua, O.; Vice president—Dr. P. A. Greathouse, Dayton, O.; Secretary-treasurer—Dr. W. A. Gravett, Dayton, O.;

The Society adjourned for the summer months, the next meeting to be held the first Thursday in September.—W. A. GRAVETT, D. O., Sec'y.

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BOOK REVIEWS

How to Collect a Doctor's Bill.—By Frank P. Davis, M. D. Secretary of Oklahoma State Board of Medical Examiners 1908-1911, Lake Editor Davis' Magazine of Medicine etc., etc. Price, Cloth \$1.00. Frank P. Davis, M. D., Enid, Oklahoma. 1913.

This is an interesting little book, and is essentially practical. The author tells us that "In fourteen years of practice he has made it a point to study his patients and the business problems that confront the men in the medical profession." There are eight chapters entitled: The Successful Physician; Attitude Toward Debtors; Proper Time to Collect; Books and Bookkeeping; Letters and Forms; Statutes of Limitations; Exemption Laws and Their Application; Extracts from Exemption Laws of All States. The last named chapter takes up more than half the book. We would recommend this little treatise to anyone having difficulty with the business side of practice.

A Reference Handbook of the Medical Sciences.—Embracing the Entire Range of Scientific and Practical Medicine and Allied Sciences. By various writers. Third Edition. Completely revised and re-written. Edited by Thomas Lathrop Stedman, A. M., M. D. To be complete in eight volumes. Vol. I. Illustrated very fully in colors and by half tone and wood engravings. New York, William Wood & Company. 1913.

The first volume of this monumental work is a very fine one. More than one hundred prominent physicians have contributed to it and the articles are splendidly written and edited. Volume One covers the ground from Abdomen to Bacteria and consists of 928 pages. A number of most interesting subjects are handled quite adequately and when the eight volumes are completed it will be a magnificent work. One particularly interesting article entitled "Anthropometry" gives some facts about "finger-print" identification which are remarkable. Interesting articles are found on Anesthesia, Amputations, Acne, Aneurysm, Animal Experimentation, Arthrology and on many other subjects. The Chromolithographs call for special remark as they are beautiful reproductions, and give very clear ideas of their subjects. The Editor, in his preface, after speaking of the first and second editions of this work writes as follows: "In a third edition of a work, with this history of successful endeavor behind it, no apology is called for." "The general plans of the original work" he says "is followed in the present edition, but a number of new features have been introduced." We find the work

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The Development of the Human Body.—A Manual of Human Embryology. By J. Playfair McMurrich, A. M., Ph. D., LL. D., Professor of Anatomy in the Univ. of Toronto, etc. Fourth Edition, revised and enlarged; with two hundred and eighty-five illustrations. Philadelphia. P. Blakiston's Son & Co. 1913. Price \$2.50.

Dr. McMurrich's work on Embryology is well known and needs but little comment. The bulk of this present volume is but little larger than in the previous editions, though considerable additional material has been incorporated into it. Several chapters have, in consequence, been almost entirely recast, and the subject matter has been thoroughly revised. The work is divided into two parts:—General development and Organogeny and contains in all 17 chapters. As a standard book on Embryology, this one is among the best published.

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PERSONALS

Gives Lecture before Physical Directors of Pennsylvania.—Dr. Wm. S. Nicholl gave a lecture on "Abdominal Sluggishness and Prolapse," at the sixteenth annual conference of Physical Directors of Pennsylvania, in Philadelphia, June 6.

Will Spend Summer in Kirksville.—Dr. Mattie Moffet of Windsor, Mo., who underwent an operation in March will remain in Kirksville until after the convention. Her daughter is attending the Normal School at this place.

Father of Osteopath Dies.—Mr. George Crehore, father of Dr. Mary A. Crehore, died at his home in St. Louis, May 14.

Will Spend Month in Europe.—Dr. Fred W. Morris of Paterson, N. J., will spend the month of July in Europe, returning in time for the convention in August. Dr. Albert J. Molyneux of Jersey City, N. J., will have charge of his practice while he is away.

Brought Patient to Hospital.—Dr. Herbert of Trenton, Mo., brought a patient to the hospital, May 19.

Have Gone Abroad.—Drs. Ira S. and Elizabeth B. Frame of Philadelphia, Pa. have gone abroad where they will spend the summer in rest and study.

Gave Expert Testimony.—Dr. O. E. Bradley of Ellwood City, Pa., recently gave expert testimony at a trial, resulting from a street car accident, the outcome of which hinged on Dr. Bradley's ability to prove the injury. The plaintiff received damages amounting to \$12,000.

Proceedings against Chiropractor.—Proceedings have been taken against a Chiropractor in Philadelphia for infringement of copyright. He has been circulating extensively a circular advertising himself and containing a reproduction in full of a recent article by Dr. R. Kendrick Smith of Boston in the "New York Medical Journal" entitled "Therapeutic Possibilities of Manual Adjustment."

Osteopaths Attention!—Wanted, Public Document. We wish to use a pamphlet, issued from the government printing office, in the fight now on for government control of all things medical. The description that occurs in the brochure as it was sent out is as follows: "A Study of the Cause of Sudden Death following the Injection of Horse Serum by M. J. Rosenau and John F. Anderson, April, 1906. 95 pages. Out of print." Any reader having a copy that can be spared will confer a favor by advising the undersigned at Century Bldg., Des Moines, Ia.—S.S. STILL, D.O.

Will Spend Summer in Extensive Traveling.—Dr. Louis L. Garrigues of Spokane, Wash., left his home May 18, for a three months trip extending into Europe, stopping en route at Bouff, in the Canadian Rockies, and at Cass Lake, Minn., for a fishing bout. On the return journey he will visit his mother and boyhood home in New York and the Osteopathic Convention at Kirksville. Dr. Frances Thoms is taking care of his practice.

Mother of Osteopath Dies.—Mrs. J. C. Hurd, Sr., mother of Dr. Orville R. Hurd, died at her home at Urbana, Ill., April 11.

Brought Patient to Kirksville.—Dr. C. W. Hamilton of Lake Charles, La., brought a patient to Kirksville, May 12.

Has Opened Summer Camp.—Dr. St. George Fechtig has closed his house at Lakewood, N. J., and has opened a summer camp at Hained Falls, N. Y., in the Catskills, the elevation of which is 2000 feet. He has built a number of very attractive air houses, and is making a specialty of the milk diet.

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Is Visiting Parents.—Mrs. W. A. Lieson and son of Springfield, Mass., are spending part of the summer visiting her parents Mr. and Mrs. J. H. Flanigan in Kirksville.

Married in Scotland.—Dr. Wade C. Harker of Brandon, Manitoba, Canada, and Dr. M. P. Lyla Macdonald of "Erlsmere," Greenock, Scotland, were married at St. Paul's Parish Church, in Greenock, Scotland, April 29, by the Reverend Charles Allan, M. A., assisted by the Reverend John Campbell, B. D. They will live in Brandon, Canada, where Dr. Harker has been practicing since his graduation from the A. S. O., June 1912.

Has Opened Summer office.—Dr. B. F. Still has opened his summer offices at Ashbury Park, N. J., at 607 Grand Ave., where he will give treatments on Wednesdays and Saturdays. Other days he will spend at his regular offices in Elizabeth, N. J.

Brought Patient to Kirksville.—Dr. A. M. Keethler, Knox City, Mo., brought a patient to Kirksville, May 22.

Elected President of Ladies' Literary Club.—Dr. Harriet A. Whitehead, Wausau, Wis., was recently elected president of the Ladies' Literary club of that city, an organization of over 130 members.

Gave Address before Men's Class.—Dr. J. J. Howard of Woonsocket, R. I., gave an address before the men's class of the Congregational Church on "The Importance of Eugenics." April 6.

Brought Patient for Treatment.—Dr. I. H. Keyte of Clarence, Mo., brought a little boy having infantile paralysis to Kirksville for treatment, June 2.

Has Gone to Europe.—Dr. M. S. Slaughter of Webb City, Mo., went to Europe with Dr. George Still several weeks ago. He expects to return about July 10. Dr. O. D. Baxter has charge of his practice during his absence. Early in the spring a street car struck Dr. Slaughter's auto, injuring him so severely that he was compelled to spend six weeks in the A. S. O. Hospital.

Brought Patient.—Dr. L. E. Staff of Hannibal, Mo., brought a patient to Kirksville a few weeks ago.

The Good Old Summer Time.—The coming summer season will no doubt produce its usual crop of cases for physicians, peculiar to the season. Insect Bites, Bee Stings, Sunburn and its accompany Dermatitis, Strains and Small Joint Injuries from base-ball and other sports, Sprained Ankles, Ecchymosed Eyes, Infected Wounds, etc., will demand the first attention of the physician and a second thought will be a suitable remedy. All inflammatory conditions, whether from infective or traumatic causes, rapidly subside when dressed with Antiphlogistine. Its convenience of application with the assurance of satisfactory therapeutic results, makes it almost indispensable in emergency work.

Congratulations to the Graduating Class.—The members of the A. S. O. class of June 1913 had the pleasure of receiving a congratulatory cablegram from Dr. Geo. Still which read as follows: "Berlin,—Congratulations to graduation class. Happiness and professional success." We rejoice that the absorption of foreign travel and study did not prevent our being remembered by one whom we so admired and whose instruction we so much coveted. Delay on the part of the telegraph company prevented the message being read at the commencement exercises. By a member of the class.

Osteopath Dies.—Dr. James A. Grow, of Memphis, Mo., died on May 26, after three months sickness. Dr. Grow graduated in '03 and had built up a very large practice indeed. He died of a disease of the stomach.