

The Journal of Osteopathy

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The Journal of Osteopathy

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

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EDITORIAL

Osteopathy and Chiropractic We have conducted this magazine along lines as broad-minded as possible. Indeed in the past year and a half we have permitted very little comment upon other systems of practice to appear upon its pages. We have done this because we felt that if some rival system of healing had real and independent merit it would thrive despite anything we might say, while if it was a plagiarism and a gross copy of crude osteopathic practice, if we gave it enough rope, it would surely hang itself. Once in a while, however, we believe that it is right and proper to retaliate when a most flagrant inaccuracy is very prominently worded in some opponent's publication. In the September number of the "Chiropractor" there is a short article entitled "The Dream of An Ideal." It describes how a young graduate chiropractor decides on his location and builds up a practice. We have no criticisms particularly to offer upon the methods adopted, and if we had, this is not the place to make them, but one sentiment calls for comment. It reads as follows: "'Isn't it (Chiropractic) similar to Osteopathy?' asked the clerk. 'There is no resemblance, only that both the chiropractor and osteopath do the work with the hands. The difference is this. The chiropractor removes the cause of disease, the osteopath treats the effect. Isn't it true that you can't get rid of an effect unless you remedy the cause?'"

The article is unsigned, so we do not know who is responsible for such a vicious perversion of the truth as is contined in these few words. Whoever it is, however, we would simply tell him: "Young man, Dr.. A. T. Still built up the system of Osteopathy upon the dictum: 'Remove the cause,' before you probably were born." A statement such as the one quoted is a base and deliberate falsehood, and we simply refer to it to dismiss it. It is not the lies of the ignorant that we have to fear, for the people, taken as a whole, have a habit of using their own judgment and of forming their own opinions. We notice an editorial in this same issue of the Chiropractor which we would ask our friend, the writer of

"The Dream of an Ideal," to read, and ponder upon. We refer especially to the following sentences:

"In this day of money grabbers, greed and avarice, the man who sits back unwilling to fight, doesn't get very far. BUT THERE IS THE RIGHT AND WRONG SIDE TO THE FIGHTING GAME. YOU DON'T HAVE TO BE CROOKED, DISHONEST IN YOUR METHODS, CONTEMPTIBLE IN YOUR DEALINGS, IN ORDER TO MAKE A SUCCESS OF YOUR BUSINESS, BECAUSE THESE METHODS ARE CERTAIN TO LEAD YOU THE OTHER WAY. GET YOUR BUSINESS ON ITS MERITS, and if you have a competitor who is doing a better business than you are, figure out the reason and then remedy your own condition and go after him in a straightforward, honest manner.

"YOU CAN'T GET VERY FAR BY THROWING MUD AT THE OTHER FELLOW. If you can't say anything good about him keep still.

"Keep this in mind: THE INDIVIDUAL OR INSTITUTION SEEKING TO ANNIHILATE THE BUSINESS OF A SUCCESSFUL COMPETITOR BY MEANS OF FALSEHOOD AND CONTEMPTIBLE METHODS IS NOT TO BE TRUSTED."

The capitals are our own and we thrust that the writer of "The Dream of an Ideal" will read the entire editorial in question and apply it directly home.

Drugs and Drugless Methods

In the National Eclectic Medical Association Quarterly for June, page 316, there is an article, by J. C. Mitchell, M. D., of Louisville, Ky., entitled *Drugs and Drugless Methods*. In this article is included as concise a statement of osteopathic principles as we have found anywhere. The writer is evidently a broad-minded man as is shown by the concluding paragraph of his article which reads as follows:

"Eclectics of all people should act kindly, gently, tolerantly toward all, toward all alike, Regular or Homeopath, Christian Scientist or Faith-curlist, Hydropath or Osteopath. They should remember the ostracism, persecution, and suffering that fell to the lot of the early Fathers of Eclecticism, and extend the glad hand of fraternalism to those courageous innovators who are blazing the way in the field of the superphysical worlds."

The part however, to which we particularly refer is worthy of considerable study even by osteopathic physicians and certainly by any opponent who would ignorantly venture to criticize our methods. We quote: "Osteopathy is the mechanical adjustment of the physical body. It postulates that if structure is correct, function will be correct according to anatomy and physiology. Another of its axioms is, that

normal functioning of the body is dependent upon normal blood and nerve supply. The arteries are controlled by the vasomotor nerves and when these nerves are irritated the artery controlled by that nerve is contracted. If the irritation is continued until the nerve is exhausted the artery dilates. One important point it lays great stress upon is that internal organs must be in their proper position to functionate properly. Another is, that there are two causes of disease—one being perverted structure and the other abuse of function. Osteopaths speak glibly of luxations and subluxations. These are terms that mean to them a condition resulting from a joint being held at its extreme point of natural movement. For instance, if the index finger was held over the back of the other fingers with its point touching the little finger for a long time, the ligaments on the outside of the metacarpo-phalangeal joint would become irritated and inflamed. The swelling would produce more irritation and swelling with change in the structure. If we apply this to the luxations of the vertebra we can readily understand their claims for pressure on the nerves at their exit from the spinal column.* We also know that an irritation of a nerve any place in its course will show that irritation at its point of distribution and not at the point of irritation. Many physicians hold the erroneous opinion that an osteopath means a dislocation when he speaks of a luxation. Osteopathy taught and the teaching is being confirmed by the latest anatomies that some of the so-called immovable joints are really movable, notably the sacro-iliac articulation. They claim that a luxation of this joint will result in hip-joint disease.†

"Osteopathy teaches that the acute diseases, pneumonia, pleurisy, dysentery, typhoid, etc., are due to the body not having the normal power to throw off these diseases because of some nerve irritation having reduced the normal resistance of the body. A case in point: A machinist had suffered for several days with an acute diarrhea which nothing he could get would control, physician, druggist, or layman. A fellow employee said he could cure him, and, putting his knee in the small of the patient's back, pulled back on both shoulders as hard as he could. The patient thought his back was broken, but the diarrhea was stopped that instant. An osteopath applies his extensive knowledge of anatomy, physiology, etiology, to make careful diagnosis, locating the cause of the disease. The more careful he is in making his diagnosis the more

*Not generally conceded. The accepted view is that the "luxation" produces a vascular disturbance around the nerve cells of the spinal cord and that thus prevented impulses are launched to the region supplied therefrom.—Ed.

†Quite untrue.—Ed.

specific he can be in his treatment and the better results he will have. Some of the less careful osteopaths do not go to this trouble, but give every case a "shotgun" or "general" treatment. "Shotgun" Osteopathy gives about as good results as "shotgun" medical therapeutics. After making his diagnosis and finding the cause of the trouble he proceeds to remove it in his own way. Take a case of "wry-neck," by the application of gradual stretching in the opposite direction to the way the head is turned, he lessens the contraction of the muscles at fault with the removal of the condition. If he finds a luxation he will make his movement in the opposite direction. In an acute case he gives a stimulating treatment to arouse the vitality of the body so that it will throw off the disease. IF WE HAVE NOT COURAGE ENOUGH TO STUDY OSTEOPATHY WE SHOULD STUDY SPONDYLO-THERAPY."

It is a pity the writer penned the last sentence. It is like saying: "Spondylo-therapy is fake Osteopathy, but it requires some individuality to practice the genuine science, so you had best use the fake article; it is not so good, but it is better than nothing."

Indurative Headache and its Treatment

In the Journal of the Medical Society of New Jersey for March a Dr. C. C. Beling has written an article under the heading above quoted. It is extraordinary and at the same time interesting how osteopathic thoughts slowly dawn upon medical brains. It is also most instructive to see the bungling procedures employed to correct the osteopathic findings. We quote a few sentences from a review of the article which appears in the Medical Cyclopedia and Bulletin for May, page 291:

"The symptoms, diagnosis, and treatment of this form of headache, which results from affections of the musculature of the head and neck along with the cervical nerves, are discussed by the author.

"Auerbach thinks that indurative (muscular) headache constitutes about one-fourth of all headaches.

"On inspection of the cervical musculature in repose, swelling is frequently observed over the diseased muscles, though it is only prominent in a small number of cases. On palpation the affected muscles present a sense of resistance to the fingers. According as the different layers of muscles are affected the areas of induration give one the impression of circumscribed deposits in the muscles. Palpation of the muscular insertions often reveals thickenings. Pressure upon these muscles produces pain, generally diffuse in character, and an increase of an already existing hypertension.

"Massage should be practised frequently and carefully. For a thorough cure all the indurations should be treated until they disappear completely and normal muscle tone is restored."

The author also suggests a number of other procedures such as various drugs, the electric current, rest, diaphoresis, hot fomentations, etc. We would suggest to him that his entire stock in trade of remedies would not stand a show against a good osteopathic neck treatment.

The Journal To Change Editors

This number of the Journal is the last one to be issued under the present Editorial management. We are handing the Journal over to Dr. M. A. Boyes, under whose direction we feel assured that it will more than maintain any standard we have heretofore endeavored to reach. Dr. Boyes has had an abundance of experience along the line of public work and it is with confidence that we turn over the editorship to him. At the same time we wish to thank the readers of this magazine for the support that has been accorded us during the nineteen months that it has been our privilege to serve as Editor. It has been our ideal to maintain the Journal at a standard of excellence that would justify its title "The Journal of Osteopathy; THE MAGAZINE OF THE PROFESSION." We trust that we have been to some slight extent, at least, successful in this endeavor.

Interesting Reading

In the June issue of the National Eclectic Medical Association Quarterly there is a short article entitled "Some Surgical Operations I did not Perform" by B. E. Dawson, M. D., Kansas City, Mo. The writer appears to be a broad-minded conscientious physician, and one case report in particular attracted our attention. It reads as follows:

"Mrs. X. came to me with floating kidney. Four different practitioners had told her that nephropexy was the only chance for relief, and her family physician had refused to give her further treatment until she had the operation performed. The fee was arranged for, and only a few preliminaries were lacking to complete all preparations for the operation. Her mother was present on this occasion and I noticed she was very corpulent. I asked the mother at what age she began taking on flesh. She replied, "thirty-five," just the age of the daughter, which at once flashed before me a sunbeam of hope that my patient could be relieved without an operation. I then turned to the daughter and asked her if she had gained any in flesh in the last few months. Her answer being in the affirmative, my vision of hope enlarged. I requested her to return

for another examination. When she returned, after the examination, I TOLD HER IF SHE WOULD TAKE ONE MONTH'S TREATMENT FROM A GOOD OSTEOPATH I WAS SURE SHE WOULD NOT NEED AN OPERATION. I furthermore told her that I would deduct his fee from mine in case I had to operate, in order to assure her I was not working her for a fee for both. I based my conclusions on the following line of reasoning: Nature anchors the kidney mainly by surrounding it with a bed of fat; this woman is now beginning to rapidly accumulate fat; proper massage can lift the kidney to its original bed, at the same time kneading the fat up against its lower border; after one month's treatment the kidney will be securely anchored in its original bed. She did as I advised and obtained the result I predicted."

Dr. Dawson's explanation, that it is possible by proper massage to lift the kidney to its original bed, and at the same time to knead the fat up against its lower border, is a curious one but the fact that he is willing to recommend a patient to a practitioner of a rival school, proves that he has been observant of results obtained and that he is willing to give credence to what he has seen. We would suggest to Dr. Dawson that he would further investigate our Science and find out exactly what Osteopathy is and what it aims to accomplish. Nevertheless we accord due credit to the Doctor for his broad-mindedness and thank him for his courtesy towards our practitioners.

Man's Upright Position Our readers will remember that on several occasions in the past year we have quoted from well-known scientific authorities to show that the upright position of man is responsible for a number of the diseases that affect him. We have still another quotation to present along the same line as follows:

Influence of the Upright Posture upon Mankind.

Despite the great antiquity of man it does not appear that he has yet succeeded in adapting himself thoroughly to the change from the quadrupedal state. Or perhaps it is better to assume that he had at one period succeeded in such adaptation, but that under the influence of civilization the structures most active therein began to lose the power of compensation, so that all the original drawbacks of the bipedal state have once more reasserted themselves. At a recent session of the medical section of the silesian Society for National Culture held at Breslau (Berliner klinische Wochenschrift, April 14), Klaatsch read a paper on this subject. Numerous affections of mankind which have no analogues among quadrupeds are distinctly favored if not essentially determined

by the upright posture which allows a pull of gravity not experienced in a virtually prone position. Here belong especially hernias, hemorrhoids, varicose veins, enteroptosis, intestinal stasis, and conditions peculiar to women, gravid and nongravid. The backache of delicate women is no doubt due to the insufficiency of the trunk muscles for the maintenance of the upright attitude. The conditions which result in mankind are in striking contrast, Klaatsch assumes, to those seen in the bipedal kangaroo, which has apparently succeeded completely in adapting itself to the upright posture.

"In Spite of Every Effort He Died." "A young man aged twenty-three received from June 1st to Sept. 3rd, 1908, a series of intramuscular injections of corrosive sublimate for a syphilitic roseola which had followed on a typical indurated sore. On March 24th, 1910, he returned because of a cutaneous syphilide and extensive adenitis, and was treated with similar injections for six days. Then, instead of them, he was given two injections of salicylate of mercury, a week intervening between these. He was seen again on May 30th, 1911, adenitis being still noted, and on June 10th at noon 0.3 gramme Salvarsan was injected into each buttock. At the time there were no manifestations of syphilis whatever except the condition of the glands. On the evening of June 12th, having been perfectly well in the intervening 56 hours, the patient felt a numbness in his legs and fatigue in them, and soon after had difficulty in passing urine. During the next day the condition rapidly advanced, and on June 14th there was a complete motor and sensory paraplegia. With bladder and rectum paralyzed and bed sores and other trophic disorders setting in, his condition was serious from the beginning, and in spite of every effort he died on August 29th."—Lancet, Feb. 15.

The Broken Arch of the Foot We have before called attention to methods of cure suggested for Flat-Foot. These were chiefly exercises designed to strengthen the muscles at fault and we suggested that they might be of value in association with osteopathic procedures designed to improve the general muscular tone. We here reproduce some more hints. Our excerpts are taken from the Pa. Medical Journal of March 13. We quote—"Dr. Forest P. Willard says that the arches of the foot are maintained, in great part, by the slinglike action of the peroneal and tibial muscles. Any weakness of the tibials on the inner side, or overaction of the peroneals, will cause the foot to evert when the body weight is placed upon

it. This throws the line of weight bearing inward and increases the strain upon the supporting muscles. As the tibials stretch, the strain is thrown on the plantar fascia and the ligaments of the tarsal joints, which gradually give way and the normal arch disappears. During the earlier stages when there is muscular strain with little or no displacement much can be done. The essence of the treatment is: 1. To strengthen the weakened muscles. This can be done by regular exercises which the patient can carry out at home, but which must be done faithfully if success is to be obtained. 2. To allow the foot to assume its normal position. This is to be accomplished by the elimination of faulty footwear. 3. To relieve the strain on the muscles by throwing the line of weight on the outside of the foot and to support the arch until the muscles are ready to take up their full work. This is accomplished by the adjustment of a proper shoe. Such a shoe should be straight on the inner side, have a rounded toe, a low, broad heel, extended forward on the inner side, a broad stiff shank, and the counter should be extended to the anterior portion of the arch. In some cases it may be necessary to add a wedge of leather, from one to five eighths of an inch thick, at the inner border, which tapers gradually as it approaches the outer side of the shoe. In the advanced cases it may be advisable to place pads under the instep, supporting partially the tarsal arch. Willard unreservedly condemns the common detached arch support which can be purchased everywhere, and says that it not only does no good, but greatly increases the suffering of the patient, while injuring the foot materially."

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THE PRACTICAL APPLICATION OF RESEARCH WORK*

CARL P. McCONNELL, D. O., Chicago.

Something like five years ago Dr. Still said in a talk on research work that to engage in this work meant "to search until you found what you were after." There is not an osteopath but knows full well that Dr. Still has been a personification of this thought. His life work has been a rare exemplification of sustained purpose and effort, and an incomparable illustration of actual results obtained. His has been a nature that for many decades worked at continued white heat, casting aside irrelevant matter and holding to an even tenor irrespective of the most irritating adverse criticism. All this he did too in the interest of research work.

Where would you and I be today, and what would we be doing, were it not for the research work of the Old Doctor? Can you point to a single apostle who has even begun to approach his unexampled work? Moreover how many of us have ALWAYS held on high his beacon light of truth and progress through the stress and turmoil of the firing line although WE KNEW HIS PRINCIPLE WAS RIGHT? Now, this is not figurative language; everyone is absolutely aware it is solemn fact.

There has been a prevailing opinion among the profession that research work represented something abstract, intangible, impracticable. Nothing could be farther from the truth. If we are really practitioners—physicians—every case we treat, yes, every treatment we prescribe, should be irrevocably based upon research work. This need not necessarily be the research work of the laboratory, but the research work of our own brains in the application of the osteopathic principle to the problem before us. ORIGINAL INVESTIGATION IS CALLED FOR IN EVERY INSTANCE; original investigation too of the highest order, for not only is always the health of the patient at stake but not infrequently THE VERY LIFE of the individual also.

It is not really necessary to turn to past history for examples of the practical application of research work, for current history fairly teems with illustrations. But suppose we take a page from "The Life of Pasteur" so excellently portrayed by Vallery-Radot. Curiously enough the research work of Pasteur that laid the foundation of modern sanitation in the discovery that the so-called infectious diseases were due to micro-organisms, which are regarded as at least a determining factor

*Address before Pennsylvania Osteopathic Association, Philadelphia, June 28, '13.

from the osteopathic viewpoint, resulted from an enquiry into spontaneous generation. At that time, and the same is true today, there was no little interest taken in the problem of the origin of life, and this resulted in more or less research work and a vast amount of speculation. The practical application that followed upon this research enquiry is the common teaching of the present. A vivid contrast between this great work of Pasteur and the unexampled labor of Dr. Still exists in the intent and purpose of these two original investigators; the far-reaching practical application of the discoveries of the one came about as an incident, with the other it was a definite thought, insistently and consistently developed and ripened into a principle.

Following closely as it did upon the work of Pasteur it is necessary only to mention the lifework of Lister. Everyone knows he laid in a broad way the foundation for the development of modern surgery. Probably all have read his article "On The Antiseptic Principle of the Practice of Surgery." Surely it is not necessary to comment upon the development of surgical practice which arose from this and a series of allied articles. The practical application is evident.

The Spirit of Osteopathy.

Is there an individual present whose soul is so seared or whose perspective is so foreshortened that he has not caught a glimpse of the inspiration of Osteopathy? If he does not realize that the very "warp and woof" of the osteopathic school is distinctive in that every phase of the theory and practice, from etiology to therapy, contains a thread of the same living truth, and that the principle of the system represents characteristic biologic law, then he has fallen far short, in our opinion, of the spirit of Osteopathy. Osteopathy is neither a tail nor an appendage nor a rudimentary organ that may at times under certain conditions serve a more or less definite purpose. Instead, it is a vital co-ordinating principle that in its application penetrates to, and serves a very practical purpose in, every phase of the art of healing.

The spirit that gave Osteopathy birth is still with us; the inspiration of Dr. Still is ours; the only requirements are that we fully recognize it and then supply the right pabulum. We are not duly appreciative of this great gift. We block the afferent stimuli of our senses and rush madly on in the old beaten paths of heredity and habit. We are not advancing, simply owing to sheer lack of will-power. Our hodge-podge therapy is the logical result of our irregular methods of thought.

Osteopathy today is greatly in need of the old crusade spirit, the spirit that felt it must "do or die". The mummery, the man-afraid-of-

his-shadow antics, the lackadaisical practices found today all exhibit osteopathic enervation. Pioneer work and hardships never injure anyone. Quite on the contrary they develop the impetus that puts courage and backbone into effort. It is just this impetus that we are in need of. It is not a question of its not being present, but it is a question of a lack of its thorough development. We wish it understood that this impeachment is against every mother's son and daughter of us, for we are all sinners.

It seems to be a difficult task for many osteopathic devotees to appreciate that Osteopathy is something vastly more than a "treatment-method." Such people apparently think that our Science is limited to some sort of technique. OF COURSE NOTHING COULD REALLY BE FARTHER FROM THE FACTS OF THE CASE. Technique would be nothing but a great big zero if Osteopathy began and ended there. It has been reiterated many times, and unquestionably it will bear added emphasis, that ETIOLOGY IS THE BASIS OF ANY SYSTEM OF HEALING. In just so far as etiology is applicable will the system thereon based contain the essence of a comprehensive method.

If the body organism is not a complete organization and if the principle of adjustment is not a vital and universal principle then Osteopathy should not be accorded the dignity of a position as an independent system. We must thoroughly believe in and appreciate these great truths or else the spirit of Osteopathy as revealed through us individually will necessarily be much bedraggled.

Our teaching and practice must exhibit the living truth of individuality, in its application both as an eternal principle and to the special problem at issue. Many times the line of least effort is followed, and far too often this either is based upon a harkening to tradition (which it is true at times should be respected) or is simply the serving of a mere echo.

The spirit of research work or original investigation in Osteopathy means nothing more or less than the developing, the advancing, and the proving of the many ramifications of our basic principles, and it matters not whether these steps are accomplished by animal experimentation, laboratory methods, or clinical observation and study. Can we as scientists afford to neglect any phase of this work? Can we as physicians close our senses to any or all methods that may possibly assist us to more comprehensive and exact practices in the sick room?

Obviously no one of us even if we had the inclination to do so could possibly find the time, or acquire all the detailed knowledge necessary, or correlate all the facts derived from the many allied sciences, that research work demands. This then is the precise object of the A. T.

Still Research Institute and to fulfill this demand—the osteopathic requisition—requires every drop of red blood within us. But the truly wonderful part of it is that the red blood will be returned to us one hundred-fold. Added confidence, virility of purpose, and the hall-mark-stamp of science will be ours beyond peradventure. Moreover it is ours to do and if we do it we will never be placed in the equivocal position of answering for the work done by some one else. Just as certainly as that the sun will rise tomorrow, or that the march of progress remains unstayed, or that an eternal principle endures, will osteopathic development continue, and it rests with you and me to meet the requirements or to have it said that we ignominiously refused. This is simply our definite privilege. The only question is, shall we rise to the occasion, or shall we let the other fellow do it to our everlasting shame?

The Work of the Institute.

All are aware that the A. T. Still Research Institute has been in operation for some time, thanks to the indefatigable labor and tenacity of purpose of such men as Drs. Hulett, Booth, and Riley. Not everyone appreciates the immense amount of planning, of foresight, and of study required to outline even tentatively the necessary requirements of such an institution. Theirs has indeed been a labor of love for the good of the profession. The organization is definitely launched. In fact, it has been for some years. Now the profession is the possessor of an actual home, and one too, we believe, that would be a credit to any similar institution in its inception. Its future welfare rests with you and me. The pointed question is, will we rise to the occasion?

Probably as satisfactory a way as any to arrive at the gist of what has already been done by the Research Institute is briefly to sketch some of the practical findings already advanced. First we will note some of the work done by the present director, Dr. Deason. The following paragraphs are practically the conclusions, largely in his own words, of several series of his experiments.

A. He has demonstrated a general law, which so far as he knows was never stated before, that stimulation of the central end of any spinal or cranial nerve equals in effect the stimulation of the peripheral end of the spinal autonomies. This explains how reflex effects may be caused from lesions. Full results have not yet been published along this line.

B. He has proved that spinal manipulations with fixation produce more marked effects, i. e., perverted physiological effects, than the same manipulations without fixation, and he has shown that the results of spinal adjustment are incomparable to massage. The results of spinal adjustment are not only much more marked, but last much longer than any results that can possibly be obtained from massage.

C. He considers his best work is in connection with the demonstration that dorsal lesions positively can and do cause abnormal functioning of the pancreas,

liver, and kidneys and actually produce glycosuria. He has also shown that in practically all dogs suffering from these troubles, bony lesions can be found in the mid or lower dorsal regions or in both.

D. On the question of osteopathic stimulation and inhibition he has shown that no specific differences in effect can be obtained from the so-called stimulatory and inhibitory methods of manipulation. On the contrary from certain areas, however manipulated, whether "stimulated" according to a former idea or "inhibited" by the application of steady pressure, practically the same physiological changes result. If the correction of a structural perversion is brought about from either kind of manipulation in the lower dorsal or upper lumbar as in the so-called inhibition for diarrhoea there will result, if the splanchnics are stimulated or normalized, a visceroinhibition, and this procedure is therefore construed by some as an inhibitory treatment.

E. He has demonstrated that mid and lower dorsal lesions cause abnormal intestinal reflexes and occasionally reversed peristalsis. These effects were commonly found to occur in animals following (natural) lesions, that is in animals which were found to have spinal lesions before being operated on. Moreover, by correction of these lesions if they were not of too long standing, the normal reflexes could be restored. Similarly he has shown that upper dorsal lesions, whether of natural occurrence or produced artificially at the time of operation, cause abnormal functioning of the heart and vasomotors, and that normalization of structure results in normalization of function.

F. The investigations upon the effects of mid dorsal lesions on gastric secretions have not yet been finished. That these lesions result in abnormal secretions has been proved, but the exact nature or amount of variation has not yet been determined.

G. He has shown that markedly abnormal functioning of the intestines can be caused and cured by manipulation. He thinks that this shows most positively that the correction of any lesion, that causes trouble, cures that trouble, since this operation was done several times on the same animal with the same effects in each case.

H. A series of experiments on innominate lesions has shown that perverted reflexes occur from these lesions and that intestinal disturbances result therefrom.

I. He has shown that firm pressure, producing slight perversions in the upper dorsal region, causes slight variations in blood pressure and temperature. He finds that the blood pressure is always temporarily increased from manipulation causing slight rotations.

J. Then one more feature we will give, and that is, the kidneys can be affected beneficially in acute infections. The experiments as stated show that the flow of urine can be materially increased. This opens a new way to the study of the functions of these organs. Dr. Deason also thinks that the activity of the kidneys can be materially increased by appropriate treatment and by this means the toxins of the blood can be much reduced. He has used this method many times in acute fevers with good results. It works particularly well in children. He has had several practitioners try it with similar results. Then, in addition there has been other osteopathic experimental work done by him and his co-workers, as, for example, a series of experiments on vaccines and germicides, and work in the University of Chicago which was published in the American Journal of Physiology.

Now the above does not constitute any part of a eulogy. The worth and practical application speak for themselves.

I wish I had the time and the ability to condense into a few paragraphs the large amount of invaluable experimental work that Dr. Louisa Burns has done for the profession. As therefore I am unable to do this, I am going to quote from a personal letter in reply to a request of mine along this line, although this does not nearly do her justice. Her work in the biologic sciences has been extensive in its bearing and prac-

tical application upon Osteopathy. Her three volumes already published, besides other material, are well worth serious study upon the part of every osteopath.

She writes: "It seems to me that the experimental demonstrations of the effects of bony lesions, with the more exact localization of the spinal centers, must be a matter of practical importance. A little of what has been done, I have helped with.

"The studies into the manner in which the blood pressure may be affected by certain conditions, including the methods employed in the correction of lesions, ought to be practical, I feel, if any one would use it. The manner in which the blood varies under physiological and pathological conditions, should help in both the diagnosis and treatment of disease.

"The clinic studies, I should also think, ought to be classed as research work, though of course they are not exactly experimental; still in many cases, the best that we can do for a patient is largely experimental. Both the clinic records and the series of photographs of backs should be suggestive of what might be accomplished with an adequately financed college and clinic."

No one can question, I am sure, the practical nature of all these points, and no one can doubt but that the profession has profited considerably by the work already done.

Dr. Burns' last paragraph is very suggestive of what can be done by every practitioner in the field. If we had ten thousand carefully kept and digested case records today—and we could easily have ten times this number—what a veritable mine of information we would possess. This is one of our scientific weak spots, and the sorry part is that there is no real excuse for it whatever. Dr. Ashmore did her best to get records. Dr. Tucker is doing his best now. But the support accorded to this movement by the profession has been and still is a most dismal spectacle.

Another phase of research work that many can prosecute to great practical advantage is the study and clinical observation of some one disease. We have an excellent example of this in the researches of Dr. Meacham whose work in tuberculosis is of the highest class. We are enabled to quote a portion only of his conclusions to date:

"Analysis of a number of cases of pulmonary tuberculosis shows the osseous lesion to be an anterior position of the dorsal vertebrae from fourth to eighth. Clinical results justify the conclusion that removal of said lesion influences a favorable outcome of this infection.

"The experiments of Metchnikoff, Wright, and Sajous lead us to believe that favorable results, following removal of dorsal lesions, come

about through improved physiological action in (a) the elimination or neutralization of bacterial and tissue toxins, (b) the inhibition of bacterial propagation, (c) the restoration of impaired or destroyed tissue. Since these physiological processes are at the basis of bacterial pathogenic disease, we may infer that all infections could be met physiologically by the osteopathic control of those functions having their nerve supply from the fourth to eighth dorsal segments.

"It is not necessary to admit that bacterial inhibition, and toxic elimination must be aided by forces generated outside of the body, i. e., by vaccines. Even advocates of vaccines claim no help in restoration of tissues and elimination of tissue toxins."

This isolated quotation, although not foreign to the context, does not do the doctor justice, but it exemplifies our point that it is within the province of many in the profession to add most valuable data to our scientific literature.

In a letter to us Dr. C. A. Whiting writes: "Of the little I have done, the most important seems to me to be the demonstration of the increase of phagocytosis as the result of mechanical stimulation. I feel quite safe in asserting that phagocytosis is increased to a marked degree by physical stimulation. In the early days of opsonic work, our drug friends believed that the only way in which the phagocytic powers of the blood could be increased was by the use of some vaccine. I feel quite certain, as the result of a considerable number of experiments, that we get the same result by the mechanical stimulation of the liver, spleen, etc. If this belief is true, it is of great value to the physician, for not only does it guide him in his treatment, but it saves him from the necessity of introducing foreign serums into the body."

This problem of the increase in the phagocytic powers of the blood is one of the most vital problems before the medical world today. It strikes at the very core of the treatment of infectious diseases and nothing in experimental work can be of greater practical value than its thorough sifting. A verification of this point will mean as much to Osteopathy as the solution of any other question at all. Besides, biologically it raises many questions of great moment. The outcome is full of promise to the osteopath. It is instructive to note the concurrence of opinion, tentative though it be from their different angles of approach, of Drs. Whiting, Meacham and Deason, in conjunction with the abundance of clinical evidence that could be adduced from the field. In the light of all this can any one say that research work is not practical and convincing?

Relative to the research work of ourselves in Chicago, we can say without hesitation that it has made us better osteopaths, and the fact that

different phases of our work have been verified by Dr. Deason is of course gratifying. That the osteopathic lesion is a demonstrable lesion, having a distinctive pathology, and that viscera corresponding to an involved segment may thereby be affected pathologically are facts, which, we think, can be demonstrated in the laboratory. Such demonstrations support very definitely the specific adjustment theory. In a number of instances we have not only produced a diseased condition, e. g., nephritis and goitre, but have reversed the process and restored the perverted physiology, in the same animal.

The Future of Research Work.

The future of research work will be just what the profession makes it. The demands made upon the members and the inspiration that they give will be paid back in scientific facts, practical results, and added confidence and satisfaction, increasing in the ratio of geometrical progression. THIS MEANS ACTION, AND IMMEDIATE ACTION. There will be no psychological moment. Workers are now being trained to make this field an important part of their lifework.

Are there any so blind that they cannot see the trend of present-day medical progress? Even the past five years have wrought changes that are amazing. All schools are traveling rapidly along convergent lines. The outcome, we will leave to your imagination. One thing is absolutely certain with us, it is "do or else die." There is no happy medium or anything of that sort. We have the start and the impetus to develop and progress. It will never come again. Will we grasp the opportunity of a century? The answer rests upon our united action.

Those of you who have followed the Editorials of Dr. Chiles' during the past two years will, I believe, have a fair appreciation of our position in the medical world. In my opinion Dr. Chiles has a grasp upon the status of things osteopathic as few have. He has had the opportunity to give this subject much thought. No one has driven home the fact with greater force and precision, than has he, that we must unequivocally and indelibly educate, develop, and advance the profession to the point where we will represent a distinctive and characteristic school from every possible angle. Truly this is our only salvation, the unification and correlation of all the sciences that comprise the osteopathic school, interpreted in the light of osteopathic principles, and practically followed out in the field. All of us may be fairly versed in theory but when it comes to practice, we dabble here and there and more or less fudge the issue.

We do not fully realize the osteopathic poetry that still lies dormant in Anatomy. We are too apt to think that the subject is a prosaic one.

Yet the Old Doctor derived his greatest inspiration from his research work in Anatomy. You and I have not received one tithe of the benefit we should derive from this subject, and still our lifework is nothing short of osteopathic applied Anatomy. This indeed is basic and the daily problems arising will always be perennial. I wish I had the ability to put into suitable language just what Anatomy means to the osteopath. Descriptive Anatomy is apt to be looked upon as little more than an accumulation of dry facts. The addition to this of a score of other medical studies, that may or may not be of really vital and practical importance, is too apt to side-track the truly essential, the summum bonum—living Anatomy. Too often Anatomy is either not understood or not appreciated. From the embryo to old age there is a constant change. Letting alone the intricacies and complexities, we rarely dwell sufficiently even upon the grosser features of that Science. Dr. Still is a master anatomist and his knowledge came only by daily study and practice, and to this day his osteopathic bible is, as it always has been, ANATOMY. Living Anatomy, in all that the word implies, is the beginning and end of the science and art of healing.

In Physiology, where does the healing art stand? A few facts only are known, and these are isolated by immense gaps of the unknown. Really the overwhelming part is that one hardly knows where to begin in his research work. It is amazing how one is prone to be fairly well satisfied with a few detached facts and to trust to chance for a favorable outcome, while on top of all this seeming to be equally well satisfied to let the other fellow dig out any new points.

Likewise in Pathology, if conditions in the patient are such that a certain feature is especially evident, the offending member or organ is literally lambasted for all the mutilated Physiology can stand. Otherwise, tranquility and the clock predominate and crippled nature may or may not be assisted by some routine therapy. At the very best a diagnosis is extremely difficult and crude, and as all of us are human, is it not the surprising thing in all schools that so many patients get well? Indeed, nature is both omnipotent and kind.

It has been frequently said that Pathology is only perverted Physiology, and that disease is only a condition. Dr. Still has emphasized that a DISEASE PROCESS IS A NATURAL PROCESS, ALTHOUGH IT IS NOT A NORMAL CONDITION. Thomson in "The Biology of the Seasons" states this thought thus: "Often, at least, a disease implies a series of metabolic changes which are not in themselves in any way extraordinary—only they are out of place, out of time, and out of order." Surely here is plenty of practical every-day opportunity for each one of us to add to

the sum total of research work. Clinical evidence after all is the best kind of evidence, for it constitutes the final test of any theory, provided it is precise and comprehensive.

Again there is the large field of treatment, technique, hygiene, sanitation, dietetics, etc. The last word is far from being said along these lines. Special training is not required other than thorough practical competency. Extraordinary apparatus is not necessary. No one should get into his head that research work begins and ends with animal experimentation; THIS IS ONLY ONE SMALL PART OF ORIGINAL INVESTIGATION.

Practical demands, scientific investigation, and the quality of our literature all require that more of us put our shoulders to the wheel and prosecute the solution of the innumerable problems before us. There must be a greater scientific awakening on the part of the practitioners in the field. They have a part to fill that no one else can fill. The material is before them every day in the year. Such men as Dr. Ellis in X-ray diagnosis, Dr. Fleck in photographic diagnosis, Dr. Conklin in dietetics and Dr. Orren Smith in hygiene, furnish examples of what can be done along special lines. In time this will represent a most valuable literature. There is no one of us but is continually letting most valuable material and time go to waste.

No one would expect the impossible from the osteopath in the field, but we are thoroughly convinced that all have their strong points as well as their weak ones; moreover, and this is more to the point, every one has some special hobby or phase of scientific work that he is specially interested in. WE SHOULD THOROUGHLY APPRECIATE THAT THE SUCCESS OF ONE IS THE SUCCESS OF ALL. Let us carry our researches as far as possible, and then present our material and our results with some suggestions for their future development to the Research Institute. REMEMBER ALWAYS THE INSTITUTE BELONGS TO AND IS PART OF THE COMMON INTERESTS OF THE PROFESSION. We do not look for anything startling or spectacular from either individuals or the Institute but we simply look for good all around "plugging." A negative result may be just as important as a positive result and in some cases more so. What we need are facts CAREFULLY UNRAVELED, ANALYZED, AND CONSERVATIVELY STATED.

Perhaps you may think that I have laid undue emphasis upon the requirements of the individual. Well, is not the individual an integral part of the profession? And is he not supposed to be competent? If he does not increase his efficiency from year to year, he certainly is in a sad plight.

All of us appear filled with pride when mention is made of the wonderful development of our Science. Such an attitude is legitimate, but present progress can be only a dawn of tomorrow. THERE IS NO SUCH THING AS STANDING STILL. We must train on. Unprogressive satisfaction can mean nothing less than retrogression. All agree with Dr. Still that the science is simply in its infancy. Well, then where is the growth impetus now? The bounds of the school are far beyond the confines of a single individual. The discoverer has made them so. He has enabled us to go forth with the full expectation that each will do his part. Never for a moment has he thought that the initial impetus would nurture itself into a perfect organization. Such is not the scheme of the organic world. The medium, the conditions, the environment must be adapted and adaptable before completeness can materialize. We have been given the principles and shown the way, it remains for us to supply nourishment to the fledging.

So far, too frequently, selfishness, and not duty, has held sway. This is too true, largely due to the grace of the original impetus. But we must fill in the chinks, as well as render more graceful the lines of the superstructure. Would the public stand by us if our methods were not beneficial? Will they remain if we do not do our part and train on? If some one else utilizes our forces and makes them more complete in their practical application what will become of us? Yes, indeed, THE LAW OF COMPENSATION IS EVER ACTIVE AND INVIOABLE.

The present political and social world is much interested in revenue and tax requirements. The general law that embraces all these principles has its counterpart in the osteopathic principle. This means that every member of the fraternity must render his part, in accordance with his ability. This, in our opinion, is the only solution of the problems before us.

Carlyle would have told us we lack a public soul. Nevertheless we are improving, and there is every hope for the future. No doubt there is much drudgery; yet a struggle is well and good. THE FIGHTING VIRTUE IS A WONDERFUL DEVELOPER. To make a struggle worthy as well as to sustain effort there must be ideals. No doubt we have them both as individuals and as a profession, although at times perhaps our feet slip or we get over-anxious. I believe it was Carl Schurz who somewhere wrote to this effect: "That ideals to the human endeavor are as stars to the mariner; to be used as guides but not to be grasped and handled."

It may be said in passing that the forces of the present clearly foreshadow the future. Much of the present opposition is due to expedi-

ency. If certain individuals find that something is injurious to them or that it interferes with their bread and butter, it is natural and expedient for them to condemn it. Their condemnation does not necessarily signify that that certain thing is not worthy, for then reflection in such a case is too often mere bias or prejudice. In no other great discovery have Davenport's remarks, made nearly three quarters of a century ago, been more true than in the case of Osteopathy: "It is the fate of all useful discoveries and improvements to meet with bigoted or interested opposition from those who would willingly remain in the beaten path of habit, rather than acknowledge any change to be profitable. That most important discovery of the circulation of the blood by Harvey was at first furiously opposed, and was proved, according to the laws of dynamics, to be impossible and absurd; yet when it was vain to dispute the fact, it was undervalued, as one almost known long before." A feature which complements the above prejudicial phase is the scientific absurdity that there is a specific treatment to fit certain symptoms or pathologic complexes. This has been an anchor that has simply muddied the stream, or we might say it has been a mere will o' the wisp. Haeckel stated it clearly thirty years ago in his "Visit to Ceylon": "Of all the foolish ideas which we hear repeated every day in our 'educated circles', undoubtedly one of the most foolish is that 'there is a remedy for every disease'. The experienced physician or naturalist who is familiar with the facts, knows that the remedies are few, and only marvels when he finds a specific against any one disease—such as quinine in cases of fever". The osteopathic viewpoint is impregnable and all schools are gradually coming to recognize it. It cannot be otherwise. Even in our own ranks we find some misinformed ones who are looking for the impossible—a specific treatment for a symptom group, instead of realizing that SPECIFIC TREATMENT MEANS SPECIFIC APPLICATION OF DEFINITE PRINCIPLES TO A VARIED AND CONSTANTLY VARYING PATHOLOGY.

We must also demand of the colleges that they do more original investigation. They are the centers of education. They have special organization and equipment to prosecute lines of work that an individual cannot do. Then the work of the individual can dovetail into that of the college, and then our national institution, the A. T. Still Research Institute, will truly be the crowning feature of all in the field of original investigation. It can point the way, lay out the work, and analyze, unify, and correlate the results. It can do work that none of the rest of us can; work requiring the highest training and the most sustained efforts. We can supply material more or less digested, and also, which is very important, as has been pointed out by Dr. Goetz some time ago,

we can supply a number of trained students who by temperament and fitness desire to make research work a lifework. All of this is feasible and practicable, and what is of special importance we already have the organizations and institutions that are equipped to enter the breach. IT ONLY REMAINS FOR THE PROFESSION TO ARISE AS AN UNIT AND ASSERT ITS PREROGATIVES.

We will then be in the proud position of intelligently attempting at least to do our duty. No doubt all are positive that the future of Osteopathy is full of promise, for the past has revealed much to us and its potentialities are far from being exhausted. In the words of H. G. Wells in "The Discovery of the Future": "All the world is heavy with the promise of greater things, and a day will come, one day in the unending succession of days, when beings, beings who are now latent in our thought and hidden in our loins, shall stand upon this earth as one stands upon a footstool, and shall laugh and reach out their hands amid the stars."

THERE'S a dead-hum of voices all saying the same thing,
 And the songs of our forefathers are the songs that they sing;
 The deeds, by the fathers and grandfathers done,
 Are done by the son of the son of the son,
 And our heads in contrition are bowed.
 And, lo! a call for a man who shall make all things new
 Comes down thro' the throng. See! he rises in view.
 Make room for the man who will make all things new
 For the man who comes out of the crowd.

And who is the man that comes out of the throng?
 Who does the new deed and sings the new song,
 Who makes the old world a world that is new;
 And who is the man? It is you! It is you!
 And our praise is exultant and proud.
 We are waiting for you, for you are the man.
 Come out of the jostle as soon as you can!
 Come out of the crowd there! For you are the man,
 The man that come out of the crowd.

Anon.

PARTIAL DEAFNESS*

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During the past few years I have given considerable study to the anatomical relations of the naso-pharynx to surrounding structures, and particularly have I studied the relation of the Eustachian tube, the Fossa of Rosenmuller, and the Tube tonsil of Gerlach to catarrhal deafness. I am of the opinion that catarrhal adhesions and remnants of vegetative growths are the principal causative factors of this disease. The pathological alterations which give rise to a catarrhal deafness are thus readily explained, and the end result can be most readily seen.

The patients visiting my clinic come from all parts of the country and I have been enabled to collect considerable data on this subject. I have found the Eustachian tubes obstructed in at least 95% of these cases, and in the other 5% the tube had opened as a result of atrophic changes and of Labyrinth disease.

The middle ear depends for its function on an equal atmospheric pressure on both sides of the Membrana Tympani. Now when a rarefaction of air takes place within the cavity of the middle ear, and this condition can occur only as a result of a blocking of the Eustachian tube, the diminution of pressure allows an increased concavity and inward bulging of the drumhead. If the normal pressure is restored within a short time no harm will result. But if the negative pressure continues over weeks, months, or years, fixation of the ossicles, thickening of the drumhead, and impaction of the otoliths in the organ of Corti will take place, with a subsequent retardation of the impulses to the Cochlea. In some of the cases, particularly those of long standing, even establishing the patency of the Eustachian tube will have little or no curative effect, for after some long time connective tissue changes take place which are as permanent as the formation of scar tissue elsewhere.

It has become a common practice of the specialists to confine their treatment to the nose and throat, using as adjuvants such aids as massage of the ear, by catheterization or politzerization. The removal of bony obstructions from the nose, the enucleation of the tonsils, the removal of adenoids, and the breaking down of adhesions in the fossa of Rosenmuller and about the tube tonsil of Gerlach, are measures which are absolutely necessary in order to insure any permanent relief, but the alleviation of these conditions will only be a step in the right direction and will not in themselves effect a cure.

*A paper read by special request before the Annual Convention of the A. O. A. at Kirksville, Mo.

It is seldom that the Eustachian tube will remain open when treatment is stopped at this point. Many cases of distressing tinnitus aurium, for example, may be relieved or cured by constitutional treatment, and these are cases in which local treatment however persistent will not have the slightest effect. I have corrected cases of persistent otorrhea by upper dorsal adjustment alone and cases of chronic non-suppurative inflammation of the middle ear by attention to such points as the following: patient's general condition, correction of diet, manner of living, and proper sanitation. The reduction of osteopathic lesions from the coccyx to the atlas, will often accomplish more than local applications or operative procedures.

I have given considerable attention to the physiological connection between the nose, throat, and ear, and the sexual apparatus. Mackenzie and others call our attention to the fact that the inferior parts of the middle and superior turbinates and the tuberculum septi, are covered with a truly erectile tissue and one which is closely analogous to that of the glans penis and clitoris. Moreover, through the medium of the deep petrosal nerve and the sphenopalatine ganglion, a connection is established between the nervous mechanism of the nose and throat and the sympathetic system.

If we hold in mind the function of this system with its vaso-motor control of the calibre of minute blood vessels and cavernous spaces with the interposed elastic fibres; it is then easily seen that the psychic and nervous mechanism which produces that flow of blood into the cutaneous and subcutaneous spaces of the cheek and forehead, known as blushing, will, under the same or similar influences send a flow of blood to the erectile tissue of the nose where the resistance is much less. Now if this stimulus is long continued or many times repeated, the tissues in the naso-pharynx will develop into a pathological state. After having noticed very closely the vascular changes in the naso-pharynx before and after prostatic massage and the adjustment of uterine abnormalities I am of the opinion that this is one of the principal causative factors for catarrhal adhesions and vegetative growths in the naso-pharynx, for I have found that the tissues in the naso-pharynx are readily influenced by such treatments.

From the physiological viewpoint the following peculiar cases are to be met.

1. Swollen turbinates during the catamenial flow;
2. Nasal dysmenorrhea;
3. Flaring of the nostrils or distention of the ali-nasae when sexual desire is excited;

4. Characteristic labored breathing with some types at the height of the sexual orgasm;
5. Epistaxis at the approach of puberty;
6. Porstatic hypertrophy accompanied by pharyngitis;
7. Paroxysms of dyspnea during pregnancy;
8. Changes in the voice accompanied by uterine abnormalities.

It is thus readily seen that such an abnormal stimulus to the naso-pharynx might eventually develop a pathological condition with a muco-purulent exudate and the formation of connective tissue as a sequela.

The condition of the genito-urinary tract should be questioned very closely in every case of partial deafness.

The pathological alterations in partial deafness are quite numerous, and the relations of the naso-pharynx, Eustachian tube, and aural apparatus are very readily affected directly or indirectly by the following causative factors:

1. Osteopathic lesions;
2. Infectious diseases;
3. Post-operative conditions;
4. Chlorosis;
5. Anemia;
6. Excessive vibration;
7. Bright's Disease;
8. Old age;
9. Locomotor Ataxia;
10. Ossicular fixation;
11. Drugs;
12. Constitutional diseases;
13. Foreign bodies;
14. Congenital abnormalities;
15. Hereditary taints;
16. Traumatic conditions;
17. Diabetes;
18. Sunstroke;
19. Severe colds;
20. Sexual abnormalities.

I have recently spent considerable time on the cadaver dissecting out the anatomical relations of the head and neck, and giving particular attention to the naso-pharynx and the aural apparatus. I would like to call your attention to the important structures in the vicinity of the Eustachian tube. As you know, the two folds of mucous membrane, namely, the plica salpingo-pharyngea and the plica salpingo-palatina, descend

respectively from the lower end of the Eustachian cushion, and from the anterior border of the Eustachian orifice to the palate and pharynx. The lumen of the cartilaginous portion of the Eustachian tube is entirely dependent upon the proper relation of these tissues. Furthermore, they are readily affected by any morbid condition in the naso-pharynx.

In about 75% of my cases of catarrhal deafness I have found the soft palate hypertrophied with a marked elevation into the naso-pharynx. This elevation obstructs the passage of exudates and forms a recess or reservoir which causes muco-purulent material to accumulate directly in contact with the pharyngeal orifice of the Eustachian tube. Holding in mind these important anatomical relations it is easily seen that the height of the accumulated muco-purulent material in this recess will govern the degree of partial deafness in the incipient stages, and that eventually catarrhal adhesions will be developed which will attack the mucous folds about the tube, and cause a collapse of the orifice as a sequela.

Catheterization or politzerization will have little or no effect in attempting to maintain the patency of the tube under these conditions.

The connective tissue adhesions attacking the mucous folds are very small and are overlooked in an examination by the pharyngoscope. They can only be detected by examining the naso-pharynx and the folds about the tube with the cushion of the index finger. These folds will appear to be indurated and the examiner will be unable to sink the cushion of the finger into the orifice, an operation that should be easily accomplished under normal conditions. The cartilaginous portion of the tube may be manipulated with the finger and the indurated masses loosened up. This will free the lumen of the tube and assist in maintaining its patency. The vegetative remnants about the orifice can be crushed and eliminated by digital adenectomy. The hypertrophied soft palate in many cases may be reduced by opening up the blocked drainage. This is done by springing it forward and downward.

After this treatment, some of my patients have complained that their false teeth were becoming loose, and another fitting was necessary. The cause of this was the shrinkage of the soft palate following proper drainage.

I have found that an attempt to sink the cushion of the finger into the orifice of the tube causes a sharp pain to shoot through the aural apparatus and very often to the vertex. This is explained by the association of the Meckel's, Otic, and Geniculate ganglia.

The anatomical relations of these ganglia is very important, for as you know, the fibres from the Otic are distributed in part to the Tensor

Tympani and Tensor Palati muscles, and those from Meckel's to the tissues about the pharyngeal orifice to the tube, while the submaxillary ganglion, which is located on the hyoglossus muscle, is very closely associated with the Otic and with Meckel's ganglia. Considering the muscular and ligamentous relations it is easily seen that the adjustment of the hyoid and tempero-mandibular articulations, accomplished by deep submaxillary relaxation, would modify the impulses and materially assist in the elimination of the pathological conditions in the naso-pharynx and in the aural apparatus.

The examining physician should always question concerning the earache and should differentiate between the types. The vascular changes are usually signalled by a throbbing pulsation, and the suppurative by a constant ache.

The value of pain in its diagnostic relation to ear trouble is very important. As you know, the upper and anterior parts of the external ear and the auditory canal, are supplied with sensory fibres from the fifth cranial nerve; this nerve had its direct associations with the following: the interior of the head, the forehead anteriorly, the temple, face, eyes, nose, teeth, and tongue. On the other hand, the posterior and anterior parts of the pendulous portion of the external ear derive their sensory supply from the spinal nerves which issue from between the second and third cervical vertebrae. If you will question very closely the exact location of the pain you will be able to trace the causative factor and decide very readily as to whether the lesion is within or without the canal.

The importance of remembering the nerves to the external ear and their associations is shown by the cases occasionally met with, which point to a nervous sympathy between the ear and other distant parts, e. g., the gum, larynx, stomach, etc.

For instance, we may find a pruritus of the external auditory meatus accompanied by coughing and vomiting from hyperaesthesia of the auricular branch of the vagus. The simultaneous occurrence of toothache, earache, and stiffness of the jaw is well known. We recognize disease affecting the anterior third of the tongue accompanied by pain in the auditory canal; while the cough from teething should be differentiated from Bronchitis, as the former usually ceases as soon as the gum lancet has been judiciously employed. Obstinate chronic vomiting has frequently been relieved by the extraction of foreign bodies from the external auditory canal. Derangement of the digestive organs is often accompanied by partial deafness, and the attack may be precipitated by dyspepsia. Swollen submaxillary and cervical glands are often accompanied

by pain at the lower part of the ear. Diseases of the nose and throat may be accompanied by abnormalities of the genito-urinary apparatus.

When examining a patient for partial deafness I always attempt to make an impression with the sound test as follows: placing the watch upon the ear, I spring the mandible and relax the submaxillary and suprahyoid tissues deeply and persistently from the angle to the symphysis. In about 60% of the cases the sound impulses will be either increased or retarded. This is explained by the traction thus exerted upon the walls of the naso-pharynx and upon the soft palate and by the consequent modification of ganglionic impulses. If marked changes in the impulses are noted the case will usually respond rapidly to treatment.

To examine and clean out the naso-pharynx I use the following technique. The naso-pharynx is first sprayed through the anterior nares with some mild antiseptic solution. This is followed by an application of a 10% cocaine solution. The index finger is then passed behind the uvula up and forward into the naso-pharynx guided by the tube tonsil. The tissues about the Eustachian orifice are examined and an attempt to outline the mucous folds with the cushion of the index finger is made. The vomer and septum are also examined for polypi and other growths, and the soft palate for hypertrophy.

The examination is followed by considerable hemorrhage and in some cases by a muco-purulent discharge. This hemorrhage is easily arrested by spraying through the anterior nares. Catarrhal adhesions and vegetative growths are crushed with the cushion of the finger and the recesses of muco-purulent material are broken down and cleansed with the atomizer. This is repeated every two weeks and the folds at the orifice are manipulated every week to break up indurations and open up the drainage of the tubes. The operation is followed by politization.

The patient is then instructed to spray the naso-pharynx through the anterior nares and to gargle the throat with some mild antiseptic solution such as Listerine or Wompoles Formolid 25%, this to be repeated three times a day. Osteopathic treatment is given during the week according to the lesions.

The following case reports will serve to lend weight to the theories advanced herein.

Patient aged 12; female. History of partial deafness 8 years. Examination showed inward bulging of drumhead, tissues about the pharyngeal orifice swollen and indurated with remnants of adenoids. A mass of vegetative growths had been removed about three years previous but had failed to relieve the partial deafness. I found the axis

rotated to the right, the hyoid bone tilted to the left, and the submaxillary tissues extremely tender. The remnants of the adenoids were removed and the indurated tissues loosened up with the adjustment of the axis and hyoid. The normal hearing was restored in three treatments.

Patient aged 27; male. Occupation traveling salesman. History of partial deafness two years. An excessive smoker of very strong cigars who expelled the smoke through the nose constantly. I found the naso-pharynx badly congested and the orifice of the tube indurated, the tar from the smoke having precipitated about it. The orifice was cleansed and painted with tincture of Iodine and the patient was instructed to stop smoking. Cervical and submaxillary tissues were relaxed to obtain better pharyngeal drainage with politizerization once a week. There were no bony lesion. Normal hearing was restored in one month.

Patient aged 46. Partial deafness three years, with a history of chronic catarrh four years. Naso-pharynx was filled with connective tissue adhesions and mucous folds swollen and indurated. Second and third dorsal were anterior. These were corrected and the naso-pharynx cleansed. The normal hearing was restored within five weeks.

Patient aged 46; female. Partial deafness at intervals during the year past. Throbbing earache. Bony margin of the drumhead and pharyngeal orifice badly congested. Pulse 98. Normal temperature and considerable gastric disturbance. Second to seventh dorsal anterior. Case diagnosed as hypodacidity and patient was instructed to take lemon and water before each meal. Dietetic and osteopathic adjustment restored the normal hearing in twelve treatments.

Patient aged 17; female. Partial deafness six months. Fainting spells at intervals. Naso-pharynx badly congested. Fifth and sixth dorsal rotated to left. Third lumbar rotated to right. Examination of vulva showed hooded clitoris with hard accumulation of smegma. This was probed and cleansed and with the reduction of the lesions the fainting spells were eliminated and the normal hearing was restored in one month.

Patient aged 45; female. Partial deafness 27 years. Unable to hear the alarm clock three inches from ear. Naso-pharynx and drumhead congested. Soft palate hypertrophied and tinnitus aurium constantly present. Submaxillary tissues were very tender and the hyoid was located deeply beneath the mandible. Fourth and fifth dorsal rotated to right, axis to left. I sprung the soft palate and manipulated the pharyngeal orifice. Cervical and upper dorsal treatment was administered with correction of diet. Politizerization once a week. Patient is now able to hear the alarm clock across the room. Headache

and tinnitus relieved in four treatments. Case still under treatment having been treated four months.

Patient aged 60; male. Occupation farmer. Partial deafness two years. Pulse 50. Complained about difficult micturition. Examination showed enlarged and extremely tender prostate. Drumhead clear but canal anemic. I attributed the partial deafness to anemia of the labyrinth and a thickened drumhead. Internal massage of the prostate corrected the micturition and seemed to adjust the circulation to the ear which I presume was delivered through the sympathetics. The patient was strictly dieted and given general spinal treatment. Case was dismissed with normal hearing in two months. Some prominent specialists in St. Louis failed on this case.

Patient aged 21; female. Partial deafness three years. Drumhead and naso-pharynx congested with very severe tinnitus. Throbbing earache at intervals. Right ovary congested and uterus retroverted. Dysmenorrhea very bad and this condition could only be relieved during the period by swabbing the anterior nares with 5% solution of cocaine. Fourth and fifth lumbar to right. The reduction of the osteopathic lesions, replacement of the uterus, and swabbing the naso-pharynx with tincture of Iodine relieved the distressing symptoms in three treatments and restored the normal hearing in six weeks.

THE STEADY SUBSCRIBER

How dear to our hearts is the steady subscriber,
 Who pays in advance at the birth of each year,
 Who lays down the money and does it quite gladly,
 And casts 'round the office a halo of cheer.
 He never says: "Stop it, I cannot afford it,
 I'm getting more magazines now than I read;"
 But always says: "Send it; our people all like it—
 The fact is we think it a help and a need."
 How welcome his check when it reaches our sanctum,
 How it makes our pulse throb, how it makes our
 heart dance!
 We outwardly thank him, we inwardly bless him—
 The steady subscriber who pays in advance.

—EDINBURGH SENTINEL

TRACHOMA

FLORENCE A. COVEY, D. O., PORTLAND, ME.

The word Trachoma comes from the Greek word trachus, meaning rough. Granular Conjunctivitis is another term for this disease. The conjunctiva is elevated into little pebble-like formations and sometimes the whole eye is filled with grape-like structures. Such cases are easy ones to diagnose.

The disease is found chiefly among the Russian Jews and the Irish, also in Arabia and Egypt.

Fifteen thousand immigrants have been landed at this port within the last year, and only ten cases of trachoma have been found. It is prevalent now among our Indians and the whites of the Carolinas. The negro is practically exempt.

The various inflammations of the Conjunctiva can be classified as follows:

1. Catarrhal: (a) acute, (b) chronic, (c) follicular;
2. Purulent: (a) ophthalmia neonatorum, (b) gonorrhoeal;
3. Membranous: (a) non-diphtheritic or croupous, (b) diphtheritic;
4. Granular-trachoma;
5. Phlyctenular.

Trachoma is the type which we will consider at this time, and the study which I have given to the eye at the Maine Eye & Ear Infirmary has convinced me that this disease can be treated at least as well by osteopathic practitioners as by any other physicians. The medical men have years, institutions, and clinics back of them, it is true, but their brains are not superior to ours. The method they employ in treating this disease is the same as used in nearly every other germ disease, and that is to ignore nature and the natural processes toward healing. Our success in germ diseases has been wonderful, therefore let us not fear trachoma. The germ of this pathological condition has not been isolated, but neither has the germ of measles.

Diagnosis.—The condition which is similar to trachoma is follicular conjunctivitis. The granules however are usually on the upper lids in the former condition and on the lower in the latter. Both are common at all ages. The clinical cases must be seen and studied and the history of each case will help in the diagnosis. If seen in the cicatricial stage, we have white bands on the inside of the lid as a result of the inflammatory process. Clinically this disease presents a number of varieties.

When the invasion is acute the trachoma is accompanied by marked inflammation and profuse purulent discharge, and such cases resemble a gonorrhoeal infection. Finding gonococci would of course clear the diagnosis. The granules of trachoma would be present, but the swelling might hide them. Indeed we may be obliged to wait several days to make a positive diagnosis. Or the disease may begin in such a lurking way that it may exist for months unknown, and the symptoms may not be annoying. Most cases of trachoma are chronic in their course and the duration is months and years.

Treatment.—An osteopathic physician brought me a case which looked like trachoma. He gave treatment to the neck and upper dorsal lesions, and I advised the use of alum curd packs **but I told him** that if the case improved with this application, it would not be trachoma. The case was well in two weeks. In using the alum curd pack, take a teaspoonful of powdered alum to one ounce of sweet milk, heat slightly, and place the resulting curd in a sterilized bag; bandage this to the eye and change as seems advisable, or when the pack is getting dry. When this case consulted the oculist before going to the osteopath, the oculist said he had all his instruments packed as he was going on a vacation, but he told the girl to come again in ten days. I do not know why he was going to use instruments, as the chief pathology apparent was considerable swelling of the right eye.

I do not find records of any cases of trachoma having been treated by Osteopathy. If a case comes in which does not yield to the treatment for follicular conjunctivitis, and the microscopical examination of the discharge proves that it is not gonorrhoeal, then begin to think about trachoma. Your previous treatment will have done the case no harm and no other physician can criticize, as the results and discoveries in this line so far are not flattering to the physicians who have been attempting to treat these cases. Isolation is not compulsory in this state, but it would be a precaution. The disease is contagious while there is secretion. The transfer from one eye to another may take place by the finger or by handkerchiefs, towels, or articles which are used in common by many persons. The disease spreads among people who are careless about cleanliness. **WE MUST GIVE THOROUGH AND RIGID INSTRUCTION IN THESE CASES.**

The treatment is an attempt to reduce the inflammation and to prevent any thickening of the conjunctival membrane. The disease is not generally considered to be highly contagious, but it is very lingering. Do not touch the lids directly but take a spatula and employ absorbent cotton to apply any solutions that you may use.

At the Trachoma Institute of Philadelphia 1-2 of 1% silver nitrate followed by a 2% salt solution is employed. This is a weaker solution than has ever before been used and it has proved to be more effective. This is applied frequently in the acute stage and less often as the case improves. After being near any case, a physician should cleanse his hands in a bichlorid solution. The silver nitrate and the salt solution have been used for years, but one physician said the cases often seemed to grow worse on a solution four times as strong, and now therefore the weaker solution is preferred. We believe in the use of antiseptics, so this treatment would not be objectionable to an osteopathic physician. Under mechanical surgery expression is one treatment. Napp's roller forceps are used and the granules are squeezed out between two fluted rollers.

Massage even has been beneficial and Osteopathy would be better. I hope some may be inspired to think more about trachoma and not feel that we can let the other schools take care of all such cases. Attend a clinic, if possible, and become more familiar with this disease. From the study which I have made I am convinced that osteopaths can treat these cases better than physicians of any other school. Our treatment to the circulation no other school teaches. We need courage and application; it is a germ disease and must run a course, and our success in germ diseases is gratifying. So our field again grows larger instead of being limited.

HER TWO COMPLAINTS

Edward, the colored butler of a lady in Washington, had recommended his mother for the position of cook, but when the applicant came the lady noticed that she was not very strong-looking.

"Do you suppose you will be able to do the work, Auntie? You don't look very healthy."

"Yes, ma'am, I is able; I ain't nuvver been no ways sickly in my life—ain't nuvver had nuthin' but smallpox an' Edward."—LIPPINCOTT'S.

VISITORS AT THE CONVENTION

We print below a second list of visiting osteopathic physicians at the Convention. This still leaves about 250 names which we are unable to publish. Should we hear of any others who were present, we will be glad to publish a further list next month.

Alabama

Ellen B. Ligon, Mobile

Arizona

Millie Burk, Clifton

Arkansas

M. W. Higginbotham, Bentonville

B. F. McAllister, Fayette

L. J. Bell, Helena

A. E. Freeman, Russellville

California

J. F. Foncannon, El Centro

J. S. Allison, Monrovia

Nellie M. Pierce, San Diego

Colorado

M. W. Bailey, Denver

Chas. C. Reid, Denver

W. R. Benson, Longmont

E. S. Schumacher, Longmont

W. E. Kellogg, Sterling

J. E. Ramsey, Sterling

Georgia

W. W. Blackman, Atlanta

Idaho

Ida M. Sash, Idaho Falls

Illinois

Minnie M. Baymiller, Abingdon

T. Y. Stelle, Alton

Alma C. Shloesser, Anna

J. D. Cunningham, Bloomington

J. E. Olson, Bushnell

H. T. Miller, Canton

W. S. Dressel, Carrolton

F. A. Parker, Champaign

Henry S. Bunting, Chicago

Frank C. Farmer, Chicago

Clyde A. Gable, Chicago

Ella T. Gable, Chicago

Fred W. Gage, Chicago

J. C. Groenewoud, Chicago

Jennie K. Groenewoud, Chicago

Nettie M. Hurd, Chicago

Agnes V. Landes, Chicago

Z. Martz, Chicago

C. L. Miller, Chicago

Carrie P. Parenteau, Chicago

Joseph H. Sullivan, Chicago

Alfred W. Young, Chicago

R. R. Welch, Colchester

Alice Bierbower, Colfax

W. C. Swartz, Danville

Lulu Hartwig, Decatur

Alma Martin, Decatur

Clara M. Barker, Eureka

J. W. Barker, Eureka

E. M. Browne, Galesburg

Alice Whipple, Galva

Etta O. Chambers, Geneseo

W. M. Cory, Geneva

W. I. Hartford, Gibson City

Albertina M. Gross, Joliet

E. J. Mosier, Kewanee

S. E. Conrad, Mattoon

Carrie M. Mundie, Mendota

K. C. Ventress, Monmouth

Bertha L. Ventress, Monmouth

C. M. Sherrill, Mount Carmel

Emma M. Sherrill, Mount Carmel

A. L. Galbreath, Oakland

Geo. R. Boyer, Peoria

T. F. Reil, Peoria

L. D. Robertson, Pittsfield

C. C. James, Quincy

Flora E. Kaempfen, Quincy

E. M. Lawrence, Quincy

F. W. Hamilton, Robinson

A. C. Proctor, Rockford

Martha E. Scaife, Springfield

Loretta Backus, Stockton

Frank Henderson, Stronghurst

Lucy Henderson, Stronghurst

D. O. Thompson, Sycamore

D. H. Craig, Walnut

Victor C. Hoefner, Waukegan

R. A. Hamilton, Whitehall

Almeda G. Dole, Winnetka

Indiana

H. A. Duglay, Bluffton

Mrs. Croxall, Bristol

J. E. Derck, Ft. Wayne

Ella McNicoll, Frankfort

Elizabeth Jackson, Goshen

Earl E. Weaver, Goshen

Chas. A. Rector, Indianapolis

A. W. Clow, LaFayette

Z. A. Nevins, Terre Haute

Iowa

B. H. C. Farr, Adair

Addie E. Burgess, Albia

Cathryn Roberts, Bedford

Blanche E. Kinney, Bloomfield

Bert H. Rice, Carroll

A. E. Wolfe, Carson

H. A. Coulson, Centerville

Ruth M. Wright, Charles City

Dora W. McAfee, Chariton
 A. E. Hook, Cherokee
 E. Bowker, Colfax
 W. L. Gardiner, Corning
 J. F. Minear, Council Bluffs
 Florence L. Wagoner, Creston
 L. E. Wagoner, Creston
 P. B. Snavely, Davenport
 Grace D. Urban, Decorah
 H. L. Urban, Decorah
 Georgia Chalfant, Des Moines
 Carrie C. Harrison, Des Moines
 H. M. Ireland, Des Moines
 C. W. Johnson, Des Moines
 D. W. Roberts, Des Moines
 L. E. Gordon, Fairfield
 Fannie Gosden, Farley
 Caroline Barker, Fr. Dodge
 F. C. Card, Ft. Madison
 W. E. Allen, Greenwood
 Pauline M. Claussen, Indianola
 D. D. Owen, Indianola
 J. E. Owen, Indianola
 B. E. Washburn, Iowa City
 Evelyn S. Washburn, Iowa City
 E. N. Himmell, Iowa Falls
 C. J. Chrestensen, Keokuk
 Rolla Hook, Logan
 E. C. Polmeteer, Marengo
 J. R. Bullard, Marshalltown
 G. W. Graham, Marshalltown
 W. N. Dobson, Mason City
 Guy C. Trimble, Montezuma
 H. C. Peet, Monticello
 T. J. Peet, Monticello
 T. G. Roberts, Odebolt
 Mary E. Noyes, Ottawa
 J. W. Snavely, Ottumwa
 Minnie Bowersox, Perry
 E. P. Erwin, Perry
 H. A. Frandson, Roland
 Mary Magers, Seymour
 J. T. Magers, Seymour
 C. C. Dalin, Shennandoah
 B. E. Atkinson, Story City
 C. O. Edington, Teledo
 R. B. Ferguson, Washta
 J. S. Baughman, Wellingman
 A. D. Morrow, West Liberty

Kansas
 Alice Mayhugh, Atkinson
 G. W. Coonfield, Dodge City
 R. M. Thomas, Ft. Scott
 H. E. Wells, Grenola
 W. M. Coons, Hetherington
 O. T. Beckett, Hiawatha
 H. C. Hook, Hutchinson
 Emma E. H. Price, Hutchinson
 O. Van Osdol, Junction City
 E. L. Lyda, Kingsly
 E. M. Owen, Lawrence

Eugene F. Pellette, Liberal
 H. G. Rolf, McPherson
 L. A. Howes, Minneapolis
 C. N. Covert, Neodesha
 Viola Orr, Newton
 T. E. Childress, Osage City
 J. L. McClanahan, Paola
 W. M. Divoll, Powhattan
 F. E. Hastings, Pratt
 Mabel Link, Russell
 J. J. Link, Russell
 Ethel L. Hearst, Salina
 J. W. McMillen, Stockton
 C. E. Hulett, Topeka
 Stephen Temple, Topeka
 W. W. Snyder, White City

Kentucky

C. L. Brundage, Elizabethtown
 Evelyn R. Bush, Louisville
 G. B. Frogge, Paducah
 J. T. Gilbert, Paducah

Louisiana

Coyt Moore, Baton Rouge

Massachusetts

Irene H. Ellis, Boston
 S. A. Ellis, Boston
 G. W. Goode, Boston
 A. F. McWilliams, Boston
 Geo. E. Smith, Boston
 R. Kendrick Smith, Boston
 Frank M. Vaughan, Boston

Michigan

Carrie C. Classen, Ann Arbor
 H. W. Conklin, Battle Creek
 C. A. Williams, Coldwater
 Jas. Fraser, Detroit
 C. L. Rider, Detroit
 Frances Platt, Kalamazoo
 Elmer Charles, Pontiac
 Kate R. Miller, Port Huron
 J. O. Trueblood, Traverse City
 M. J. Trueblood, Traverse City

Minnesota

W. H. Albertson, Austin
 O. S. Albertson, Austin
 Ray M. Jones, Fairmont
 H. A. Rehfeld, Fairmont
 W. H. Bedwell, Mankato
 Flora M. Davey, Minneapolis
 Helen S. Halvorsin, Minneapolis
 Leslie S. Keyes, Minneapolis
 D. J. Kenney, Minneapolis
 J. S. Rydell, Minneapolis
 Franklin Fraker, Montevideo
 S. H. Stover, Northfield
 Lily F. Taylor, Northfield
 Nellie W. Nelson, St. Paul
 F. D. Parker, St. Paul
 E. S. Powell, St. Paul
 C. W. Young, St. Paul

Mississippi

Grace Bolles, Biloxi

Missouri

Royal W. Neff, Adrian
 S. D. Barker, Baring
 R. H. Beets, Bethany
 J. F. Harding, Bethany
 W. J. Deeming, Brookfield
 V. H. Greenwood, Buffalo
 Ursa Wimp, Canton
 W. G. Chappell, Centralia
 Frances H. Singer, Chillicothe
 I. A. Keyte, Clarence
 Homer F. Bailey, Columbia
 J. B. Cole, Columbia
 Minnie Floyd, Columbia
 Emma H. Edwards, De Sota
 Annie McC. Brownell, Edina
 E. E. Symmonds, Greensburg
 Mrs. E. E. Cain, Hannibal
 Margaret Craigie, Harris
 W. M. Slaughter, Harrisville
 Mattie C. Howerton, Hurdland
 D. L. Howerton, Hurdland
 W. Graves, Jefferson City
 Minnie Shaw, Jefferson City
 Edythe L. Carel, Joplin
 H. J. Everly, Kansas City
 A. A. Kaiser, Kansas City
 Hanna Leinbach, Kansas City
 W. C. Thompson, Kansas City
 Geo. Westgate, Kansas City
 R. H. Williams, Kansas City
 Bertha R. Wilson, Kansas City
 S. Winterbower, Kansas City
 Avis M. Withers, Kansas City
 Etna Curry, Kirksville
 W. B. Curry, Kirksville
 R. S. Halladay, Kirksville
 J. H. Hardy, LaPlata
 J. A. West, Louisiana
 E. J. Kampf, Lexington
 Frank Lucas, Marceline
 W. N. Stuver, Marceline
 C. A. Bone, Maryville
 O. N. Benson, Memphis
 W. E. Fogle, Memphis
 A. M. Keethler, Memphis
 W. H. Hickman, Mexico
 C. L. Dodson, Moberly
 M. G. Kirk, Moberly
 J. H. Hastings, Monett
 J. D. Scobee, Monroe City
 Lulu McManis, Montgomery City
 M. C. Burrus, New Franklin
 F. M. Bean, Novinger
 E. W. Myrick, Odessa
 Fred Taylor, Paris
 E. D. Gerard, Pattensburg
 O. E. Johnson, Princeton

C. M. Buell, Rutledge
 Jennie Duncan, Sedalia
 R. H. Nuckles, Slater
 B. L. Dunnington, Springfield
 T. M. King, Springfield
 L. T. Noland, Springfield
 E. D. Holme, St. Joseph
 Frank P. Walker, St. Joseph
 R. B. Dobson, St. Louis
 W. D. Dobson, St. Louis
 W. F. Englehart, St. Louis
 J. D. Hayward, St. Louis
 J. O. Hatten, St. Louis
 Mitchell Miller, St. Louis
 Florence A. Notestine, St. Louis
 Minnie Schawb, St. Louis
 Genoa D. Stephens, St. Louis
 F. P. Wood, St. Louis
 J. P. Smith, Sweet Spring
 Erie V. Herbert, Trenton
 A. D. Jones, Vandalia
 J. S. Schreiner, Webb City
 M. S. Slaughter, Webb City
 H. Rainidge, Washington
 T. C. Moffett, Windsor

Montana

Clem L. Shafer, Helena

Nebraska

J. B. Echrock, Broken Bow
 Frank A. Bates, Geneva
 F. M. Milliken, Grand Island
 T. Vallier, Grand Island
 Delia A. Lynch, Omaha
 P. J. Lynch, Omaha
 C. H. Johnson, Schuyler
 M. L. Cleveland, Wayne

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E. A. Hornbeck, Montclair
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 S. D. Pemberton, Brooklyn
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 St. Geo. Fechtig, N. Y. City
 Chas. E. Fleck, N. Y. City
 Chloe C. Riley, N. Y. City
 G. W. Riley, N. Y. City
 T. H. Spence, N. Y. City
 M. W. Stearns, Schenectady
 Clara P. Beall, Syracuse
 Frances J. Beall, Syracuse
 J. H. McDowell, Troy

New Hampshire

Julia J. Chase, Portsmouth

North Dakota

Joseph W. Tarr, Lidgerwood
 Rose A. Hudson, New Rockford

Ohio

C. Elsie Houriet, Akron
 Mrs. E. W. Graham, Bellefontaine
 C. A. Davis, Bowling Green
 Mary H. Conner, Cincinnati
 O. G. Stout, Dayton
 L. A. Bumstead, Delaware
 G. W. Bumpus, East Liverpool
 Anna E. Seitz, Greenville
 W. S. Peirce, Lima
 Lorena Kagay, Marion
 W. N. Coons, Medina
 W. B. Linville, Middletown
 J. F. Bumpus, Steubenville

Oklahoma

P. T. Corbin, Anadarko
 F. C. Davis, Crescent
 Neva Triplett, Enid
 W. E. Thompson, McAlester
 Laura H. Wells, Oklahoma City
 H. F. Ward, Waukomis

Oregon

Virginia V. Lerveaux, Corvallis
 Harriet W. Sears, Ontario
 Chas. MacFadden, Princeville

Pennsylvania

J. C. Foster, Butler
 R. S. Mack, Chester
 J. W. Robinson, Erie
 J. F. Hoefner, Franklin
 O. C. Cole, Lewistown
 Elizabeth Sash, Meadville
 Charlotte J. Snyder, Mt. Pleasant
 J. P. Bashaw, North East
 J. A. Cohalan, Philadelphia
 W. S. Nicholl, Philadelphia
 Nettie C. Turner, Philadelphia
 H. J. Dorrance, Pittsburgh
 W. Kurth, Pittsburgh
 Homer E. Sowers, Sharon
 C. Paul Snyder, Titusville

Sara Oneland, Union City
 Roy W. Marsh, Uniontown

South Carolina

Mary Lyles Symes, Columbia

South Dakota

Hannah N. Betts, Madison

Tennessee

Elizabeth Yowell, Chattanooga
 O. Y. Yowell, Chattanooga
 M. E. O'Bryan, Columbia
 Eliza A. Titsworth, Knoxville
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 R. R. Norwood, Mineral Wells
 S. J. Hassell, Nevada
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 Wm. B. Loving, Sherman
 H. B. Mason, Temple
 Sarratt Sinclair, Waco

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J. F. Morrison, Ogden

Washington

Caryll T. Smith, Aberdeen
 Aura B. Ford, Seattle

Wisconsin

E. J. Breitzman, Fond du Lac
 Mabel J. Still, Milwaukee
 L. H. Noordhoff, Oshkosh
 A. H. Doe, Racine
 E. Randolph Smith, River Falls
 C. D. Mead, Virtoqua

Manitoba, Canada

J. H. Deeks, Winnipeg
 G. Glenn Murphy, Winnipeg

LEGAL AND LEGISLATIVE

State Board of Vermont to Meet.—The next meeting of the State Board of Osteopathic Examination and Registration to examine applicants to practice Osteopathy in the state will be held in Brattleboro, September 24th and 25th. —LEWIS D. MARTIN, Sec.

Fake Osteopaths Arrested.—Dr. Adna D. Bartram, osteopath, student of metaphysics, and medical adviser and other practitioners, were arrested recently and locked in cells in Central station Pittsburg. Dr. Bartram's arrest was the outcome of investigations by the county detectives. He is charged with a violation of the state law of 1911 relative to his practice in general.

The police announced that Dr. Bartram's arrest is only a cog in the wheel of their plan which includes a general raid of offices throughout the city of fake practitioners, calling themselves osteopaths and chiropractors.

The law officers declare that numerous men, alleging to have been graduated from reputable colleges, are operating illegally and will be forced to face trial.

Acting in harmony with the police are reputable osteopaths of the city, members of the Society of Osteopaths, who long have frowned upon the malpractice of those under surveillance of the police.

The information upon which the Northside practitioner was arrested reads as follows:

A. D. Bartram, the defendant, on or about June 1, 1913, did engage in the practice of medicine and surgery and did assume the title of doctor of medicine and surgery, and did hold himself forth to diagnose diseases; and did hold himself forth to treat diseases by the use of medicine and surgery, and did hold himself forth as able to do so without having first fulfilled the requirements of the act of assembly, approved the third day of June, 1911, which reads as follows:

"No one shall hold him or herself for as a doctor of medicine and surgery without first having received a certificate of licensure from the bureau of medical education and licensure and without first having properly recorded such license in the office of the superintendent of public supervision."

Detective Kelly made the charges on information received and believed "to be true." The detectives, it is said, have a mass of evidence not only against Dr. Bartram but six other pseudo doctors of medicine as well. The diploma under which Bartram practiced, it is reported, is from the Union College of Medicine, of Wheeling W. Va. The Union College, according to reliable information, was in operation only three or four years, and did a large business through the United States mails during that time.—FROM PITTSBURGH SUN.

A retentive memory is a good thing, but the ability to forget is the true token of greatness.

DIFFICULTIES afford heroism its opportunities. Blessed be difficulty!

ASSOCIATIONS

Special Meeting of Northern Colorado Osteopaths.—The osteopaths of northern Colorado held a special meeting in Boulder, August 26. There was a six o'clock banquet at which fifteen people were seated, after which they met in Dr. L. B. Overfelt's offices and listened to Dr. Ethel Louisa Burner's lecture on technique. She demonstrated her work on patients and the N. C. O. A. voted the lecture as excellent. Those present were Drs. S. L. Clark, M. C. Payne, R. B. Powell, J. T. Bass, Jenette N. Bolles, Mrs. F. W. Henry, Miss May Rood, of Denver, Drs. Benson, Shumacher and Bowersox and their wives from Longmont. Drs. L. B. Overfelt, Lula M. Burrus of Boulder.—U. S. G. BOWERSOX, Secretary.

Program of the Fourteenth Annual Convention of the Nebraska Osteopaths.—At the fourteenth annual meeting of the Nebraska osteopathic association, which was held at The Koehler Hotel, Grand Island, Nebraska, on Wednesday and Thursday, September 24th and 25th, 1913, the following program was carried out:

WEDNESDAY, SEPTEMBER 24, 1913.—10 a. m. call to order by president. Reading of minutes of previous meeting. President's address, Dr. E. M. Cramb, Lincoln, Neb. Blood Pressure, Dr. C. K. Struble, Hastings. Anatomy and Physiology of Dorsal Region, Dr. C. B. Atzen, Omaha.

NOON RECESS; 1:30 p. m.—Intestinal Obstruction, Dr. M. L. Cleveland, Wayne. Spinal Curvature, Dr. W. R. Archer, Lincoln. Neurasthenia, Dr. J. M. Kilgore, York. Metritis, Dr. Myrtle Moore, Crete.

THURSDAY SEPTEMBER 25, 1913.—Business Session. Reading of minutes. Unfinished Business. New Business. Election of Officers.

AFTERNOON SESSION.—Milk Diet and Fasting, Dr. Hugh W. Conklin, Battle Creek, Mich. Anatomy and Physiology of Cervical Region, Dr. G. H. Yoder, Friend. Migrane, Dr. Peter Kani, Omaha. Acute Tonsillitis, Dr. J. T. Young, Fremont, Mucous Colitis, Dr. N. J. Hoagland, Central City. Discussion, Dr. Jennie Laird, Omaha.

THE aim of education should be to teach us rather how to think than what to think.

BEATTIE.

BOOK REVIEWS

Principles of Osteopathy—By Dain L. Tasker, D. O. Late Member of the Faculty of the Pacific College of Osteopathy, etc., etc. Third Edition Revised. Fully Illustrated. pp. 531. 1913. Price \$5.00

We are very interested to see this, the third, edition of Dr. Tasker's *Principles of Osteopathy*. It is a comprehensive, well-edited manual and deserves the attention of every member of our profession. There are a large number of fine illustrations and the general argument and arrangement is clear and logical. Of the twenty-four chapters several are of especial interest. For example we find excellent discussions on: Causes of Disease; The Lesion as a Cause; The Lesion as an Effect; The Nervous System; Osteopathic Centers; Subluxations, etc., etc. The writer, in his preface, urges that this edition is in reality a new book, as the material that was developed for the first and second editions was entirely destroyed by the explosion and fire which wrecked the establishment of the Los Angeles Times. We have no hesitation in recommending this book to the attention of the profession. Most of the chapters have been read and discussed before various state meetings and thus represent in a sense a composite view and not any one individual's separate opinions. The work is one that is intended as a reading text-book and as such should prove quite valuable.

A Reference Handbook of the Medical Sciences.—Embracing the entire Range of Scientific and Practical Medicine and Applied Sciences. By various writers. Third edition. Completely revised and re-written. Edited by Thomas Lathrop Stedman, A. M., M. D. To be completed in eight volumes. Vol. II. Illustrated very fully in colors and by half tone and wood engravings. New York. W. Wood and Co. 1913.

The first volume of this book was reviewed in the June Journal, and on examining this, the second, volume we find that it fully merits any praise we accorded to the previous one. We note especially interesting articles on bandaging, biology, education of the blind, the blood, the brain, bones, the breasts, cancer, catheterisation, chancreoid etc., etc. Undoubtedly when the eight volumes are completed they will form one of the most complete reference handbooks on the market. The cuts are especially commendable, and the chromolithographs, as was mentioned in the review of vol. 1, are very fine. We notice some splendid illustrations in colors of the brain, both normal and pathological, while the blood spectra and blood stains make very interesting plates. There are eighty-eight contributors to this volume and all of them are physicians or professors of marked eminence. The book is a very valuable one and would well repay anyone for investing in it.

Physiology: General and Osteopathic.—A Reference and Text Book. For Osteopathic Students and Physicians. By J. Deason, Sc. B., M. S., Ph. G., D. O., Director of the A. T. Still Research Institute and formerly Professor of Physiology in the American School of Osteopathy. 1913. pp. 586. Cloth \$4.00. Leather \$4.75.

The advent of this book fills a much felt need in the osteopathic profession, and we welcome it gladly. Dr. Deason has had such an abundance of experience, both as a professor and as an experimental investigator, that the book before us is the result of considerable mature thought. The work consists of eleven sections divided into 64 chapters and the last one-third of the book is devoted to osteopathic research in physiology. In this portion of the work we find contributions from all the leading research investigators besides Dr. Deason, and it is this part that forms the distinctive feature of the book. It is impossible to speak in detail of all the chapters in this department of the Physiology, but we will simply mention the fact that one section is devoted to the results of Dr. McConnell's work, another to the researches of Dr. Burns and Dr. Whiting, and a third to Dr. Deason's research work. We feel that no osteopath should be without the book as it presents a striking contribution to osteopathic literature. A word in conclusion should be said in praise of the many excellent colored plates and illustrations that are incorporated into the book. These are mostly the work of the well-known osteopathic illustrator Dr. F. P. Millard, the mere mention of which fact is sufficient to guarantee their splendid qualities.

Diet Lists of the Presbyterian Hospital, New York City.—Compiled, with notes, by Herbert S. Carter, M. D., Assistant Visiting Physician to the Presbyterian Hospital, Associate in Medicine at Columbia University, etc. 12mo of 129 pages. Philadelphia and London; W. B. Saunders Company, 1913. Cloth, \$1.00 net.

A book of this kind is one that should prove of value to most every physician of any school. In the Introduction the author states that he has in mind the presentation of certain diets and "THE PRINCIPLES GOVERNING THEM from a purely clinical point of view." It is the inclusion of this latter point that is especially valuable, as an intelligent understanding of the principles underlying a science is always of greater value than the accumulation of a mere mass of facts. Advantage has been taken in this book of the facts developed by Prof. Chittenden's experiments as to the low level of protein necessary for nutrition, though no attempt has been made to keep to such a low standard, a rational mean being aimed at in all cases. The book should prove of considerable value to physicians.

Cunningham's Text Book of Anatomy.—Edited by Arthur Robinson, M. D., F. R. C. S. Professor of Anatomy, University of Edinburgh. Fourth Edition, Enlarged and Rewritten. Illustrated by 1124 Figures from original drawings, 637 of them in colors. New York. William Wood & Co. 1913.

The new edition of Cunningham's well-known Anatomy is a well-edited manual. We know of no Anatomy that has a clearer discussion of the Nervous System than this one and in this new edition the illustrations throughout the rest of the book seem to be of a higher standard than has been the case in some of the previous editions. There are two interesting Plates at the end of the book showing skiagrams of the skull from the side and the front. The terminology employed is of the International Anatomical Society, and a twelve page glossary is inserted at the beginning to show the old and new names contrasted. The illustrations are mostly in colors and clear conceptions can thus be obtained of the various aspects of the anatomical structures, etc.

Massage—Its Principles and Technic.—By Max Bohm, M. D., of Berlin, Germany. Edited, with an introduction, by Charles F. Painter, M. D., Professor of Orthopedic Surgery at Tufts Medical School, Boston. Octavo of 91 pages, with 97 illustrations. Philadelphia and London: W. B. Saunders Company, 1913. Cloth, \$1.75 net.

It is interesting to receive a book that is a standard authority on Massage, because of the frequent confusion in the mind of the public between Osteopathy and Massage. It is only necessary to glance through the pages of this work—excellent as it is in its own line—to see very clearly the enormous difference between our practice and Massage. We have no doubt but that results are obtained by manipulations such as are shown in the illustrations, but they would be very different from those obtained in Osteopathy. The section on "massage of the muscles of the back" is especially interesting though one wonders how any very adequate results are obtained by the "effleurage" and "petrissage" methods that are described. It is a good book for anyone desiring excellent illustrations and clear explanations of massage methods.

Diagnostic Methods.—Chemical, Bacteriological, and Microscopical. A text-book for Students and Practitioners. By Ralph W. Webster, M. D., Ph. D., Director of Chicago Clinical Laboratory, etc. Third Edition, Revised and Enlarged, with 37 colored Plates and 164 other illustrations. Philadelphia, P. Blakiston's Son & Co. 1913. \$4.50.

As its name suggests, this book is designed to present a complete outline of the various procedures employed in scientific diagnosis. We find therefore ten sections or chapters dealing with The Sputum; The

Oral, Nasal, Aural, and Conjunctival Secretions; The Gastric Contents; The Feces; Parasites; The Urine; Secretions of the Genital Organs; The Blood; Transudates and Exudates; and Secretion of the Mammary Glands. The work is one that is quite comprehensive and the writer states in his preface to the first edition that "he has attempted to bring together, for the use of the student and practitioner, the generally accepted facts regarding the various phases of clinical medicine, which may be rather more closely studied by the application of laboratory methods than without their use." In this present edition we find several additions and inclusions, notably: a discussion of streptococcic sore throat; antityphoid vaccination; Abderhalden's Sero-Diagnosis of Pregnancy etc., etc. There is a detailed discussion of the Wassermann test which is of considerable interest.

A Compend on Bacteriology. Including Animal Parasites. By Robert L. Pirfield, M. D., Pathologist to the Germantown Hospital, etc. Second Edition. With 4 Plates and 85 other illustrations. Philadelphia. P. Blakiston's Son and Co. 1913.

This little book is one of the series of which Potter's Anatomy is perhaps the most famous. It is designed essentially as a book to serve the needs of the medical student preparing for examination. The compend presents the subject in as concrete and practical a manner as possible. There are eleven chapters and a large number of illustrations. The chapter on Immunity is interesting and gives in a good outline the essentially accepted teachings along this vast subject. Like all the other members of this series this one is worth far more than the price asked for it.

The Science of Food Selection. By Dr. John J. Henderson, Charleston, West Virginia. 1913. Price 60 cents paper; \$1.00 with cloth binding.

This little book of 44 pages contains an abundance of wholesome advice along the line of rational dietetics. The author carefully observes at the outset that he has avoided the use of the word "diet" and has replaced it with the words "food selection," as he feels that the former word leads many to think of the some system of starvation. He has some good ideas but is inclined to be dogmatic, as for example when he asserts positively: "The largest meal should be in the morning. A good breakfast taken when the stomach is empty and ready for it, will start the machinery and will distribute the nervous energy as the body needs it." Such an assertion may be all right for some, but there are many people who will differ from him very materially on this point.

PERSONALS

Correction of Statement in August Journal.—On page 481 in the August issue of the Journal about half way down the page appeared the following sentences: "Nine Iowa autos followed by thirty on foot. A banner bearing "78 Incorporators" (referring to the incorporators of the S. S. Still College in Des Moines), and a large picture of the Old Doctor were carried." It will be remembered that the old S. S. Still College was merged with the A. S. O. several years ago and that the present Des Moines School is another organization altogether. The statement above made in brackets was therefore erroneous.

Presented Sunflower for Kansas Float.—Mr. C. W. Martz of Kirksville presented Dr. Chas. Hulett of Topeka, Kansas, with the fourteen foot sunflower for the Kansas float in the parade on the Old Doctor's birthday. The Kansas osteopaths wish to thank Mr. Martz for the hard work he did in preparing the sunflower for them. Kansas can raise as large sunflowers, but they could not get one so large over to Kirksville in time for the parade.

Has Charge of Practice.—Dr. F. H. Martin, who has been practicing in Highland, Kansas, is now at Big Timber, Montana, where he has charge of the practice of Dr. R. M. Wolf who is suffering with an extremely severe attack of sciatic neuritis due to a posterior subluxation of the innominate. Drs. Wolf and Martin were members of the January, '12 class. Dr. Martin will locate at Helena, Montana, as soon as Dr. Wolf recovers.

Reunion of June Class '05.—Experiences of eight years in practice were exchanged by members of the June Class '05 at a meeting held Convention week. Thirty five of the members assembled in the big tent, a number of whom had not seen each other since graduation. They exchanged ideas relative to their prosperity. Some have touring cars with a chauffeur while others prefer to handle their own automobiles. They all looked happy and prosperous. Dr. Jesse A. West of Louisiana, Mo., made an excellent toast-master.

Returns to Practice after Taking Special Course.—Dr. B. A. Bullock announces his return to Detroit after taking a special course in orificial surgery. He has opened offices in the Stevens Building.

Passed the Texas State Board in June.—The following osteopaths successfully passed the Texas State Board in June: Drs. M. M. Alkire, T. C. Bedwell, M. G. Bedwell, L. M. Bowby, W. H. Ballew, H. T. Cooke, J. F. Clarke, C. L. Dodson, and B. L. Livengood.

Has Located in Toronto.—Dr. Gertrude Gaylord has taken over the practice of Dr. Harriet Crysler in Toronto, Canada.

Has Charge of Practice While Owner is in Europe.—Dr. H. T. Cooke has charge of the practice of Dr. Paul M. Peck who is spending his vacation in Europe.

Has Passed the West Virginia Board.—Dr. Mack Austin, a recent graduate of the A. S. O., has received license to practice Osteopathy in West Virginia and has opened offices at Morgantown.

The First Osteopath to Register for Practice in Sussex County, N. J.—Dr. Carolina Wallin of Sussex, N. J., is the first osteopathic physician to register her certificate for the practice of Osteopathy in Sussex County. She has been very successful in her practice with women and children for the past three years.

Has Passed the Virginia Board.—Dr. Albert H. Semones has recently passed the Virginia State Board.

Are Touring Europe.—Dr. and Mrs. Charles F. Bandel of Brooklyn, N. Y. are touring Europe.

News from Seattle Osteopaths.—

Dr. H. G. Morse and wife of Wenatchee were recent Seattle visitors.

Dr. Florence Gair of Brooklyn, is the guest of her sister, Mrs. Edward F. Sweeney.

Dr. A. B. Ford en route to the National convention visited friends and called on members of the profession in San Francisco and Los Angeles.

Dr. Wm. E. Waldo remained in the east several weeks after the Kirksville meeting.

Dr. Arthur B. Cunningham visited in his old Sioux City home enroute to Seattle after the convention.

Dr. Henrietta Crofton ran down to New Orleans, and enjoyed a few weeks stay under the parental roof, before resuming her Seattle practice.

Dr. Hattie Slaughter has just returned from a six weeks delightful visit with relatives in California.

Drs. Walter Jay Ford and Roberta Wimer-Ford spent two happy weeks motoring visiting Mt. Rainier National Park and stopping at several mountain resorts.

News from Oregon.—Dr. Mabel Akin and daughter Miss Laura, will spend the winter abroad. They sail the first of October.

Dr. Mabel Fouch of Parma, Idaho, has spent several weeks the guest of her aunt at 306 Hall St., Portland.

Dr. D. J. Fasching of Sheridan had the misfortune to have his office entirely destroyed by fire. He has offices in his residence while the office building is being rebuilt.

Dr. G. S. Hoisington was the guest of the osteopathic physicians of Portland when en route to the coast for a rest.

Dr. Wm. G. Keller of Portland spent two weeks at Long Beach, Calif., during August.

Dr. Bernard Kavanaugh has removed from Albany, Ore., to 873 North Towne Ave., Pomona, Calif. Dr. A. P. Howells of Corvallis succeeds Dr. Kavanaugh at Albany.

Dr. Virginia Loweaux and daughter of Corvallis have spent the summer months the guest of Dr. Loweaux's partens in Minneapolis, Minn. Dr. Gertrude Phillips has had charge of Dr. Loweaux's practice during her absence.

Dr. F. E. Moore of Portland recently spent two weeks at the home of his mother, Mrs. C. E. Moore, Santa Rosa, Calif.

Dr. Katherine Myers of Portland will have charge of the Eugenies Department at the Washington County Fair to be held at Forest Grove soon.

Dr. D. D. Young and family spent the month of August at Newport.

At the examinations held by the State Board of Medical Examiners, July 1, 2, and 3, the following osteopathic physicians passed: Drs. C. H. Day, Myrtle Point; H. P. Bloxham, Portland; Gertrude Phillips, Corvallis; J. H. Hansen, Portland; Carolyn Allen, The Dalles; Elizabeth B. Smith, Portland; Fred Wilson, Newberg; H. N. Lacy, Portland; D. J. Fasching, Sheridan; Orville A. Waller, Eugene; Chas. A. Sears, Ontario; W. W. Illsley, Grants Pass; Eva S. Walker, Portland; and Chas. H. Ponting, Prosser, Wash.

Drs. Bernard Kavanaugh and L. D. Gass, osteopathic physicians, passed the examination to practice medicine and surgery.

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Dr. Carolyn Allen, June 1913 A. S. O., has opened offices at The Dalles, Ore. Dr. C.H. Day of the same class has taken the practice of Dr. J. L. Calloway at Myrtle Point.

Dr. Elizabeth E. Smith of Asheville, N. C., a graduate of the A. S. O. in January 1913, has located at 320 Selling Building, Portland, Ore. Dr. Smith was president of the Axis Club during her senior year.

Dr. C. L. Whitney has taken the practice of Dr. W. L. Nichols at Enterprise, Ore. **Gave Lecture at Church.**—Dr. Ruth M. Wright of Charles City, Iowa, recently gave a lecture, under the auspices of the Loyal Berean Bible class of the Christian Church, on "Posture and Poise of the Body in Relation to Health and Disease."

An Interesting Egyptian Mummy.—In the New York Medical Journal of June 28, is a description of some radiographic findings in Egyptian mummies. We find there stated that "M. Bertolotti, when examining a number of Egyptian mummies by the X-ray, came across one of a child of about six or eight years, in which there were six complete lumbar vertebrae, besides the usual twelve dorsal members. The number in the cervical and sacral regions was impossible to determine."

School for Health Officers, conducted by Harvard University and the Massachusetts Institute of Technology.—Beginning this fall Harvard University and the Massachusetts Institute of Technology are to maintain in co-operation a School for Public Health Officers. The facilities of both institutions are to be available to students in the School and the Certificate of Public Health (C. P. H.) is to be signed by both President Lowell and President Maclaurin.

The object of this School is to prepare young men for public health work, especially to fit them to occupy administrative and executive position such as health officers or members of boards of health, as well as secretaries, agents, and inspectors of health organizations.

It is recognized that the requirements for public health service are broad and complicated, and that the country needs leaders in every community, fitted to guide and instruct the people on all questions relating to the public health. To this end, the instruction of the new School will be on the broadest lines. It will be given by lectures, laboratory work, and other forms of instruction offered by both institutions, and also by special instructors from national, state, and local health agencies.

The requirements for admission are such that graduates of colleges, or technical and scientific schools, who have received adequate instruction in Physics, Chemistry, Biology, and French or German, may be admitted to the School. The medical degree is not in any way a pre-requisite for admission, although the Administrative Board strongly urges men who intend to specialize in public health work to take the degree of M. D. before they become members of the School for Health Officers.

The Administrative Board which will conduct the new School is composed of Professor William T. Sedgwick, of the Massachusetts Institute of Technology; Professor Milton J. Rosenau, of Harvard; and Professor George C. Whipple, of Harvard. Professor Rosenau of Harvard has the title of Director, and the work of the School will be under his immediate supervision.

The Moving Pictures of the A. O. A. Convention taken on August 6.—The moving pictures that were taken in Kirksville on August 6, 1913, may be had on application to the Yale Film Mfg. Co., Gayety Theatre Bldg., Kansas City, Mo. These were taken on a film of 1500 feet. For particulars, price, etc., write to address given above.

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



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HOSPITAL NOTES

Dr. George Still was called to Lucerne, Minn., the middle of the month to consult with Dr. J. W. Hawkinson on the small epidemic of Infantile Paralysis, which has broken out at that place.

Dr. George Still and Dr. N. D. Wilson operated on a case of necrosis of the jaw at Dyersville, Iowa, the latter part of August.

Dr. George Still was called to Webb City, Mo., the first of September to consult with Drs. Slaughter and Baxter of that place and with Dr. Storey of Carthage on a very serious surgical case.

Dr. J. D. Scobee of Monroe City has had two cases at the hospital during the past month.

Dr. J. A. Barnett of Boonville, Mo., sent a patient to the hospital the first week of September.

Dr. F. B. Williams of Salisbury, Mo., brought a case of appendicitis to the hospital to be operated on by Dr. George Still, September 10th.

Mrs. Mabel Harlan Calland, wife of Dr. Calland, underwent a serious operation at the hospital, September 5th.

Dr. G. E. Thompson of Elmwood, Ill., brought a patient to the hospital, September 6th for a serious surgical operation.

Dr. George Still was called to Doon, Iowa, on a surgical case this month.

Miss Cora Gottreu, Superintendent and Head Surgical Nurse of the A. S. O. Hospital has been confined to her room for several days suffering from an attack of acute glaucoma.

In reporting the convention cases last month Miss Gottreu made the statement that a certain patient has somewhat of an attack of summer complaint, adding in parenthesis that it was not due to the anesthetic. Several inquirers have asked how she knows this, one particularly stating that he considers the statement very dogmatic and unwarranted.

Miss Gottreu wishes to explain that her pronounced confidence that the child's condition was not a result of the anesthetic, was partly based on the fact that the child didn't take any anesthetic, the operation being done without one.

Saving His Life.

A story is told of an Englishman who had occasion for a doctor while staying in Peking.

"Sing Loo, gleast doctor," said his servant; "he savee my lifee once."

"Really?" queried the Englishman.

"Yes; me tellible awful," was the reply; "me callee in another doctor. He givee me medicine; me velly, velly bad. Me callee in another doctor. He come and givee me medicine, make me velly, velly badder. Me callee in Sing Loo. He no come. He savee my lifee."

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Let us suppose that we knew as little about the material that goes into our houses, ships, and machinery as we do about the material that constructs our bodies; suppose men gave as little thought to selecting and combining the material that builds an automobile as they do to selecting and combining the material that builds their bodies. What do you think the result would be?

Did it ever occur to you that nearly every pursuit followed by man has been reduced to a science except feeding his body? He still eats haphazard, and at random. The most important thing in his life is guessed at.

It is estimated by the world's highest authorities that a fraction over 90% of all human disease originates in the stomach—caused by wrong eating.

Is it any wonder that people are sick, weak, have fermentation, gas, liver trouble, heart trouble, nervousness, constipation, are too fat, too thin, and sick half the time when they know almost nothing about the science of eating, WHEN THEY GUESS AT THE MATERIAL THAT MAKES THEIR VERY BLOOD, BONE, AND BRAIN. Is it any wonder that people have rheumatism, gout, lumbago, Bright's disease, tumors, cysts, cancers, and eczema, that their eyesight, hearing, and teeth all go to the bad before they are 30, WHEN THEY EAT COMBINATIONS OF FOOD EVERY DAY, THAT MAKE DISEASE INSTEAD OF HEALTH? THESE ARE THE REASONS WHY "MAN IS ONLY 51% EFFICIENT AND LIVES AN AVERAGE OF ONLY THIRTY-NINE YEARS." (Paris Convention, 1906.)

Don't you think these conditions can be improved?

Don't you think there is room for improvement?

Don't you think that science is doing precious little for the human race, if it can't show man how to overcome these mistakes?

I am teaching people how to select, how to combine, and how to proportion their diet as so to produce PERFECT DIGESTION OF FOOD, AND PERFECT ELIMINATION OF WASTE. This removes one of the causes of disease—this is Nature's way of curing.

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