

# **The Journal of Osteopathy**

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THE  
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**OBSTETRICS.**

(Read before the Denver Osteopathic Association, Jan. 7, '08.)

Obstetrics is the subject given me for a talk this evening, and since it is my pet hobby, I will try to give you a little of my experience the past eight years.

Obstetrics is that branch of the healing art which deals with the care and relief of women in pregnancy and puerperium.

Pregnancy begins with conception, and ends with expulsion of foetus and secundines. Normal pregnancy last 280 days—ten lunar months. Pregnancy may be terminated earlier. If within the first four and one-half months, it is termed "abortion;" between four and one-half and seven months it is miscarriage; premature labor, between seven and nine months; normal at nine months—tenth lunar month.

**Preliminary Consideration.**

Labor is divided into three stages: The first stage begins with dilating pains, and ends with complete dilation of the os. The second stage begins where the first leaves off, and ends with expulsion of foetus. The third stage begins here, and ends with expulsion of placenta.

Rough or improper handling of your case in the second and third stages, and too rapid labor, are frequent causes of post partum hemorrhage and septicemia.

It is better to see the patient several months before confinement, if possible, make a careful examination to ascertain her physical condition, size and shape of pelvis, tonicity of structures, and habits. It is well also to inquire into the family history, so that you may know whether you have a haemophilic, a neurotic, or a normal individual, to deal with. If there is a history of large children with hard heads, or small pelvis and hard confinement, diet your patient the last half of the term of pregnancy, to prevent developing a large child. This can easily be done by a little care on the part of the mother, for which she will be amply repaid by the lessened amount of suffering and danger to both mother and child.

If there is swelling of hands and feet, examine the urine and heart, to determine the cause of the trouble. Overcome it if possible. Examine frequently if albumen is present. Give thorough osteopathic and dietetic treatment, to prevent eclampsia in the later months.

As hygienic treatment, have the patient take a sponge bath daily, with water at a temperature from 90 to 100 degrees. She should wear loose, comfortable clothing, low-heeled shoes, and walk out of doors daily. The house should be well ventilated, especially the sleeping-room—but avoiding draughts. The food should be simple, pure, and of moderate quantity, with plenty of water. The bowels should be kept in good condition, to prevent auto-intoxication.

During the last three months the abdomen should be oiled frequently with olive oil, gently lifting and stretching the muscles, to prevent the breaking in the wall, or "white lines." Some object to the oil on the ground that it "is an adjunct," but the same persons would use olive oil on their salad, or cold-cream on their hot, dry, chapped skin, and enjoy the results. There is no doubt but that the oil is absorbed, acts as a food, and softens the tissues. If the abdomen is extremely pendulous and heavy, with child carried low, the patient should wear an abdominal support. Hot sitz baths, the last three weeks, are very beneficial. They relieve the sore, heavy, tired feeling in the pelvis, soothe the nerves, and insure good rest at night. The sitz bath should be taken the last thing before retiring, twice the third week, three times the second week, and every night the last week, before confinement. They relax the tissues, and make labor easier.

#### On First Examination.

When called to see a patient supposedly in labor, ascertain whether it is full-term, or only false pains. If only the seventh or eighth month, even if there be some show, put the patient to bed. If child is alive, relieve any condition that might cause the pains, make her comfortable and keep her quiet for a few days, and a large per cent of cases will go full term. If the case is full term, or labor unavoidable, proceed as in normal labor.

Examine externally, and diagnose presentation; give the patient a local bath with antiseptic soap and warm water, cut the labial hair short with scissors; scrub your hands and arms well with antiseptic soap, brush, and plenty of warm water; then rinse in 1 to 5000 bichloride sol. Examine patient locally to determine amount of dilatation, condition of os, whether smooth or irregular. If the os is as large as a silver quarter, or larger, it is time to get to work. When the pains begin

in the back, and come around to the pubis, they mean business, especially when regular.

#### The First Stage.

The patient should be allowed to be up as much as possible during the first stage of labor. It gives the force of gravity, as well as uterine contraction to dilate the birth canal. There is continual pressure in the upright position, while in the reclining it is spasmodic, because the presenting part retracts as the uterus relaxes. Support her back during the pains. You know, of course how to prepare the bed: On the right side, if the attending physician is right-handed. I like the Kelly pad best. Inflate it and cover with a sterile cloth. This serves a double purpose—e. g., it keeps the bed clean, and the rim strikes the patient's back where she needs support, and the pressure relieves much of the pain. It also takes the place of the left hand, and leaves it free to work over the abdomen when necessary. When the first stage is over, put the patient to bed, propped up to about 45 degrees.

The Old Doctor used to come into our P. G. class, and say: "Well, what are you talking about? I want to talk to you about obstetrics." He would then give us some of his experiences, demonstrating with the skeleton and his kerchief. The Indians, you know, used to hollow a place in the creek bank, for a seat and foot rest, build a fire in it, and when burned down, rake the ashes out and spread a blanket over it, and here the squaw would sit and give birth to her baby without delay or laceration.

When the patient is in a reclining position the presenting part strikes the perineum with full force and weight, while with patients propped up, the abdomen drops forward, throwing much of the weight on the pubis, and the bed supports the perineum. I have tried this method, and find the patient appreciates it, and says it is much easier; and have found only one case where this was not successful, and here we had cerebral anaemia, and had to place the patient in a reclining position.

#### If Delivery is Difficult.

Those of you who have had many cases have no doubt observed how the patient raises her body, makes a fixed point at the diaphragm, with stiffening of all muscles above this point; then makes a tremendous effort to expel the foetus by uterine and abdominal contracture.

In many cases where it seems that forceps are necessary, have your assistant sit at the foot of the bed, and when the pain comes on, put the patient's feet against the assistant's shoulders, while he should take her

hands and hold them steady while she pulls. The patient raises her hips slightly, and with such powerful leverage, forces the child through the canal. Watch the perineum; let it bulge as much as possible, without allowing the head to come through—holding the head back with palm of hand. When dilation is sufficient to allow head to come through without laceration, do so, supporting it to keep weight off of the perineum. Draw lower arm out, if possible, before the next pain; raise the head, and bring the body up over pubis, as it is expelled, to relieve pressure on the perineum.

If edema of vulva occurs, hasten labor, and terminate it as soon as possible, for there will be some laceration in spite of your efforts to prevent it. Where extensive, it renders the tissues brittle, and they tear easily.

#### Concerning the Baby.

If the baby cries lustily, well and good. If not, make him cry; spat his back, let the cool air strike him, raise the buttocks, and use artificial respiration if necessary. Do not cut the cord until pulsation ceases, unless the child is asphyxiated or placenta is prematurely detached. Have the scissors and cord tie sterilized; don't pick them up off the floor, and then wonder why the cord is infected. Some obstetricians never tie the cord unless it bleeds.

Wrap the child in something warm, and lay it aside until the mother is cared for. It is well for your assistant to follow the uterus down (with hand on the abdominal wall) as soon as the child is expelled, to prevent hour-glass contraction. In case this occurs, manipulate through the abdominal wall—squeezing fundus gently, but firmly, until the contracture relaxes and releases the placenta and blood clots. If this fails, sterilize your hand and arm, and introduce into the birth canal; dilate the constriction manually, release placenta, and scrape out all blood clots from uterine cavity. The stimulation to the uterus contracts it rapidly, and prevents post partum hemorrhage. Then take the pillows from under the patient's head, except one small one, cover her to prevent chilling, for the skin has been active, and she is moist. Examine the pulse; if 60 or 70, all right; if 80 or over, watch for p. p. h.

#### The Care of the Mother.

Clean the patient up, change her bed; examine for laceration, and if any, of more than slight break in skin on the mucous membrane, repair it at once, with silk-worm gut. If it is sterile, there will be no stitch infection, since it is solid and has no capillary attraction like cat-gut and silk. Leave the ends long, tying them in a bunch and wrapping

them with carbolized gauze. The dressing should be changed and the parts bathed in warm boracic solution, every time the patient urinates or has bowel movement. A warm boracic or carbolic douche should be given twice daily after the fourth day. The bowels should not be moved until the fourth day, if laceration is present. The bladder should be emptied within twelve hours after confinement, and every eight hours following. If the patient cannot be induced to urinate, then the catheter should be used—preferably a glass catheter. With this precaution, and cleanliness, you avoid cystitis. The knees should be tied together, so the stitches will not tear out. The eighth or ninth day the stitches should be taken out, but the knees should be tied for five or six days longer; then the patient may sit up.

#### In Case of Complications.

If there is no laceration, then the hot boracic solution—with cloths wrung out as hot as the patient can endure, applied to the vulva, will be sufficient to relieve the soreness and swelling. Apply an abdominal binder for comfort and support, and to preserve the woman's form. When the breasts are very large and heavy, put a binder on the breasts also, to keep them from sagging into axilla and caking. The blood rushes into the breasts the second day in multipara, and the third day in primipara; then the milk is secreted in abundance. If they become caked and hard, work the soreness and hardness out. Hot applications may be used also. If the nipples retract, draw them out with breast-pump, or large-mouthed bottle or rubber nipple.

If the child is still born, dry the breasts up by bathing in oil of camphor several times each day, and bandaging closely. Give the patient cereal gruels the first three days, and then gradually go back to normal diet. Eliminate acid fruits at first, gradually accustoming the patient to them. They sour the milk, giving the baby colic.

#### After-Care of the Child.

Oil the baby thoroughly with fresh lard (prepared for the occasion), or with olive oil, several times, wiping it with a soft cloth, until the vernix caseosa is removed. Pay especial attention to the folds in the skin. Wash the eyes and mouth with boracic solution; cut a pad for the navel of sterile gauze, slip cord through hole in the gauze, turn up and to the left, turn the flap over it, and apply absorbent cotton over this. Then draw the band fairly close to hold it in place. The band should not be wide enough to come more than half way between ilium and axilla, as it interferes with respiration. Do not bathe the baby in water until the cord comes off. Oil it daily, leaving the bandage alone, unless the

cord should bleed or something irritates it; then investigate, and remove the irritation. If a boy examine penis, to see if meatus is large enough to allow fore-skin to be turned back, and head and corona cleaned. If not, circumcise him (osteopathically). It is a simple thing if done at once. Babies have not much feeling the first forty-eight hours. It will save much trouble in the future, as such conditions, neglected, often cause masturbation, with its attending nervous troubles.

Put the baby to breast as soon as possible, and every four hours until milk comes; then every two hours during the day, and every four hours at night. If the baby cries for food before the milk comes give it warm water—and nothing else, unless you want it to have the colic. Don't allow the child to get chilled, for it will be colicky if you do.

#### After-Care of the Mother.

Before leaving the mother, examine carefully to see that the collar bones and first ribs are in proper relation; also that the innominates are all right—and you will never have a goitre or milk leg following your confinement cases.

Keep your patient warm and quiet. Do not allow her well-meaning neighbors to go in and talk her to death. Let them see the baby; and her very best friends may peep in and congratulate her—and no more—until she is up. The nipples should be washed in boracic solution, and dried, after the baby nurses, to prevent cracking.

For after pains, take the uterus between the hands, and squeeze out the blood clots; treat in the lower lumbar and sacral region—applying heat to the lower abdomen. Watch the patient, to prevent post partum hemorrhages and septicemia.

#### Difficult Presentation.

Fortunately about 96% of cases are vertex presentation. In face presentation, put finger in mouth, depress chin, and make it vertex. In breech presentation, do not put traction on the child; support the part from perineum, cover to keep it warm, so the child will not breathe in abdominal cavity. Always watch for funis presentation (prolapse of cord), and put it back with dressing forceps if you can. If you cannot, then place the patient in the knee-chest position, and it will slip back, if released. Funis presentation occurs in dry births—where there is not enough fluid to float the cord out of the way, and when presenting part does not fill the canal. In transverse and oblique presentations, do a podalic version, and deliver feet first.

In placenta previa, it is necessary to hasten labor as much as possible. Podalic version is generally indicated where prompt delivery is required, and is safer than the application of high forceps.

In deformed pelvis, where it is impossible to spread sufficiently to allow birth naturally, you may have to do a Caesarian section, a symphyseotomy, or craniotomy. These are the cases that make your hair gray; but fortunately you seldom come upon them, since a large majority of cases are normal.

#### Prevention of Infection.

I lost a case once, in my early practice, from puerperal infection, due to a filthy condition of the patient and bed. There was a five months' foetus that had been dead several days, and the cord was decaying. It was a breech presentation, and the os closed around the child's neck, and I was obliged to introduce my finger and release the head. I examined the placenta carefully in the presence of the nurse, and it was intact. Only the staunch support of the husband and nurse saved me from a suit for mal-practice. The "Medical Brethren" insisted on having one. Since then, I have seen to it, personally, that everything was clean before doing any local work.

In conclusion let me urge you to have your patient, and everything about her, absolutely clean to begin with. You may find a case occasionally which is immune to infection; but the risk is too great, if you care for results, or your reputation.

Denver, Colo.

JULIA VIRGINIA FREY.

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### A CASE OF PERSISTENT HICCUGHS DUE TO A HYPER-ACID STOMACH.

The patient was a man 62 years of age, who came to my home in the evening, saying that he had been hiccoughing for eight days, and having heard the usual stories about the fatality of this condition was much alarmed about the outcome. His hiccough was followed at nearly every spasm by a belching of gas, and that was the picture he presented, a hiccough and a belch, then repeated. Eight days of this with little sleep and not much nourishment had gotten him into a bad nervous state, and it could well be imagined that he was alarmed. His coming to an osteopath was the result of a rather curious coincidence, a friend of his, a Presbyterian minister, had been relieved by Dr. Eroh, of Norristown, Pa. of a bad attack of hiccoughs which had lasted ten days. This friend advised him to give up his family doctor, who apparently was helpless in relieving the case, and to see an osteopath at once. It was evident from the quantities of gas he was belching, his coated tongue, and fetid breath, that the spasms were due reflexly to a stomachic condition, most likely hyperchlorhydria; the results proved the validity of

the conclusion. Examination of his spine showed a second cervical rotated laterally to the right, the fourth, fifth and sixth dorsals concerned in an anterior curve, and an exaggeration of the lumbar curve, the tissues contiguous to the dorsal lesion showed great rigidity, and there was a marked restriction in the movement of this area.

#### First Effect of Treatment.

Five minutes of manipulation, devoted to the right dorsal, a separation of all the dorsal vertebrae and some abdominal treatment started the gas coming in quantities, followed by his vomiting what he called "water brash;" at first this came in small quantities, but finally filling his handkerchief; he asked for a vessel, he filled this too (a good-sized cuspidor) with this yellowish colored intensely acid liquid; it contained no food particles, although the patient had just finished dinner before coming for treatment. There was no nausea, the only discomfort coming from the burning sensation from the acid vomitus, in fact so highly acid in character was this liquid that for two days in spite of our efforts to remove it, the pungent odor remained in the treating room, though none of the vomit had reached the furnishings.

His belchings stopped after a short time, but the hiccough persisted until the end of the treatment, the remainder of which was directed towards inhibition of the phrenic, in giving preliminary treatment towards the correction of the dorsal lesions, and in manipulating the second cervical. About twenty minutes of this work sufficed to stop the spasms, but about this time the belching began again. He was sent home with instructions as to a selected diet, limited in amount with the exclusion of practically all liquids for a few days.

#### No Return of Trouble.

He came in again the next night, with the report that the hiccough had not returned, that the belching had stopped shortly after he left the office, and that he had enjoyed a good nights' rest, the first in over a week. He has been in twice since, and there is no indication of a return of the trouble.

If there is one seriously acute condition in which osteopathic procedure is more effective than another that one is persistent hiccoughs. There have been several cases written up in the newspapers here in the East, and there must have been a greater number, the cure of which has attracted no attention outside of the local community, in fact I have yet to hear of osteopathy's failure in one of these cases, and no osteopath need doubt the effectiveness of his system in coping with persistent hiccoughs no matter what the primary lesion may be.

Philadelphia, Pa.

DRS. THOMAS H., AND WILLIAM S. NICHOLL,

## TAKEN FROM LIFE.

The various newspapers, in their departments, have, for some time been paragraphing osteopathy, and now that excellent example of pure fun—"Life"—devotes a write-up, which we think so good that we pass it on to you. It appeared in the issue of September 24th, '08, and was headed, "A Delicate Question."

"Is a man's first duty to his own family or to his client?"

Take for instance a patient—call him William—who is being treated for a disease considered incurable. His doctor, of the old school, tells him frankly and kindly that the best they can do is to hold the disease in check, prolong William's life, perhaps, and make his remaining days comfortable. While this treatment is going on William begins to hear tales of what the osteopaths are doing. His friends tell him of sudden cures of cases resembling his own. William hates quackery, but as he cannot ignore this testimony, he finally mentions the subject to his doctor. His doctor, a liberal-minded man, tells William, regretfully, that while the osteopaths, like other quacks, produce temporary results that amaze the ignorant, they work far more harm than good; that osteopathy is merely a form of massage at best, and that William's disease is a deeper matter. Besides, the osteopathic treatment is rough, and often dangerous.

William is secretly relieved by this information, for he hates changing about and he has no use for all the new "pathies."

But the surprising tales persist in reaching him. Even members of his own family relate extraordinary cures of seemingly hopeless cases, without drugs or surgery. Finally, to make a long story short, William, who does want to live, visits an osteopath. He is ashamed, but he does it. The theory and treatment, as explained to him, certainly seems rational. Moreover, he finds these osteopaths are curing cases much worse than his own. And when William himself is cured he blames the old school doctor for not sending him at once to the osteopath.

But is William just?

Is it ever expected that a lawyer, a doctor, an architect, or any man of standing shall say to his client, "Go to my rival. He is wiser than I am. Give your money to him instead of to me?"

In accusing the old school doctor of fraud William is doubly unfair, as that doctor despises the osteopath and honestly believes him a quack. And we all know how easy it is to believe what is most desirable.

William argues, however, the success of osteopathy now being common knowledge, that when he pays a doctor for advice the doctor should

give whatever advice is most likely to lead to a cure. The doctor might argue that he gave William what William paid for, the best treatment he knew how to give.

Which is right?"

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## ARE THE M. D. COPYING OSTEOPATHY?

(Some osteopathic practitioners claim the M. D's. are not copying osteopathy. Perhaps that is not so, but the following appearing in the Dec. 17, '08, issue of the Boston Medical and Surgical Journal does not look that way. For this reason it is reproduced in full. The cases given are common among osteopaths and are successfully handled every day by our practitioners. One point to be especially noticed is in every case an attempt is made to refer treatment to medical authors, ignoring osteopathic idea.—Ed.)

### Posterior Ilium Backaches and Their Mechanical Treatment.

During the past four years I have been especially interested in the cause and effect relations between anatomic lesions of joints and various functional and organic diseases, and in manual treatment for their relief and cure. In May, 1906, I reported a case of "Right Posterior Ilium" to the Denver Clinical Society. When this patient was first seen, a sixty-six-year-old 180-pound woman, she had been treated for six weeks, unsuccessfully for backache and "sciatic rheumatism." She had "stepped down hard" a few days before seeking relief for "rheumatism," and her right ilium had slipped and locked on the sacrum. About a dozen manual treatments restored normal mobility and poise to the right sacro-iliac joint, stretched the great sciatic nerve and relieved all aches and pains and she has had no trouble since (May 10, 1908.)

The conventional conception that the sacro-iliac synchondroses are not true joints, but practically immovable junctions except when the softening of pregnancy permits separation during the passage of the head, was well brought out in the discussion, as was the fact that their mobility and their liability, like other movable joints, to anatomic ("non-pathologic") lesions have been unrecognized by the medical practitioner. In the most elaborate theses on the "Pelvic Articulations" of which I have knowledge, Goldthwait and Osgood, in the Boston Medical and Surgical Journal, March 9, 1905; May 18 and 25, 1905; and Journal of the American Medical Association, Aug. 31, 1907, write:

"When this is once appreciated (that the sacro-iliac articulations are true joints), and the character of the articulation is considered, and especially when it is remembered that the exact apposition of these bones

is maintained almost entirely by the ligaments, the surprising thing is, not that abnormal mobility and disease ever do occur, but that they do not occur more frequently. There is always without question a physiological relaxation of these articulations during pregnancy, and possibly always during menstruation, but these are only some of the factors which cause an excess of the normal amount of motion. Injury, disease, a general lack of ligamentous tone, are all factors. With these conditions sex is of no importance, except that as the female pelvis is less firmly constructed, the mobility is more easily obtained. On the other hand, because of the greater strength and size of the articulations in the man, when abnormal motion does take place, the disability is likely to be more marked than with the woman. As the cases are studied they at once divide themselves into groups: the first, including the cases in which there is definite relaxation associated with pregnancy, representing an exaggeration of a normal physiological condition; the second, the cases in which relaxation is associated with menstruation, apparently representing also a physiological condition apart from any pathological change with which we are at present familiar; and the third, the cases in which the lesion is due to trauma, general weakness or some definitely known pathological process. In general the relaxation associated with pregnancy is more marked (than during menstruation) as it is also more rapid in its development, but it is also more certainly and quickly rectified by treatment when the cause is removed. (Meaning pregnancy as the cause.) They advocate reduction manipulations, rest in bed,—though lying in bed is given among the causes,—retention bandages, plaster of Paris dressings and even fixation by a special apparatus designed to keep up pressure on the sacrum.

They quote Snelling as follows: The affection appears to Snelling to "consist of a relaxation of the pelvic articulations becoming apparent suddenly after parturition, or gradually during pregnancy, permitting a degree of mobility of the pelvic bones which effectually hinders locomotion, and gives rise to most distressing sensations."

These writers do not state what constitutes their standard of normal mobility, but their "normal and abnormal" appeal to me quite differently. To them "relaxation" and "excessive mobility" are cause and effect, are abnormal and give rise to aches, pains and distressing sensations. I would use the term "relaxation" to mean that the motor elements of a non-pathologic joint are enfeebled, untrained and uncontrolling, and "abnormal mobility" to mean a lesser amount than is required for the perfect and painless performance of any reasonable activity of the joint. Aches, pains and distressing sensations, in my

experience, are found in joints whose mobility is diminished or hindered, not in joints that are "excessively mobile." Every joint has a certain normal range of motion, the usual and the possible; a normal poise relation when at rest; they should be able to go the course and return to poise ad libitum without distress and without getting stuck somewhere on the way. If they cannot do that it is because they are limited in mobility either by disease or disuse or by something that for the time interrupts mobility, and such joints are stiff, painful, aching and disabled.

A few years ago I treated a woman who had sat and sewed so much that all of her joints were stiff and painful and more or less disabled. She imagined that joints that hurt to move should not be moved, and so she grew stiffer and stiffer until she could not separate her knees more than one inch. She had practically but one leg and could not stand or walk without support. After eighteen treatments she could move her knees fourteen inches apart and did not need a cane.

The forcible though gradual stretching and the exercising of such joints constitute a painful process, but the safest and only logical treatment for these non-pathological limitations of joint action. By this process the nerves too are stretched, and it is wholly unnecessary to cut down upon any nerve for that purpose, as was once the surgical custom for sciatica, and as has even recently been advised for a sciatic pain said to be due to some interference with the nerve at the sacro-iliac junction. The apposition of sacrum and ilium seem to me to depend upon the integrity and training of the motor elements of the joint rather than upon the ligaments. The ligaments determine how far the relations of the articular surfaces may be changed to affect the movements required of the joint. And all of this depends upon the type of original construction and the articular habits of the individual. Some are naturally "closely knit" and some are "loose-jointed." Nature has a fashion of taking in unused slack. She will shorten slack in every unused joint, and the resulting stiffness and limited mobility is not more normal or desirable in the sacro-iliac than in other joints. The sacro-iliac are complementary to the hip-joints, for the purpose of increasing the extent of motion of the hips in every direction, and not merely to form a junction of the body with the supporting pedestals, the lower extremities. It is the usual small amount of motion in both the hip and the sacro-iliac articulations, in comparison to the possible, that strikes me as subnormal and undesirable, and even dangerous. The usual awkwardness of men and women, well seen as they get off and on the cars, is due to untrained, unintelligent subnormal mobility of hip and sacro-iliac joints.

The wonderfully graceful and mobile lower extremities of professional dancers are so by virtue of ligaments that permit extensive changes of relation between the articular surfaces of sacrum and ilium; of trained nerves, and powerful muscles that intelligently control the wildest, most excessive mobility and ever faithfully return the parts to the normal conditions of rest. There are no aches and pains and distressing sensations connected with these extremes of "excessive mobility." They are normal physiological possibilities, and nothing that is normal and physiological should ever be other than beautiful, harmonious and painless.

Adduction, abduction, rotation, etc., of the lower extremity on the trunk, and vice versa, demand other than the flexion and extension changes around the axis that passes through the articular surfaces of the sacrum and ilia on a level with the middle of the second sacral vertebra. But because abduction, adduction and rotations are less practiced than flexion and extension, their controlling muscles are less evenly trained, are less well-prepared to resist unusual sudden or slow strains and are less able to swing the joint with power and certainty into poise when subjected to such conditions. It therefore happens not infrequently and in different ways that these poorly qualified joints get locked at some point. It may be from sheer incapacity to return to poise after a perfectly simple motion, such as stooping, when followed by a "stitch in the back"; or as the result of a long-continued strain, such as the pulling forward of the lumbar spine—lordosis—in nature's effort to relieve the weight on the sympathetic of a heavy abdomen, whether male or female, pregnant or non-pregnant, when unsupported by lax abdominal walls; or by the jarring out of alignment of sacrum and ilium by some direct force from without. All of these processes limit mobility and are painful in exact proportion to the loss of mobility entailed. When these conditions are coincident with pregnancy or menstruation, they, and not the pregnancy or menstruation, are responsible. Millions of women have suffered tortures upon tortures during pregnancy and menstruation because of the old conventional notion that all sorts of aches, pains and disabilities are to be expected and to be endured until pregnancy and menstruation cease, and even during "change of life," for these are "normal physiological conditions." The possibilities for maternal dystocia that lie within the incompetent muscles of uneducated sacro-iliac articulations should suggest possibilities of controlling much of the pain of labor by the deliberate pre-parturient training of the joints involved in the second stage of labor.

There is no good reason why the sacro-iliac joints could not be made



far more mobile and pliable so that they could endure far greater separation with impunity and even through the intelligent co-operation of the patient be taught to voluntarily increase the diameter at the inlet when the head engages at the brim, and of the outlet when the head is at the perineum. In all of the cases that I have treated I have sought to restore and increase mobility in the sacro-iliac articulations as in all others, and to all of their motor apparatus, so that they can perform their physiological functions with grace, ease and pleasure. There being no dislocation through a torn ligament, I do not employ rest, or casts, or other fixation methods to secure a closer apposition of sacrum and ilium and to artificially stiffen their union.

There are various reduction maneuvers that will suggest themselves, and on the same principles, as are applicable to a dislocation. Usually I prefer to execute them with the trunk as the fixed part, and using the lower extremity to flex, extend, rotate, adduct, etc., as necessary to "exaggerate the lesion" first and then to slip the ilium and to push it to place in relaxation instants. One very effective way is, with the patient on her back in full extension, to literally shake the sacrum through the iliac arch, the operator grasping the ilia, lifting the whole pelvis and shaking it.

In double posterior ilium, while the patient, prone upon a table, alternately, raises and lowers herself, one operator, by striving, with one forearm beneath her, to approximate the ilia anteriorly while making strong interrupted pressure down against the lower part of her sacrum with the other forearm or a knee, can often spring the ilia and sacrum into normal relations, or by a series of treatments into increasingly normal relations. With such a patient sitting, one operator can fix the pelvis, spring the sacro-iliac joint and make the forward impulse against the sacrum, while a second operator rotates the trunk and extends it in the perpendicular.

#### Illustrative Cases.

CASE I. Mrs. H., age, thirty-six, lithemic. March, 1907, no organic lesion save almond-sized uterine fibroid. While in Collins in middle of May, 1907, was awakened in night by intense pain in right ovary. (Descriptions hers.) "Applied heat, etc., to thigh and back. Pain continued for thirty-six hours. Then it spread to lumbar and right sciatic. Hard to stand or change position. Couldn't put feet on bed. Intense pain in knees and front of shins. But the queerest sensation was in a band seemingly about five inches above the ankles. This band was cold to the touch and from within seemed like a band of frosty steel clasped on very tight and having prongs inside. This sensation continued for three or four weeks except while being rubbed or having heat applied. All other pains were varying or shifting, this one constant." After several weeks at the Clark's Mineral Springs, at Pueblo, she came to Denver. Had passed through a mental and physical collapse; was but little im-

proved, with her "rheumatism" about the same. June 10: Pelvis everywhere exceedingly tender. Right ovary rested against right sacral plexus. All of the sacro-sciatic ligaments tense and acutely painful to pressure. Appendicitis excluded. The greatest pain and sensitiveness was external, over the posterior sacro-iliac ligaments, which were very tense and painful because the ilia were displaced backwards, making the step-off to the sacrum so pronounced that the sacrum seemed in a recess and quite "anterior." The left innominate yielded quite readily; reduction of the right was more difficult. She had twelve treatments between June 10 and July 2 inclusive. The left side symptoms subsided when the left ilium was in place and the right side symptoms faded in exact proportion to the success of the maneuvers that restored the right ilium to poise. She toured Colorado in a buggy, camped out and did her share of the work and had no further trouble.

In this case the predisposing cause was an enfeebled general condition with untrained joints, and the exciting cause was the direct force applied to the tuber ischii by bumping in the saddle during two hard horseback rides on the two days immediately preceding the acute night attack.

CASE II. Miss T., trained nurse, after three days and four nights of continuous duty on a heavy case requiring much lifting, went home exhausted, aching from head to foot and with a "cold." After three days of rest mostly in bed, her back and legs still "ached like the toothache." Pelvic organs normal. Left half of floor of pelvis exceedingly painful to pressure. Left sacrosciatic ligaments tense and prominent, formed a sort of barrier across pelvis precisely as in the case reported to this society, and published in the American Journal of Obstetrics and Gynecology, vol. lv, No. 2, under the title, "Maternal Dystocia from Right Posterior Ilium producing Persistent R. O. P. Position." Left innominate found displaced backwards on sacrum, left posterior sacro-iliac ligaments tense and painful, left gluteal region flattened. Two treatments on succeeding days brought much relief in position and condition, enabling her to come to the office where one physician diagnosed the difference without assistance and another failed to do so. Two more treatments on succeeding days completely restored the ilium to poise, to normal symmetry and painless mobility. The pelvic walls, internally, ceased to be sensitive or tensed, and all aches, pains and disability vanished.

CASE III. Mrs. C., thirty-seven. Consulted for a peculiar pain coming regularly during the week preceding menstruation. Lasts three days, intermits, and is absent the day before and during the flow. Pain is sharp, referred to right and left inguinal regions, worse on right. At the same time the abdomen grows hard, and there is a soreness above the symphysis. Alternating profuse and scanty urine and brick dust. General health and condition very good. Examination negative. Spine closely built and mobility in all joints limited, especially pelvic articulations. Treatment: Physical culture, hygiene and mobility manual treatments to spinal column and lower extremities. First month's efforts rewarded by absence of pain from left side. Second month's treatment gave less pain on right side and of shorter duration. Also it was less diffused, the tenderness and discomfort localizing over the right posterior sacro-iliac articulation. Now stated that she had had backache in both hips all of the time, but that she did not mind that so much as the pains in front. Right ilium plainly posterior. No soreness or disability connected with the left sacro-iliac joint. Since I had tried to increase mobility in both of these joints, and had regularly made the manipulations that might restore a posterior ilium that was easily replacable, and since the left side pain had disappeared and the

side pain had disappeared and the left sacro-iliac region was normal and just the opposite conditions prevailed on the right side, it seemed rational to assume that the left innominate had been accidentally returned to poise, thereby showing the right by contrast to be posterior and that returning the right ilium would remove the pain, etc., of the right side. She passed the third month without pain and with the right ilium in normal alignment, mobile without discomfort. Sep. 2, she reported little pain during July and August, nothing to what she used to have. Right innominate slightly "out." On my return from the East in December this patient, to my inquiry over the phone, informed me that the pain had returned; that she had consulted a specialist (a gynecologist) who had said he did not know just what caused the pain, but advised an operation, she did not know just what, and that they were considering it. I am confident that with a little common sense and a little more patience occasionally, she might have had a complete cure.

CASE IV. \*Miss J., twenty-six. When seven or eight years old her brother pulled the chair from under her as she sat down. Was lifted into bed where she remained till most of the stiffness, backache, pain on rising, turning, etc., wore off. Since then has had constant but varying amounts of backache across the hips, and every few months an attack of what was called "lumbago." Has worn mustard or porous plasters, belladonna plasters, most of her life "to strengthen her back." First day of first menstruation fell into the river, was fished out and flow stopped, not to return for two months. Since then has had menorrhagia, metrorrhagia and dysmenorrhea, for which was curetted unsuccessfully twice, at nineteen and twenty years of age. Very severe cramps, nausea, often vomiting, hard headache, severe backache and a few faints have been common first day's experiences. Frequent headache, often sick headache, excessive nervousness, even hysteria, melancholic mental perversions and illusions precede and accompany menstruation. Last year three attacks of "lumbago." Examination: Round shouldered, narrow chested, irregular spine, right and left posterior ilium; both of these joints stiff, motion limited and ligaments tense and painful to slight pressure. (An ilium that is posterior will abduct further and adduct less than its normal fellow.) She had, also, an anterior atlas, a right posterior third cervical, a posterior fourth cervical, all very sensitive, and marked scoliosis, but that is another story. Under treatment it soon became apparent that an acute displacement was superimposed upon an old subluxation of both ilia. Subjectively her aches and pains were always found on examination to correspond accurately with the degree of displacement and the limitation thereby produced. The right innominate learned to "stay in" long before the left one did, i. e., it learned to poise at rest, whereas the left one was apt to get locked most anywhere in its normal range of movement and be incapable of returning by its unaided effort to poise. March 12 and 13 had "lumbago"; was brought to my office bent over and in great distress. Could hardly climb up stairs, walk, sit or rise; could not stoop to floor or lie down on the table on account of stiffness, lameness, aching and pain in hips and back and legs. The whole trouble focused at the left sacro-iliac joint, and the left innominate was markedly posterior. It was readily replaced and she left the office completely relieved and danced all evening at a party. Last fall when the left ilium got stuck in a different place her symptoms were different. The distress and pain were referred to the abdomen, to the left inguinal region particularly. Left innom-

\* This patient was seen May 5, 1908. Her right ilium was as normal as her left. Had had no trouble with her back for a long time. Since confinement has worn a straight-front, front-laced corset or girdle which has effectually prevented a pendulous abdomen from producing a lordosis to, in turn, strain the sacro-iliac joints, and which in a person who habitually jumps from horse or carriage, as she did, right foot first, would naturally predispose to a "right posterior ilium."

inate was found to have rotated forwards and locked; the left anterior superior iliac spine was far below the right and on a plane posterior; the left posterior inferior spine was too near the median line and the left crest fell away from the vertebrae leaving a wider recess angle than on the right. There was striking flattening of left buttock below the crest, more marked than when the displacement is horizontal rather than oblique. It was in this position when the accompanying skiagraph was made. Neither ilium has been locked "out" since December, 1907, for when one threatens to come out, as evidenced by the appearance of a little stiffness and pain, she goes through the maneuvers by voluntary movement and kicks it in again herself. The menorrhagia, metrorrhagia, disappeared early in the treatment. Often there is no dysmenorrhea; no headache except when careless about B. M. or her glasses get crooked. Physically she is infinitely better. Of course her rather complex errors of refraction were corrected, her neck vertebrae put in alignment and made safely mobile; she received appropriate mental, physical and hygienic treatment, and these measures deserve due and great credit, but the very extraordinary effect upon the patient, particularly upon her mental and menstrual conditions, of the direct and reflex irritations produced by these interruptions to sacro-iliac mobility, have constituted a fascinating and instructive study.

CASE V. Mrs. L., twenty-seven, four and one-half months pregnant, second child. Consulted for severe and continuous backache of several weeks' duration with increasing incapacity. Extreme lordosis, shuffles with distress when walking. Pain, aching and stiffness in pelvic joints. Cannot stoop to floor, nor lie down, get up or over on table without help because of pain and stiffness in both sacro-iliac joints. Marked right and left posterior ilium. Patient received, from March 5 to 18 inclusive, five treatments consisting of the usual manual maneuvers very gently given. She was, at and after the fifth treatment, quite limber and nimble and without aches, pains and incapacity. She was taught to hold her abdominal muscles tense so that the belly wall would afford support, with increasing strength, to the abdominal contents. To assist in this she was fitted to a front-laced combination abdominal and nursing corset, to be worn also after confinement. She was taught to stand and to sit correctly and the proper physical exercises to develop intelligent power in the muscles and mobility in the lumbar and pelvic articulations. When the abdominal muscles are well trained and meantime properly supported, the weight of the abdominal contents does not drag on the sympathetic and there can be no consequent following forward of the spine to relieve the pull on the sympathetic; hence, lordosis is prevented or relieved and the lordosis strain on the sacro-iliac articulations ceases and the sympathetic backaches and aching, stiff and painful sacro-iliac joints also disappear. A potent predisposing cause of posterior ilium is thus removed, and safe mobility of the pelvic joints becomes possible. In this case the exciting cause was direct force repeatedly applied to the tuber ischii. When I saw her she had just returned from an almost continuous railroad trip of two months, and the jar of the train had literally bumped the ilia "out."

These are typical cases of "non-pathologic joint lesions," using the term to indicate an absence of all "pathological processes with which we are at present familiar." Many would consider a joint pathological if it were abnormal in any respect, functionally or organically; it would seem, therefore, that the term "anatomic lesion" might be the better one. I have preferred "posterior ilium" to "anterior sacrum" for

several reasons. The term "anterior sacrum" offers no description when, as often happens, but one ilium is out of place. "Anterior sacrum" implies ilia in normal relation to each other and a primary change at the lumbo-sacral joint which permits the sacrum to fall forward. This is the extreme lordosis position, where (from weight of pregnant uterus or ptosed abdominal organs) the lumbar vertebrae are increasingly anterior from above downwards. The fifth carries with it the upper part of the sacrum, compelling the lower part to compensate by marked posterior convexity.

Compensation also requires backward tilting of the ilia, which, if alike, many appear to be in normal position. Or the process may have happened in the reverse order, as in a case seen recently, where a double posterior ilium (most probably from excessive rope jumping when a child) demanded compensatory anterior sacrum lordosis.

Backaches from this type of displacement are of the dull aching kind, and while continuously vicious, are less acutely painful, less acutely disabling than those of "posterior ilium," and hence are more patiently endured and more liable to be overlooked. "Posterior ilium" is not necessarily preceded by a lordosis, and whether it is or is not, and whatever the secondary position of the sacrum may be, the actual active factor is the displaced ilium. Whether the ilium turns on the sacrum, or vice versa, mobility at the sacro-iliac articulation finds the sacrum with the trunk and the ilium operating with the lower extremity. The disagnosis "anterior sacrum" naturally compels an attempt to reduce the sacrum. Since the sacrum with the trunk constitute the heavier, less intermobile and oftener the fixed part, to replace an "anterior sacrum" and so fix it that it cannot slip on the lighter, more intermobile and oftener the movable part is a difficult feat and accounts for the strenuous dressings, the plaster bandaging and the complex fixation apparatus of Goldthwait and Osgood, as well as for their theory of achieving a limitation, with normal relations, of "excessive mobility" at the sacro-iliac articulation. On the other hand, the diagnosis "posterior ilium" as naturally, psychologically, invites attempts to replace the ilium, which for the same reasons is almost as easy as it is difficult to replace a sacrum. Considering the innominate as a part of the lower extremity so far as mobility on the sacrum is concerned, the true object to be accomplished, their true cure, is not fixation and lessened mobility, but a perfected and controlled mobility, for which rest in bed, bandaging with plaster and apparatus to limit action and establish more stable relations by stiffening the joint are contra-indicated.

Denver, Colo.

MARY E. BATES, M. D.

# The Journal of Osteopathy

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Changes of Address.—Those writing, requesting changes of address, will please send both old and new locations, so that the change may be made promptly.

KIRKSVILLE, MO., APRIL, 1909.

## EDITORIALS.

**Likes the Journal**—"Just received first copy of my yearly subscription to the Journal of Osteopathy and am very much pleased with it. I consider it to be one of the most progressive journals of the science that I come in contact with. Yours for success, W. Arthur Smith."

**Hard Up in California**—Under the special notices, along with free treatment for scalp diseases, laundry and lace curtains, etc a California paper printed an ad. offering six treatments for five dollars. Dummy replies to the ad. brought requests for the loan of twelve hundred dollars.

**The Osteopathic Census**—A large number of replies have been received locating the whereabouts of many of the lost osteopaths but there are still a number unknown, a list of which found on another page of this issue. PLEASE look over this list right now and see if you can help us locate them.

**Slams Osteopathy in Vain**—The editor of the Daily Drift department of the Nebraska State Journal, published at Lincoln, devoted nearly a column to roasting osteopathy. This was just the time when the Nebraska bill was up for consideration, but the roast was in vain as the bill passed.

**Socialist Paper Booms Osteopathy**—The Daily People, the socialist organ of New York City has recently been publishing large extracts from articles on osteopathy in the various periodicals. By the way, it was a socialist who kept the osteopaths from being shut out of British Columbia.

**Society and Fraternity Meetings**—Dr. C. A. Upton desires the Journal to boom the fraternal and college reunions, and we print elsewhere his letter. Look for it and read it as though it was addressed to you, and act accordingly. Make society and fraternity reunions a feature of the Minneapolis meeting of the A. O. A.

**The Greatest District Convention Yet**—All the osteopaths in the Mississippi Valley, and this includes the majority of those in the profession, should plan to be and be present at the meeting in Kirksville the last of May. There will be a three day's session as good as a post graduate course. CAN YOU AFFORD TO MISS IT?

**Thinks One Can Practice Without Study**—An M. D., by the name of Herzog, of New York City, recently was widely reported by metropolitan papers as making the following statement at the meeting of a medical society:

"In this State it has come to pass, through Gov. Hughes, that we have practically no medical law, and I can show any one who has not had a day's study in a medical college just how he can practice medicine in this State provided he doesn't use a knife."

**Good Editorial Comment**—The principal editorial of the Evening Journal, Jersey City, March 20, was on "Doctors and Osteopathy." In most unqualified terms this editor commended osteopathy, and concluded the article with: "If the physicians are wise they will withdraw their opposition to the osteopathy bill. That bill is bound to be passed sooner or later in New Jersey, as it has been passed in so many other states. New Jersey should not stand in the way of progress. It is behind in the procession now."

**How Many Read Your Journal?**—Nearly everybody takes the Journal of Osteopathy, but there are a few not on our list and we do not want to bother them with advertising matter if they see the Journal regularly. If there is some other osteopath in the office with you who reads your copy or if your wife is an osteopath but gives her address as residence while yours is at the office, please let us know of it so we can mark her or him as a reader of the Journal. Also, if you read the Journal regularly but are not a regular subscriber, please let us know so we may mark you as a reader. PLEASE DO THIS NOW.

**That Medallion of Dr. Still**—The Art Plaque of Dr. Still modeled by a well known ceramic artist from a profile photograph taken especially for the purpose is the best and the most artistic as well as the most valuable souvenir ever offered by an osteopathic publication. It is finished like white marble is unbreakable and indestructable, and as Dr. Heist says, "It is a decoration worthy of any office or home." Only by giving a large order was the Journal able to secure it at a price practicable to offer for a premium. It is given with a two year new subscription or a two year renewal absolutely free as a token of our appreciation of your support and without any strings or conditions or extra charges whatever. Do you want one?

**On the Use of Literature by Practitioners**—Osteopathy is where it is to-day not only on account of the cures accomplished by its practitioners but also on account of the campaign of education waged by the schools through their Journals and by the individual practitioners through their literature such as the Osteopathic Journal, Osteopathic Health, Right Way, and Herald of Osteopathy. These little booklets have presented the truths of osteopathy in a direct and forceful way in language intelligible to the layman and have advanced much argument in support. The profession will do well to continue their course along this line, especially as the M. D's. hitherto silent are now beginning to employ the same tactics, an example of which is shown in the book "Quacks and Grafters" reviewed in this issue.

**Are the M. D's. Copying Osteopathy**—One of the worst loopholes in most osteopathic laws, is a clause reading something like this: "Provided that nothing in this bill shall be construed as interfering with the practice of medicine." Read the article in this issue of the Journal and see how such a clause can work. In Minnesota

recently a suit was decided against an M. D. who tried to practice dentistry. The Journal called attention to that and at that time prophesied that even more than now the M. D's will be trying to copy osteopathy. We will venture the prediction that within ten years from now fifty thousand M. D's. in the country, of whom very nearly ninety-eight per cent will be absolutely ignorant of vertebral diagnosis, will be advertising to and attempting to perform osteopathic adjustment.

**"D— If You Do, and D— If You Don't"**—Such is the condition of the osteopaths in Iowa, according to E. E. Munger, the "promoter of the county hospital plan," in an interview with the editor of the Register and Leader, Des Moines, Iowa, March 18th. Some of his "argument" is so good (?) that we reprint it:

"The student of osteopathy is taught that his profession is sufficient for the treatment of any and all diseases. No one denies that massage is good when properly applied to cases in which it is indicated, but as a panacea for very many of the ills to which flesh is heir it is both useless and dangerous.

What are we to think of an osteopath who treats two children sick with diphtheria by "adjusting the muscles of the neck pressing down the first rib and raising the collar bone," while he has a "regular" give him (the osteopath) antitoxine as a preventive? Never mind what you think. Just admit his wisdom in recognizing the first law of nature.

Osteopathy is defined to be a "drugless method of curing human ills." The statutes define drugs as including 'all medicines and preparations recognized in the United States pharmacopeia or national formulary for internal or external use and any substance or mixture of substances intended to be used for the cure, mitigation or prevention of disease of either man or other animals, or for the destruction of parasites.' The statutes also prohibit an osteopath prescribing or using drugs in his practice or performing operative surgery.

What does he want of a hospital?

What will he do with a case of blood poisoning in a hospital for the protection of others?

How will he dispose of the germs of tuberculosis which are to be found in the sputum?

Suppose he has a case of tuberculosis of the kidneys or bowels.

How are the excretions of a typhoid fever patient to be disinfected?

What about the discharges from such a simple thing as a boil? There are germs enough in a boil to make a hospital a dangerous place if there is any failure to recognize their presence or destroy them.

What about the germs of pneumonia in a hospital?

What about a case of suppurating Pott's disease?

What about infection at time of child-birth?

In short what about asepsis and antisepsis which are the watch-words of every properly managed hospital in the world?

The right to practice in a hospital should depend upon what a practitioner undertakes to do in the institution, and how he does it. There the safety of the many must be considered rather than the importunities of the few. This legislature is not dealing with a mining stock venture, an air-line, nor a blue-sky colonization scheme. It is the health and lives, and directly and indirectly, the physical welfare of every man, woman and child in this state that is affected by every item of legislation relating to health matters."

To those who are in favor of a composite board, we commend this argument, but

especially to those who would prohibit the osteopath the use of drugs at all, and would make no provision for antiseptics, anesthetics, and analgesics. Imagine that disinfection of typhoid patients is criminal according to the law, while, professionally, leaving them undisinfected is criminal. But you can see enough in the argument to realize the advantage of Dr. Heine's plan for uniform, independent boards.

\* \* \*

## A. S. O. HOSPITAL NOTES.

### A Discussion of "Knifeless" Hernia "Cures."

Dr. J. E. Owen, of Indianola, Iowa, brought a case to the hospital recently, which was of considerable interest, the patient having a femoral hernia, and having been previously treated on three different occasions by the operation known as paraffin injection. Our operation showed that the femoral canal had not been touched by any of the injections, and that the femoral vein had barely been missed by one of them, and that the only mass of paraffin discoverable was in the inguinal canal, and also that the hernial contents were adherent to the sack, and irreducible. In other words, the paraffin was not in the right place and either all three injections had been into the same place or two of them had gone on into the abdominal cavity, and on the other hand, even if the injection had been into the femoral canal, it could not have reduced the hernia, because it was adherent and irreducible.

I am often asked, both personally and by letter, about these non-operative cures of hernia, and in answer I will explain briefly what they are supposed to be, and will also state that although I feel positive that I could get several times as many patients if I used the operation, and although I know that with a certain class it is quite popular, yet I do not use it and never intend to, as I do not believe it is the best operation.

Because a thing is not the best, of course, does not prove that it is not good, or that it has not some points of merit.

### English Government Buncoed.

First, allow me to recall an article in the American Medical Journal of several years ago, the exact date of which I do not remember, but which discussed the famous hernia cure with which the English government was buncoed many years ago. The history was as follows, in brief: A certain man had gained a national and international reputation by his cures of hernias, the treatment of which he would allow no one to see, and which he would neither demonstrate nor describe, the work always being done in private. Finally, after a great deal of discussion and publicity, the English government purchased from this individual his secret, which proved to be the injection of an irritant into the hernial sack in the inguinal canal, with the object in view of occluding the sack and preventing the hernial contents from descending again. This operation after the secret was bought was generally abandoned after a short trial by surgeons, and has since been sporadically presented under innumerable forms, in many places, with possibly some modification, each new discoverer presenting it as something new, and gaining a certain amount of practice of no fixed reputation, by the use of a technique which is bolstered up with the advertisement of "A Cure Without The Knife."

How many thousands of imperfect, unsatisfactory and even highly dangerous operations have been foisted upon the public by the use of those three words, "Without the Knife!" Within a short time I have seen a recto-vaginal fistula, produced by a hemorrhoid operation, which was done "Without the Knife," and within a short

time I have removed a gangrenous testicle, which had been treated for varicocele, by an operation "Without the Knife."

To cure a condition without the knife is undoubtedly an ideal treatment, but when we say, "Without the Knife," we should mean without any surgical procedure, and when any surgical procedure is necessary there are often parts of it where the knife is a safer instrument than either a hatchet, a trocar, a cautery, a clamp, a gangrene producing chemical or any other of the many substitutes. All these instruments, of course, have their uses, and so has the knife, but when we use some other instrument merely for the sake of not using the knife, in a case where real cutting would be of the greatest advantage, we are at least not making the best use of our operations.

### Paraffin "Operation" Explained.

To return to the hernias, I will say that the injection into the canal of paraffin instead of some fluid irritant, is a much more recent operation, and the theory is, that even if adhesions do not form, that the mass of paraffin will occlude the sack, and the patient is given the assurance that in addition to not using the knife, he is not kept from his work. There is really, to any man who knows anatomy, nothing mysterious about the operation, or the theory of the operation, and I leave it to any one who does know the anatomy or any pathology of the inguinal canal, whether it is better to inject a mass of paraffin into the sack with the certain knowledge that in a good per cent of cases the paraffin will not enter the sack at all, because any one who has ever seen many hernias, either post mortem or during an operation, knows the absolute impossibility of any human always striking the sack with a needle, and on the other hand, if the sack has a wide-mouth compared to its lumen, the paraffin must necessarily occasionally slip out into the abdominal cavity and leave the condition the same as before. Also, there must be an occasional case where the sack stretches a little farther and the hernia comes down along with the paraffin, and in other cases there are adhesions of the contents of the sack to its walls and it is impossible that the paraffin should not do some damage to these.

### The Modern Operation.

Under modern surgical technique it is not so very difficult to open up the inguinal canal, dissect out the sack, free it of its contents entirely, remove it, repair the torn muscles and connective tissues, and sew the wound up all in a fairly short time, and with the positive assurance of a cure in about three weeks, and about the same chances of recurrence that a man who has never had hernia has of acquiring one.

The patient mentioned at the beginning of this item was a woman sixty-four years old, and, as mentioned in a previous issue, we have done operations here as old as seventy-six, with a perfect cure. This patient will leave the hospital at the end of a period of a little over two weeks, cured, and the paraffin in the specimen jar, instead of in the groin.

### Two Interesting Clinics for Convention.

At the Mississippi Valley convention, two especially interesting clinics will be demonstrated which will illustrate the great advantages of modern apparatus. One will be the demonstration of an X-Ray picture, taken before the assembly and the developed picture will be shown to the assembly within less than half hour of the time that the exposure was begun.

Dr. Emmet Hamilton has fitted up a new dark room under the amphitheatre, which is especially for the X-Ray work, and this allows for special speed in getting

out pictures. The other piece of apparatus is a new freezing microtome, which has just been imported from Germany, and which allows the operator, while working on a tissue whose exact nature is not known, and can only be told by the microscope, to determine his final diagnosis while operating, without the loss of more than four or five minutes. In other words, a specimen can be fixed, hardened, sectioned, straightened and under the microscope a few minutes after it is removed. Where, by any other technique, it would require many hours or even days, and to make the diagnosis while operating would be impossible.—GEO. A. STILL.

\* \* \*

## LETTERS TO THE EDITOR.

### OSTEOPATHY IN BOTTLES.

Several years ago I met an invalid who had been in that condition for a number of years. Among other things we talked about a part of our conversation ran as follows: "What have you been doing for yourself?" "Oh, I have tried everything?" "Have you ever tried Osteopathy?" "Yes, I took Osteopathy for about three months." "How much did your treatments cost you?" "I did not take it in treatments; I got mine in bottles which cost a dollar apiece."—Yours fraternally, F. C. SMITH.

\* \* \*

### THE M. C. O. TO TEACH MEDICINE.

(A newspaper report said the M. C. O. wanted to confer the degree M. D.)—Ed.)  
 DEAR DOCTOR FISKE:—Dr. Harris wanted me to answer your inquiry to him. The purpose of "house bill 1340" (which was given "leave to withdraw" this p. m.) was not that the college might "teach medicine." For the M. C. O. to try to do that would be suicidal, with four large and well-equipped medical schools in the immediate vicinity, one with five million dollars worth of buildings. But we have noticed a tendency in graduates of all our osteopathic colleges to study for an M. D. degree, to get which they are compelled to put in four years of hard work. We feel this to be unfair, and since our medical friends will not give us any credit in their institutions for faithful work done in ours, we propose to make it possible for those who feel that they must have that degree (M. D.) to get it on an extra year's work (if they are a three year graduate) under the best of osteopathic influences. That is all there is to it.

Very fraternally, HOWARD T. CRAWFORD.

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### "REVISION OF THE A. O. A. CONSTITUTION."

The committee is gratified to have your suggestions under the above caption in the last issue of the Journal. That is the only way the committee has of ascertaining what the association wants.

Regarding the regulation to which you refer, of selecting the president from the ex-trustees. The writer's experience in that position (which was before this regulation was in force, otherwise he would have been barred), convinced him of the usefulness of such a regulation. But it is not material that it be in the By-Laws. The committee included it last year on the supposition that it was a settled matter on which there was no disagreement. It may be better to let it remain unwritten, to be observed or ignored, according to circumstances.

It comes somewhat as a surprise that the Journal lends itself still to that exploded De Quincey pipe-dream of a "ring" in the A. O. A. Drs. Moore, Ellis, Evans, McConnell, Hazzard, and Teall, were the last six A. O. A. presidents. Now get down

to "brass tacks" Mr. Editor and name the "ringsters" in this list, either as direct participants, or as allowing without warning the association, the machinations of a "ring." As a matter of fact isn't the association itself the "ring," which has done the things complained of, and hasn't the association at all times done the things it wanted to do? Isn't it time for you to "put up or shut up" on this matter?

The committee earnestly requests discussion of the really vital questions involved in a revision. The resolution creating the committee recited that the work of the association had outgrown the old constitution. In what respects, along what lines, does the association desire the enlarged powers and opportunities to be provided?

Here are some of the problems involved:

An equitable basis for more effective correlation of the work of the association and the state societies. Is the present provision for the Council of Delegates the best method of accomplishing that object?

A plan for mobilizing and concentrating our forces in legislative work. (Dr. Heine has this pretty well worked out.)

A plan for more thorough co-operation between the colleges and the association.

The best manner of carrying on the meetings to give all those who attend what they want in the largest possible measure. Some want only scientific work, considering time spent in business sessions as wasted, while others want to have a personal part in the details of the business of the association.

What shall be the size, duties, and limitations, of the Board of Trustees?

The suggestion for Sections at the meetings seems to have met with a favorable reception, but the details of their management need to be worked out carefully.

These are only some of the problems requiring solution. The whole matter was recommitted last year, and it goes without saying that the committee must bring in a report embodying the wishes of a majority of the association. So send in your suggestions.

C. M. TURNER HULETT.

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### POST GRADUATE ADVANTAGES.

Many have interrogated me during the past few months as to whether I consider it profitable to proceed to Kirksville and take post graduate work. There is little mention apparently in our literature regarding this subject, so I respectfully submit the following as a suggestion to those interested in this line of work.

Advantages are his, if he has the desire to grasp and unearth the many golden chances in the regular and advanced lectures; original research and bedside work, and the many creations educationally which have been added the regular course within the past four or five years.

I have met many practitioners at Kirksville who returned either to rest, visit or work, to more thoroughly familiarize themselves on those subjects in which they found they were insecure and to get "up to the times"—all of them think as I do—that the effort put forth and time expended is paying large dividends.

The inception of the three years course fathomed we thought the question of "time to get the work as outlined by the professors," but with the increased curriculum the student realizes that we could use a few more hours if they were in the day.

How pleasant it is to elect your course as the post graduate usually does—the rule is that work so chosen is best learned. The P. G. has the opportunity to grasp more securely the subject only partly understood before, sinks deeper the more important features and has the advantage of the improved methods, latest theories and plenty of practical work never before offered.

The hospital offers a course in itself, where one may learn how to diagnose and care for operable and non-operable cases; the value and technique of major, minor and orthopedic surgery, how to act in the several capacities required at operations, as assistant surgeon, clean nurse, anesthetist etc., practical work in the reduction of fractures, in bandaging and the making of various casts; the care of the patient in bed, a thorough course in hygiene and dietetics, etc., the training of osteopathic nurses and how valuable they often are going to be to you as a practitioner especially in acute practice.

The analytical, pathological and bacteriological laboratories have been much improved. The student is now taught the blood count and tests so often of great value in diagnosis—he is taught chemical analyses of the feces and stomach contents, to make cultures and the microscopic study of bacteria, the use of the X-ray, how and what to sterilize by different methods, antisepsis, asepsis and fumigation.

To-day the student attends lectures on materia medica and the fallacies of medicine, so that when he enters the field he is better able to meet the arguments put forth by those who believe so implicitly in the administration of drugs; knowing what is administered for different symptom complexes and the effect thereon.

Added to the course is physiological psychology and psychiatry which is truly of great value in making one a good diagnostician. Regular classes in skin and venereal diseases, the eye, ear, nose, throat and pediatrics, are conducted and the student is taught the practical use of making scientific examinations and how to correctly use the necessary instruments.

This work can be secured by the ambitious, whether a recent graduate or one of years of field experience, and is a tremendous aid in rounding oneself into a thorough and competent physician ready to meet the emergency.—LOUIS L. GARRIGUES, D. O., Spokane, Wash.

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#### WHAT AN A. S. O. FOURTH TERM STUDENT SAYS.

(The following letter appeared in the Pedestal, published by the Walla Walla, Wash., High School, where Mr. Deason was a professor. The letter was written to the school principal.—Ed.)

I am very glad indeed to know that school is going along so nicely. In fact, I very much envy you and the other teachers their many pleasures among the students. I can say honestly that I have never met a nicer or better class of students than that school has, and I'm not talking for advertisement either, 'cause I don't want a job. Like it? Yes, most certainly I do, but the prefix "Prof." is too expensive and carries with it too little force.

Relative to my work and why I came here, I will just say that I like the work very, very much. They have a good school, good teachers, and plenty of work. I entered the regular junior class, and will graduate in '10, unless I decide to take the post graduate course before I leave, which is rather probable. You see I had quite a bunch of medical credits when I came, and could have finished the "regular" medical course in the same time if I had cared to do so. Then why didn't I do it? Well, it is this: After a careful consideration of both sides of the question, the old unscientific wholesale drugging did not appeal to me, and to be honest with my conscience, and faithful to my scientific training I just had to change, that's all. A scientific fact, in my opinion, is the most sacred of all things, and after one whose eyes are open to such facts has studied both medicine and pharmacy, and has had ample occasion to see them practiced as I have, he can, as it seems to me, arrive at but one safe con-

clusion, and that is that medicine and pharmacy are but vestigial structures, as it were rudimentary of old practices and fallacies, and founded upon little scientific basis.

I am very glad to know that you contemplate attending a university. School days are surely the happiest and most profitable. I expect to enter a university again, as soon as I have finished the course here, and have recovered from the effects. I want a Ph. D. and Sc. D. from a school like Harvard, before I quit. It is highly essential for a doctor to have a broad, scientific and literary education, besides his technical education, because without it he can not understand his scientific medical training. We have by far too many "little" doctors in the "field" who ought to be in the "woods."

I have a generally different view of life from that of most people. My idea is that for one to get the most of this world's goods, he must be able to understand and appreciate common things as he sees them, and that one's power of understanding and ability of appreciation varies directly with his education. Now, this necessitates a good theoretical and practical scientific and literary education. The more the better. But there is another wholly different and highly important requisite, and that is the habit of cheerfulness—a thing sometimes hard to gain, but not usually so, and when once gained, just as hard to lose. It follows the common law of mechanics, viz: "Action and reaction are equal and opposite in direction;" for when one makes another happy by his own cheerfulness, he in turn derives as much pleasure for himself. Or, in other words, pleasure minus resistance, is a constant, just the same as matter and motion. A good joke and a hearty laugh will be effective and move with undiminished momentum forever, just the same as a moving bullet—until it strikes a "stump."

A good scientific and literary education, with a properly educated disposition, with one other secondary characteristic, health, makes one's life worth living, and his presence in the world worth the space he occupies.

I mention health as secondary here because if the properly educated person has a good disposition, and lives up to what he knows is right, he will seldom be other than healthy. It is a fact, not derived from hasty conclusion, but founded upon both medical and philosophical evidence, that a very great number of the common diseases, such as dyspepsia, are the direct result of worry and other such mental disorders, due to the lack of a good healthy disposition; while conversely, the happy, cheerful, active person usually has a nice, sweet breath, "a clean tongue," and a good appetite. People do not necessarily become despondent because they get sick, but conversely they do invariably get sick when they allow themselves to become despondent, just as they grow old because they allow their joints to get stiff, but their joints do not get stiff because they grow old. So now, when you think you're ill, just use some common horse sense—take exercise, even work some if necessary; don't go to the public pill foundry—your health is not there—it is as a fool "drowned in the brook, but look in and you shall see it." And your health will most certainly be drowned within if you make your stomach a common sewer for the products of the experimental pharmaceutical chemist.

Tell the students this for me: You're all right; "you're there;" you're not bad, and don't believe it if your teachers do tell you so. But treat your teachers kindly, take off your kicking boots; they are all good, and if you are the right kind of a student you won't have any trouble.

Tell the teachers this for me: You're a good faculty, and you have a fine class of students, and a most excellent principal. Now, don't waste your time in trying to be

good. Get busy and give the students something worth while. Make their school life interesting. Smile. Even smile out loud every time you get a chance. The public may criticize, but the school board will have to raise your salary. Don't be bashful about doing a little extra work, 'cause if you never do any more than just what you're paid for, you'll never earn your salary.

With kindness to all, I am as ever,

J. DEASON.

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## COLLEGE SOCIETIES.

### DELTA OMEGA NOTES.

Miss Lydia E. Crow has compiled and had printed a directory of the Delta Omega Sorority. It is not only very neat and dainty but contains the name and address of every one connected with Delta Omega, whether honorary, associate, active field, or active members and is of great value to every member of the Sorority.

On March 6, 1909, from 3 to 5 p. m. the chapter rooms of the Sorority were open to the girls of the January Freshman class. Mrs. Geo. M. Laughlin, Mrs. Chas. E. Still, Mrs. R. T. Quick, Mrs. M. D. Campbell, Mrs. Herboth and Dr. A. Von Hede-gaarde were also present. Music and refreshments were part of the afternoon's entertainment and the Sorority colors of green and yellow were carried out in the daffodils which were used as decoration and favors.

Miss Ionia C. Twitchell has been called to her home on account of the illness of her mother. Miss Nettie M. Hurd is in Chicago on a similar errand.

Letters have been received this month from the following active field members: Dr. Ada Achorn of Boston, Mass.; Dr. Viola D. Howe, of Portland, Maine; Dr. Dorothy Gould Sinden, of Hamilton, Ontario; Dr. Bertha H. Thompson, of Watertown, N. Y.; Dr. Kathryn Romig, of Philadelphia, Pa, and one from Mrs. W. D. Dobson, of St. Louis.

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### PACIFIC COAST ASSOCIATION.

The Pacific Coast Association is one of the youngest organizations connected with the A. S. O., having been organized last November by about twenty students whose homes are in the three west coast states, Washington, Oregon, and California. Later, Idaho was taken into the association, it being essentially a coast state.

At present the association numbers twenty-eight members; six of this number being honorary members (wives of students). The object of this organization is to promote sociability among the A. S. O. students of these western states and thereby help eventually to secure unity among practicing osteopaths in them.

To date the members of the association have been very pleasantly entertained tained by Mr. and Mrs. C. E. Robinson, Mr. and Mrs. L. L. Haight and Miss Florence O. Schaefer.

The officers of the association are: President, L. L. Haight, '09; vice-president Merrell E. Thomas, '10; secretary, Miss Pauline Sears, '10; treasurer, C. E. Robinson '11.

The members of the association are: Lou L. Haight, McMinnville, Oregon; Dr. Elsie Haight, McMinnville, Oregon; Elmer H. Smith, Portland, Ore.; Mrs. Elmer H. Smith, Portland, Ore.; H. N. Lacy, Portland, Ore.; Mrs. H. N. Lacy, Portland, Ore.; W. G. Keller, Portland, Ore.; Miss May Potterf, Alpha, Ore.; Leonard Tabor, Mapleton, Ore.; Mrs. Leonard Tabor, Mapleton, Ore.; J. L. Mullenbrook, Baker City, Ore.; Mrs. J. L. Mullenbrook, Baker City, Ore.; Miss Pauline Sears, McCoy, Ore.; Miss Harriet Sears, McCoy, Ore.; C. E. Robinson, Visalia, Calif.; Dr. Nina A. Robinson,

Visalia, Calif.; E. R. McDowell, Santa Clara, Calif.; Mrs. E. R. McDowell, Santa Clara, Calif.; Mrs. B. Broderick, Hanford, Calif.; A. E. Gooden, Riverside, Calif.; W. H. Thompson, Riverside, Calif.; Miss Florence O. Schaepe, Riverside, Calif.; Ernest H. Pape, Berkeley, Calif.; Bernard McMahan, Berkeley, Calif.; Miss Media Thompson, Pomeroy, Wash.; Miss Mary E. Perrett, Tacoma, Wash.; Merrell E. Thomas, Tacoma, Wash.; Frank S. McGonigle, Pocatello, Idaho.

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### KNICKERBOCKER NOTES.

The second monthly meeting of the O. S. C. N. Y., was held on Saturday, February 20, 1909, at the same place. A large attendance was represented.

Dr. Carl P. McConnell, of Chicago, was the chief speaker, topic, "Technique of the Cervical Region." Dr. McConnell came to us with the usual generous fund of new ideas and in his forceful way he laid stress upon the importance of more definite, well directed, specific treatment; the abominable habit of undirected, indefinite treatment, and the very great danger of an attending harsh unnecessary treatment in daily practice, all of which met with the hearty approval of those present.

The osteopathic society of the City of New York is very active in the hunting out of the "pseudos" and infringers in this section and it hopes very shortly to be able to give the New Law its first and severest test.

The third monthly meeting of the osteopathic society of the City of New York was held at the Hotel Imperial on Saturday, March 20, 1909. There was a large and enthusiastic gathering which overlapped our seating capacity and many had to stand through the entire program.

Dr. Walter W. Steele, of Buffalo, was our guest of the evening and his number on Operative Technique was interesting and instructive. In place of an address Dr. Steele gave liberally of his fund of practical ideas in a Demonstration of Technique on Clinical Subjects.

Two interesting cases were brought before the society. The one, lady 24, simple lateral curvature with marked lesions at the ninth dorsal, fourth and fifth lumbar, and sacrum and innominates, the fifth lumbar being anterior and to the right. His diagnosis was accurate and entirely verified by the clinical history. The other case was a boy 19, with compound lateral curvature but entirely different in character from the former one. Both cases were admirably discussed and instructive points in technique were brought out in their treatment.

A demonstration in emergency technique was skillfully conducted by Dr. Joseph Ferguson. This subject is one that has seldom been touched upon in our osteopathic bodies but the increased responsibilities attendant upon the osteopathic practitioner as a professional man of standing, which came with the honor of legislative recognition, makes this line of thought much more vital.

Dr. Ferguson's active connection with the National Red Cross for some time past has well fitted him for this work and his discussion of the topic from the classification of wounds and fractures to the temporary and permanent dressings of all emergency injuries was ably presented. Great enthusiasm and interest was shown throughout and the society is indebted to the gentlemen who appeared before them.

JOSEPH FERGUSON, Secretary.

GUY WENDELL BURNS, President.

Dr. Evelyn K. Underwood had the misfortune to have her apartments burned out completely one night last week. The Doctor escaped with her life and one shoe, which is more than a less skillful operator would have accomplished. A host of loyal



friends came at once to her assistance but the Doctor had, fortunately, a substantial bank account in a safe place.

Dr. Norman D. Mattison has been tendered the chair of Anatomy in the N. Y. Homeo. Medical College. He is now substituting in that capacity until the end of the school year. We most heartily congratulate the Doctor on this flattering evidence of his high standing and congratulate ourselves that at last the osteopathic profession is beginning to receive the kind of recognition it so truly deserves.

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#### MASSACHUSETTS CORRESPONDENCE.

Drs. Margaret T. Finneran, Harry W. Broadbridge, Aubrey W. Hart, and Herbert E. Wright appeared before the Board of Registration in Medicine at the March examination. The osteopathic member of this board, Dr. Matthew T. Mayes, zealously looks after the interests of our profession, and reports that he is treated with every courtesy by the medical men on the board.

On Tuesday, March 9th, the hearing of the Massachusetts Osteopathic Society bill was held before the committee on Public Health. Dr. Harris ably and briefly presented the matter. Little opposition developed except from two fake D. O's. The committee does not seem to be a very friendly one, so the outcome is dubious. A favorable report of the committee would probably pass the bill. Your correspondent does not think that the committee will give this favorable report, but hopes he is wrong.

The Women's Osteopathic Club held its regular meeting at the home of the secretary, Dr. Effie L. Rogers, Friday evening, March 19th. Each member present contributed a case report.

The faculty of the Massachusetts College held a dinner at the Parker House on Saturday evening, March 27th. The work of the past year was reviewed and plans were laid for next year's work.

Dr. Wilfred E. Harris was elected vice-president of the Canadian Club at its last meeting.

Dr. F. W. Gottscholk, of Brookline, Mass., has opened offices at 100 Boylston street, Boston, where he practices Wednesdays and Saturdays.

Simon-pure osteopathy as practiced by Dr. Carl P. McConnell of Chicago was demonstrated by him at a meeting of the Boston Osteopathic Society held in Huntington Chambers, Wednesday afternoon, Feb. 17. There was a large attendance of doctors from all over New England as well as students from the M. C. O. Dr. McConnell was given a dinner at the Lombardy Inn, Dr. C. E. Achorn presiding, after which an evening session was held and Dr. McConnell conducted an interesting as well as instructive clinic.

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#### PACIFIC COAST NOTES.

Dr. Lenore K. Bates, one of the early graduates of S. C. O., who has been out of the practice for some years by reason of domestic duties, has resumed the practice of her profession, having joint offices with Dr. Chas. Ervin, 618 Grant Bldg., Los Angeles.

Dr. Adams of Anaheim, Calif., is enjoying a month's rest in the city of Mexico, looking after some real estate interests in that city.

Dr. Louise Heilbron, of San Diego, paid Los Angeles friends a visit on her way home from San Francisco and extended a hearty invitation to all osteopathic prac-

titioners to attend the state association meeting which is to be held in San Diego next June.

Dr. W. W. Dumm and Dr. James I. Best have removed their offices to 301-303 Mason Bldg., Los Angeles.

Dr. and Mrs. W. R. Laughlin have associated with them in the practice, Dr. John W. Sylvester, formerly of Cleveland, who will help the Drs. Laughlin to care for their large practice which has exceeded their capacity to care for it.

Dr. H. F. Morse, of Coulee City, Wash., has inaugurated a novel method of advertising in the form of an Essay Contest which he has introduced in the public schools of Coulee City, Almira, Hartline, Govan and Wilbur. Five dollars in gold is the prize awarded to the one who writes the best essay on Osteopathy before April 17th, above sixth grade, two dollars and fifty cents to one below and including sixth grade who writes the best essay. Three judges will pass upon the essays, all editors of respective papers in the three towns of Coulee City, Almira and Wilbur.

Dr. A. M. King, of Kennewick, Wash., has secured the services of an assistant, Dr. Mabel Andrews, a recent graduate of L. A. C. O. Dr. King recently installed a Campbell-X-Ray Coil, also a high power Bausch and Lomb Microscope and a complete equipment for chemical laboratory diagnosis, as well as an extensive addition in surgical instruments and apparatus. Dr. King is a graduate of A. S. O., '97 and L. A. C. O., '08.

Dr. Guy W. Elder has removed from Salt Lake City to San Francisco, Calif., where he has opened offices in the Gladstone Apartments corner of Polk and Eddy Streets.

Dr. Clyde L. Thompson, of Alameda, Calif., paid Los Angeles a week's visit recently.

We extend our hearty congratulations to Dr. Dana L. Sniff and Dr. Emma C. Abplanalp upon their recent marriage at the home of Dr. and Mrs. C. R. Mitchell, of Long Beach, brother and sister of Dr. Sniff, on February 12th. The happy couple who thus surprised their many friends, departed at once for New York City. Mrs. Sniff's former home and will later proceed to Baltimore, Md., where they will locate for the practice of osteopathy.

On last Saturday, March 13, occurred at Sacramento the meeting of the Sacramento Valley Association. They had a fine meeting covering the afternoon and evening. Dr. Forbes held a clinic on innominate lesions, Dr. Miles on tic doloureux, Dr. Daniels on spinal congestion while Dr. Sisson gave a talk on the business side of practice. Col. Shaw made a report on the legislative situation and described the bill containing three amendments to the present law that passed the Assembly by a vote of 60 to nothing while we were in session that evening. I enclose a copy of the bill. Col. Shaw thought that it was practically sure that the bill would become a law if the session continued long enough. The M. D's. will fight it out there as the representatives of the state association are not in favor of leaving the appointment of the Board to the governor without any recommendations from the state associations.

If the bill goes through it will take effect on the first of April and will relieve the Governor of the necessity of appointing from the nominees of the state associations. Just now the ballots are out for the selection of our four. As it was last time there is a good deal of feeling over the selection.

At the last meeting of the Bay Association a committee was appointed to look

into the matter of asking for the next meeting of the A. O. A. I am inclined to believe that a strong effort will be made to get it.

Dr. Lynn Foree of Vacaville recently died of pneumonia.

The mother of Dr. J. W. Henderson, of Berkeley, Calif., and Dr. Robert Henderson, of Toronto, Canada, Mrs. H. Henderson, died in Minneapolis, Minn., on March 14th, aged 89 years.

There seems to be a more or less concerted effort on the part of the regulars to the osteopaths out of the down town buildings in San Francisco, many of the buildings being closed to us as a result. Among the buildings that are open to us are the Gunst Bldg. on Stockton street, where Drs. W. W. Vanderburgh, F. J. Eimert, T. W. Sheldon and R. J. Waters have offices and the Westbank Bldg. where Drs. W. C. Bean, Effie Moody and R. L. Meyer have offices.

Dr. Hugh M. Frazier has removed from Oakland to Mill Valley, Calif.

Dr. J. C. Rule, of Stockton, is the captain of the Stockton Y. M. C. A. Basketball team which is the champion team of the state.

Just at the present time the subject of legislation is more important to California osteopaths than any other one thing. When the legislature convened it was the general sentiment of all schools of practice that it were best to keep hands off from the medical bill. No system of practice was perfectly satisfied with the law but each was afraid that if any change was attempted the new condition might be worse than the old. However, as the session advanced it became evident that some medical legislation was inevitable. Bills were introduced "by request". All of these had some good points and some bad ones. Not one was entirely satisfactory to the practitioner of any school. The present indications are that present medical law as a whole will stand but that two or three amendments to it will be made. The most important of these amendments are: First: The appointment of the State Board directly by the Governor, the members not to be nominated by the State Medical Association. Second: A provision for reciprocity, and third: Giving credit to candidates for practicing in the subjects in which they passed and requiring them at a future examination to take only the subject in which they failed. These amendments are generally favored by the osteopaths, homeopaths and eclectic, but are opposed by the orthodox allopaths with great bitterness. If the session were to continue longer these amendments would all of them undoubtedly be passed, with immediate adjournment staring the legislature in the face that ate of the amendments is a little uncertain though the friends believe that their passage is nearly certain.

The last meeting of the Los Angeles City and County Osteopathic Medical Association was addressed by Dr. C. H. Phinney on the subject of the "Embryology of the Nervous System." The meeting was well attended and the address was a very able presentation of that most interesting subject.

The State Association is just now preparing to nominate candidates from whom the Governor, under the present law, will make his selections under the State Board. It is a little amusing to what extent the osteopaths have become politicians. From the number of circular letters which have been issued one would almost fear that the members of the State Association have bankrupted themselves. However, as soon as the election has been held all of the ill feeling which the campaign has occasioned is likely to die away and more than one circular letter writer will wonder just why he did it.

Dr. Edwards from Pacific Grove has been visiting Los Angeles for the last week. He reports a good practice in his home town.

Dr. Warren L. Nichols, of Ashland, Ore., has removed from the Memorial Hall Bldg. to the Mells-McCall Bldg.

Dr. and Mrs. Curtis W. Brigham are entertaining Mrs. Brigham and daughter Fleda, of Pullman, Wash.

Dr. and Mrs. W. G. Classen, of South Haven, Mich., and Dr. and Mrs. Classen, of Oklahoma City, are spending a part of the winter in Los Angeles, on their vacation trip, and are guests at Hotel New Maryton.

Dr. A. J. C. Saunier has removed to a larger suite of rooms, 221 Mason Bldg., Los Angeles.

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## BOOK REVIEWS.

**A Modern Text on Obstetrics**—A recent writer said that Pathology is Pathology no matter whether written by an M. D. or a D. O. With obstetrics in the main, the same is true. There is no book on obstetrics embodying the essential departures peculiar to the osteopathic practitioner, so he must use a text by a medical author and make the especial adaptations from articles in the Journals of the profession. The most recent of these is the third edition revised of the work by Dr. Edgar. This book takes up first the Special Physiology of the Female Organs as an introduction to the second part in which is considered Physiological Pregnancy. Following this are sections on Pathological Pregnancy, Physiological Labor, Pathological Labor, (both of Fetal Dystocia, and Maternal Dystocia), Physiological Puerperium, Pathological Puerperium, Physiology of the Newly Born, Pathology of the Newly Born, and Obstetric Surgery, (including an Introductory general section, Operations Preparatory to Delivery, Operations for Delivery and Operations for the Repair of Injuries.) As seen from the above review, the text is most systematic and is at all points thoroughly illustrated by the 1279 cuts, with five colored plates and thirty eight figures printed in color. For one who wishes the latest, and who really wants to improve himself, the investment in this text will many times repay itself.—The Practice of Obstetrics by J. Clifton Edgar, Cornell University, Bellevue Hospital, Manhattan Maternity, New York Maternity. Third edition revised, 1071 pages with 1279 cuts, colored colored plates and illustrations in color. Price, Cloth, \$6.00 net. P. Blakiston's Son & Co., Philadelphia, Pa., Publishers.

**Physiotherapy by a Specialist on the Subject**—With the medical fraternity spending their time and money in a vain attempt to secure the truths of osteopathy without studying it in an adequate manner, or else crying fake and graft, it is well for the members of the profession to read what one who specializes on physio-therapy from the medical standpoint has to say on the subject. His treatment of the subject of mechano-therapy is characteristic of the medical mind. Osteopathy he "damns by faint praise," saying that it has served its purpose in promoting the study of dietetics, prophylaxis by right living, and the decrease of drugs, but that as a system it has seen its day. He says that the better representatives will be practitioners of physiotherapy, utilizing all the methods, such as mechanical and personal gymnastics, electricity, vibration, hot applications, etc., in other words be what we would call mixers. The historical parts are well worth perusal and we can better combat the slander cast upon us by the drug givers by a reading of this work. There are included sections on x-radiance and suggestive therapeutics.—Modern Physio-Therapy, by Otto Juetner, A. M., M. D., Seton Hospital, Cincinnati, Fellow of various societies.

Third Edition, 563 pages, with cuts and radiographs. Cloth, \$4.00. Cincinnati Medical Book Co., 905 Race St., Cincinnati, Publishers.

**The New Nomenclature**—If you would be up-to-date, you must use the terms suggested by the Basle Nomina Anatomica, which are the result of the deliberations and joint suggestions of the prominent anatomists comprising the Congress. This is entirely in Latin and is the basis of a uniformity in naming of anatomical parts. The book by Barker tells how the work was done and gives a review of the terms:—Anatomical Terminology by Lewellys F. Barker, M. D., Johns Hopkins University (formerly of Rush Medical College), with vocabularies in Latin and English. Cloth, \$1.00 net. P. Blakiston's Son & Co., Philadelphia, Publishers.

**A New Edition of Quain**—To many, the name Quain is synonymous with nerve anatomy, so standard is the work. The entire anatomy is a monumental work possessed by few, but the section on nerves is easily within the reach of all. The revised edition has been re-written and enlarged. That the work was done by Professors Schaeffer and Symington commends it in sufficient degree. Part I contains a discussion of the structure of the Nervous system in general and the brain and spinal cord: Quain's Elements of Anatomy, Neurology, by Edward Albert Schaeffer, University of Edinburgh, and Johnson Symington, Queen's College, Belfast. Part I, eleventh edition, 421 pages, with 361 illustrations, many in color. Cloth, \$4.50 net. Longmans, Green & Co., Fifth Avenue, New York, Publishers.

**For Your Inquiring Patients**—Many of you have perhaps wished for a book to loan to those patients who wish to study a simple anatomy and learn enough of themselves that they may be able to understand the various subjects now discussed so generally in the public press in reference to public health, to accidents and damage suits, etc. The book should be brief and yet cover the subject. Accurate and yet not too technical. These requirements coupled with a low price are found in the Nurses' text book.—Text Book of Anatomy for Nurses by Elizabeth R. Bundy, M. D. Woman's Hospital, Philadelphia, Training School, Vineland, Woman's Medical College of Pennsylvania, with a Glossary and 191 illustrations, of which 34 are in color. 252 pages. Cloth, \$1.75 net. P. Blakiston's Son & Co., Philadelphia.

**The Exposure of the Medical Octopus by a Druggist**—Set a thief to catch a thief, is the old saw, and so we might, say, set a druggist to catch a druggist. There have been various comments on the trust ideas of the A. M. A. in its efforts to control all departments of medicine, then all department of the profession of furnishing supplies, then the lives and liberties of even the people themselves, this latter to be accomplished by legislation, local, state and national. This little pamphlet shows the Standard Oil Methods in use by the A. M. A., including a roster of influential politicians in every little district, an un-audited organization and paper, run by a star-chamber ring, who retain their power by bulldozing those whom they can not cajole, and get their strength from the main body of the profession of which they are but a fraction. It shows how it is planned through the proposed cabinet M. D. member to control by the snap of this ring, even the smallest personal act of each citizen of the country. The pamphlet was used with effect in both Pennsylvania and Nebraska campaigns and should be in the hands of every legislative worker and given to every member of the legislature in doubtful or hostile states. The publisher has a grievance of his own and sells the book in quantities at special rates, which are not for a profit but to furnish information. The single copy price is 25c.—The Machinations of the A. M. A., An Exposure and a Warning, by Henry E. Strong. The National Druggist, St. Louis, Mo.

**Are You a Quack or a Grafter?**—Quacks and Grafters is the heading of a little booklet sold in quantities for use by medical practitioners who wish to educate the public. The Ad says, "It will be a good investment, if you are in competition with fakiry, to have a few copies to lend to your wavering clients." "Medical men who are competent and honest, and the majority are both, feel embarrassed, when they realize that the laity do not closely distinguish between the fakir and true physician." The Ad also prints a review from the Journal of the A. M. A. and the Lancet Clinic. As for the book itself, is in two parts. The first, general, the second devoted to osteopathy. It lauds the A. M. A. to the skies (in striking distinction to "machinations of the A. M. A. reviewed above) and unmercifully scores all grafts in general, but bending its special venom and nearly a half of its time to an invective against osteopathy, which it classes as the supremest graft. Every new profession has some grafters in it, and this book has certainly unearthed about all hanging to the skirts of osteopathy. The only trouble being, that it classed all practitioners of the osteopathic profession as quacks, and the profession itself as a pseudo scientific massage, absolutely inefficient as the system of medicine. The author claims to have been a graduate from some osteopathic school, says he is now holding a lucrative position as a professor, that his name was in the list of lost ones, published in the Journal last year, paid his respects to the mud-throwing that occurred in California on the school question sometime ago—but its worth your while to buy the book just to see what the M. D's. are handing out as a fair (?) description of the profession which you practice;—Quacks and Grafters by an Ex-osteopath. 126 pages, cloth, \$1.25. Cincinnati Medical Book Co., 905 Race St., Cincinnati, Ohio.

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## ASSOCIATIONS.

**Central New York Osteopathic Society**—At the recent annual meeting of Central New York Osteopathic Society the following officers were elected for the ensuing year: President, Cora B. Weed, Syracuse; vice-president, James T. Drake, Auburn; secretary, and treasurer E. W. Tiffany, Syracuse; directors, A. G. French, Syracuse; G. W. Mitchell, Rome; James D. Cady, Cortland.

**Chicago Osteopathic Association**—The C. O. A. met in regular monthly session, March 4th, at 57 Washington Street, with Dr. Proctor in chair. Dr. Fryette gave a talk on Brachial Neuritis and Anterior Vertebral Rotations. Drs. McDougal and Kettler discussed Neuritis.—MRS. FURMAN J. SMITH.

**Illinois—District Association Elects Officers for the Year—Plans made for South-eastern Illinois Convention**—At the meeting of the Fifth District Osteopathic association, held in the Beardsley Hotel, Saturday evening, officers were elected and the first step taken towards a grand "blowout" to be held at a date to be decided upon in the future.

The officers elected were: President, Dr. J. A. Nowlin; vice-president, Dr. J. A. Overton; secretary-treasurer, Dr. F. A. Parker, re-elected.

It has been decided to sometime this spring hold a gathering or sort of reunion of the osteopaths of the southeastern part of Illinois at Champaign, and to provoke the affair the following committee on arrangements was appointed: Drs. Nellie B. Scott, William S. Hartford, J. A. Overton.

At the time of the meeting there will be clinics by Dr. William Smith of Kirksville, Mo., and a lecture to the public by him on osteopathy.

The meeting Saturday evening was featured by a discussion of "Infantile Paralysis," and a clinic by Dr. F. C. Hill on aphasia.

The osteopaths present were: Drs. C. L. Gallivan, Ivesdale; H. W. Swartz, and J. H. McMasters, Danville; J. C. Walker, Mattoon; J. A. Overton, Tuscola; F. C. Hill, Homer; J. A. Nowlin, Farmer City; S. E. Conard and C. O. Cline, Monticello; Nellie B. Scott and William S. Hartford, Urbana; William Hartford and F. A. Parker, Champaign.

**Illinois—Eighth District**—The eighth bimonthly meeting of the Third District, Illinois Osteopathic association was held at the office of Dr. R. S. Halliday in Galesburg on Wednesday, March 31, commencing at 1 o'clock. The program was arranged as follows:

Osteopathy in Acute Diseases and Emergency, Ellis & Ellis, Canton. Discussion, E. J. Moshier, Kewanee.

Differential Diagnosis in Skin Diseases, Dr. Baymiller, Abingdon. Discussion, Ada Chapman, Galesburg.

Mental Disorders, Archie Freeman, Cameron. Discussion, Lucy Henderson, Stronghurst.

Hygiene and Sanitation, Personal and Public, Dr. Barker, LaHarpe. Discussion, Dr. Meckemson, Biggsville.

Report on Legislation, Dr. Browning, Macomb.  
Clinics.

**Indiana**—The Semi-Annual Meeting will be at Indianapolis. The following is the program for the next meeting of the Indiana Association:

10:00—Business.

11:00—President's Address, Dr. O. E. Smith, Indianapolis.

12:00—Luncheon.

#### AFTERNOON SESSION.

1:30—The Eye, Treatment, Dr. Jos. B. Schrock, Bedford.

2:00—Disease of the Middle Ear, Dr. W. C. Montague, Evansville.

2:30—Treatment of Stomach Trouble, Dr. F. A. Turfler, Rensselaer.

3:00—Osteopathic Technique, Dr. Franklin Fiske, Kirksville.

4:00—Clinics.

6:00—Adjournment until 8 p. m.

**Iowa—District No. Two Will Have Post-graduate Course**—Dr. Franklin Fiske, Professor of Osteopathic Diagnosis and Mechanics at the A. S. O., will give a post-graduate course to the Hawkeyes of District No. 2 at Iowa City, April 28th.

**Iowa—Seventh District**—The Seventh District Association met at the offices of Drs. Proctor and Stewart, Ames, Iowa. The president, Dr. C. E. McAlpine called the meeting to order. Twenty members responded to the roll call. After some preliminary business, the program was given as follows:

Greetings were extended by Dr. Frances Stewart, and responded to by Kathryne Ridgeway, who emphasized among other excellent things the need of fraternal spirit. In the absence of Dr. F. P. St. Clair, his paper, The Pneumogastric, Its Distribution and Symptoms that may follow impingement or irritation of it, was read by Dr. C. W. Proctor. This was followed by one on "Acute Disorders of the Respiratory Tract" by Dr. U. M. Hibbets. Both papers were generally discussed, and many helpful things were suggested.

Dr. Della B. Caldwell gave a review of Article as published in the Journal of Osteopathy—"Osteopathic Versus Drug Therapeutics."

Dr. S. S. Still gave a most splendid talk on "What an Osteopath should Read." The doctor made very clear the necessity for a general as well as a professional reading. It was full of helpful suggestions to the busy practitioner.

Drs. Trimble & Weddell being absent, a question of legislation was introduced and thoroughly discussed. All but one or two present favored a composite board and expressed a desire that the legislature grant us equal representation on the board with other schools of therapy. An amendment to our law giving D. O's. the right to practice surgery after suitable preparation was discussed but no satisfactory conclusion was reached.

The following officers were elected for the ensuing year: President, C. W. Proctor, Ames; vice-president, Kathryne Ridgeway, Des Moines; secretary, Frances Stewart, Ames.

For recommendation to elect as Trustee at the State Meeting, U. M. Hibbets, Grinnell.

After considering several invitations Grinnell was chosen the next place of meeting at some time during the summer to be decided by the district officers. JESSIE L. CATLOW, Retiring Sec'y.

**Kentucky Association**—Louisville will have the honor of entertaining members of the State Osteopathic Association, will meet there May 29, in one of the local hotels. Drs. George Carter and Frank Collyer, members of the Executive Committee of the association, went to Lexington, where they attended the meeting of the committee, securing the convention for Louisville.

Last year the meeting of the association was held in Lexington, and was well attended. Many important topics to the profession were discussed, and such will be the order of the day at this year's meeting. A program is in the making and it will number among the speakers some of the best known physicians in Kentucky.

**Kansas**—The Kansas Osteopathic Association will meet for the eighth time at Topeka, Kans., May 25-26 to be through in time for the M. V. O. A. meeting. The committee are at work on the program, and expect to have one of the osteopathic times of the season.—G. B. Wolf, Sec'y.

**Kansas**—Kansas Osteopathic association will meet in Wichita the first week in May. Since the death of Dr. J. H. Fordyce of Wichita two months ago the association has been without a president. The secretary, Dr. George O. Shoemaker of Wichita, has called the semi-annual meeting early for the purpose of electing a new president.

**Maine**—The M. O. A. held its third quarterly meeting with Dr. Mary W. Day, at the Somerset, March 27th. There was a good attendance and a very interesting meeting.

A general discussion of the legislative work just passed was held with resolutions for new work to be done.

A scholarly paper on Osteopathic Physiology was read by Dr. Florence A. Covey, followed by an able discussion of the subject by all present.

Arrangements were made for the New England Osteopathic convention to be held in Portland, May 29th and for the annual meeting of the M. O. A. in June.—VIOLA D. HOWE, Sec'y.

**Northwestern Missouri**—Northwest Missouri Osteopathic Association to be held at Baltimore Hotel, Kansas City, Mo., Thursday, April 15, 1909, 1:30 p. m., prompt.

Paper—Constipation, E. Claude Smith, Carrollton. Discussion led by Mary E. Harwood, Kansas City.

Clinic and Demonstration, J. W. Hofsess, Kansas City.

Paper—Legislation, J. M. Smith, Carrollton. Discussion led by Dr. Millicent Smith, St. Joseph.

Paper—Obstetrics, P. M. Agee, Independence. Discussion led by Emma Cooper, Kansas City.

Remarks on Missouri State Meeting, Frank P. Walker, St. Joseph.

Entertainment, Banquet at Baltimore Hotel, 7 p. m.

Question Box, Conducted by Ada Edling, Kansas City.

Paper—Surgical Complications in Disorders Utero-Vaginal Tract, George J. Conley, Kansas City.—S. T. LYNE, A. L. MCKENZIE, CORINNE E. LARIMORE, Committee on Program. You are cordially invited to join this Association. Come and help us make this meeting the largest we have had.—Fraternally, SOPHIA L. HEMSTREET, Sec'y.

**Missouri—Mississippi Valley Association**—Program by Mississippi Valley Osteopathic Association, to be held at Kirksville, Mo., Friday and Saturday, May 28th and 29th, 1909.

Friday, May 28th, 9 a. m., Opening Exercises—Prayer. Music. 9:30, President's Address. 9:45, Paper, J. S. Baughman, Burlington, Iowa. Subject: "My Successes and my Failures in Osteopathic Practice, and Why."

10:30, Paper, Dr. Bertha M. West, Washburn, Ill. Subject: Field Experience With Diseases of Women. Discussion, led by Dr. F. M. Godfrey, Holton, Kan.

11 a. m., Open Parliament.

Saturday, 8:30 a. m. Surgical Clinics at Hospital. 10:30, Dr. J. T. Young, Superior, Nebr. Subject: "Data Collected from Twenty-five Cases of Diseased Conditions in the Brachial Region." Discussion, led by Dr. W. W. Hibbetts, Grinnell, Iowa.

11 a. m., Open Parliament. 2 p. m., Business Session. 3:30, Paper, Dr. Geo. M. Laughlin. Subject: Osteopathic Diagnosis, followed by an Osteopathic Clinic, demonstration along lines of paper.

8 p. m., Music. Open Parliament. With general discussion along all lines with all kinds of music,—a general good time.

The above outline of our M. V. O. A. program gives one a good idea of what to expect at the Kirksville meeting, May 27-28 and 29, '09. The committee has the promise of each representative on the program to be there without fail. The time devoted to open parliament is intended to bring out discussion and experiences along most practical lines and they will be conducted by some of the most able men and women in our profession—our desire is to make every thing just as practical as possible—we want an exchange of experiences and have so arranged the program as to give ample time to get the best there is in the profession from the standpoint of experience. You will note this program fits in with the Missouri State Osteopathic association program and gives us three full days of genuine osteopathic paper discussions and clinics—no one who is able to spare the time and money for the necessary expenses can afford to miss this meeting—all are invited and all will be welcome to come and help us have another jubilee with Pap.—A. G. HILDRETH, President M. V. O. A.

**Women's Osteopathic Association**—The Women's Osteopathic Association of Kansas City, Mo., held their regular monthly meeting, Tuesday evening, March 2nd, at 520 Ridge Building. The subject for the evening was "Diseases and Malalignments of bones and joints. Dr. Edling gave an excellent demonstration on the

treatment of goitre, by the adjustment of cervical upper dorsal and rib lesions.

Dr. Purdom gave an interesting case report, which was followed by discussions by Drs. Spies and Harwood.

We extend a cordial invitation to any lady osteopaths who may be in the city on the first Tuesday of the month.—MARY E. SMITH, D. O., Sec'y.

**Ontario**—Eighth Semi-Annual Meeting of Ontario Association of Osteopathy, Monday, April the Twelfth, (Easter Monday), 1909, Royal Hotel, Hamilton, Ontario.

#### PROGRAM.

##### MORNING SESSION.

9:30—Invocation, Rev. Dr. Williamson, pastor Emerald Street Methodist Church, Hamilton, Ontario. Address of Welcome, His Worship, Mayor McLaren, of Hamilton. Response, Dr. R. B. Henderson, President O. A. O., Toronto.

10:00—Business Session—Reading minutes, Applications for membership, Reports of Committees, Resolutions, Appointing auditors, delegates to A. O. A., to Council of Delegates, Legislative delegates, etc.

11:00—Address—Nobility of the profession of Osteopathy, Dr. Hugh L. Russell, Buffalo, New York.

12:30—For the good of our Science—Informal discussion.

1:00—Luncheon.

##### AFTERNOON SESSION.

2:00—Things that help and things that hinder the progress of our Science, Dr. Asa Gordon Walmsley, Peterborough, Ontario. Discussion led by Dr. Hilliard, Haileybury, Ont.

2:30—Clinics—Costal Lesions—by Dr. H. L. Russell, Buffalo, New York.

3:00—Osteopathy in Diseases of the Heart, Dr. Geo. Wenig, 51 Federal Life Bldg., Hamilton, Ontario.

3:30—Appendicitis, Dr. J. T. Atkinson, Brantford, Ontario.

4:00—Prophylaxis, Dr. W. O. Lewis, 67 James St., South, Hamilton, Ontario. Discussion led by Dr. Durnan, Toronto.

4:30—Methods in Examination—Sacro-Iliac Lesions, Dr. F. J. White, London, Ontario. Fifth Lumbar Lesions, Dr. J. N. MacRae, Galt, Ontario. Discussion led by Dr. J. S. Bach of Toronto.

5:00—Causes in Diseases of Women, Dr. M. L. Heist, Berlin, Ontario. Discussion led by Dr. S. B. Detwiler, Guelph.

Officers: President, Dr. R. B. Henderson, Toronto; vice-president, Dr. Jas. S. Bach, Toronto; secretary-treasurer, Dr. Edgar D. Heist, Berlin; assistant secretary, Dr. F. P. Millard, Toronto. Trustees: Dr. H. C. Jaquith, Toronto; Dr. J. N. MacRae, Galt; Dr. S. B. Detwiler, Guelph.

**Pennsylvania—Philadelphia—February Meeting**—The February meeting of the Philadelphia Osteopathic Society was held on the 18th of the month, in Odd Fellows Temple, Dr. Beitel, presiding.

At the conclusion of an important business session, Dr. Beitel introduced Dr. Carl P. McConnell, of Chicago, as the guest of honor and speaker of the evening. The Doctor gave a lecture and clinic on "Treatment of Abdomen and Pelvis." His talk was most thorough and practical and numerous points were brought out which were new to many of us. Dr. McConnell was warmly welcomed by the doctors of Philadelphia, especially as this was his first visit and the society trusts it may have the honor of his presence and benefit of his many years of practice at future meetings.—ABBIE JANE PENNOCK, Sec'y.

**Philadelphia—March Meeting**—The regular monthly meeting of the Philadelphia Osteopathic Society was held in Grand Fraternity Hall, March 2, '09, Dr. Beitel, presiding. Dr. A. M. Flack acting secretary.

Dr. Chas. J. Muttart, Dean of Philadelphia College of Osteopathy as the speaker of the evening, took for his subject "Neurasthenia from an Osteopathic Standpoint." He delivered a very interesting lecture, and mentioned various conditions as causative factors. He also gave the osteopathic lesions and treatment indicated for the relief of such cases. Dr. George T. Hayman furnished a patient who was examined by Dr. Muttart.

There being no further business, the meeting was adjourned. A. M. FLACK, acting secretary.

**Southwestern Missouri and Southeastern Kansas Association**—The Southwestern Missouri and Southeastern Kansas Osteopathic Association banqueted at the Connor, Saturday, March 27th, 1909. It was in celebration of the organization having attained the age of one year.

Election of officers: President, Dr. Willis, Pittsburg, Kans.; vice-president, Dr. Gass, Joplin, Mo.; secretary and treasurer, Dr. Kenaga, Joplin, Mo.

The next meeting will be held in the Y. M. C. A. rooms Joplin, Mo., April 24, '09. MINERVA KENAGA, D. O., Sec'y.

**Utah**—The annual meeting of the Utah State Osteopathic Association was held in the office of Drs. Mary Gamble and Grace Stratton.

Following the business meeting the following program was given: President's Annual Address, J. C. Woodmansee; Osteopathy in Gynecology, Alice Houghton; Causes and Treatment of Chronic Headache, Merton McDowell; Personal Observations on Diet, Gordon Ives.

The new officers elected are as follows: President, Harry Philips; vice-president, E. E. Keeler; secretary, Mary Gamble; treasurer, Merton McDowell.—MARY E. GAMBLE, Sec'y.

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#### MARRIED.

Married—January 28th, at Butte, Mont., Mr. W. I. Stockwell and Dr. Allie E. Bell.

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#### BIRTHS.

Born—April 4th, to Dr. and Mrs. J. P. Burlingham, of Canadaigua, N. Y., a son.

Born—March 21, to Dr. R. I. and Mary W. Walker, of New Bedford, Mass., a son.

Born—March 7th, to Sidney A. and Irene Harwood Ellis, a son, Harwood Ellis.

Born—March 4th, to Dr. and Mrs. P. V. Aaronson of Fresno, Calif., a daughter, Anna Elizabeth.

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#### DEATHS.

Died—At Commerce, Texas, March 13, Mrs. Knight, mother of Dr. Jonas Knight, of Commerce, Texas.

Died—At Redondo Beach, Calif., March 11th, Mr. R. S. Harbert, father of Dr. Elma R. Harbert. Interment at Inglewood Park cemetery.

Died—March 13, at Pacific Grove, Calif., Mr. P. Edwards, aged 81, father of Dr. F. O. Edwards, of acute congestion of lungs, following a lingering illness resulting from lagrippe. His brother, William Edwards, age 69 years, died of cancer of liver, March 9th, at Pomona. Both were buried at Pasadena, Calif., March 16th.

#### BUSINESS CHANCES.

**For Sale**—Five years practice with office equipment in fine Illinois city of 18,000. Address 431, care of Journal of Osteopathy.

**Location**—Savanna, Illinois, is recommended as being a good location for a gentleman osteopath. For information, address Mrs. J. R. Conell, Savanna, Ill.

**For Sale**—A practice in Havana, Cuba, 350,000 inhabitants. On account of of health must change occupations. Practice averages \$400 per month. Twenty-six regular patients now. If sold by first of May, will take \$850.00 for everything. Furniture and fixings, including Finsen light comes to \$325. Will sell practice alone. Will make terms. Inducements for case. Address "Havana" care of Journal.

**For Sale**—Established practice in Illinois town of 3,000 for price of furniture. Good reasons for selling. Address H. W. F., care of the Journal of Osteopathy.

**Wanted**—By A. S. O. graduates, (man and wife) three years experience, to take charge of good practice from May 15th to September 15th. Address, 1237, care of the Journal of Osteopathy.

**Location**—A good opening for an osteopath (member of the Christian Church) at Carterville, Ill. Population 4,000. For particulars, address Paul H. Castle, or John J. Hunter.

**Good Furniture, Fixtures, apparatus, etc.**, in pleasant office for sale, at cost, and a good established practice thrown in. For particulars, address Lock Box 731, Guthrie Center, Iowa.

**For Sale**—Practice, office and furniture in good Missouri town, 4,000 people. Average income for past three years \$2,000 per year. A bargain for quick sale. Address 153, care of the Journal of Osteopathy.

**Wanted**—An assistant. Good opportunity for man and wife. Address, W. W. F. care of Journal of Osteopathy.

**Wanted**—By Senior student of the A. S. O., position as assistant to a practitioner in a Pacific Coast state. Have finished full two year course, and am able to act as assistant. References furnished. Address, 249 care of the Journal of Osteopathy.

**Wanted**—A worthy and well qualified D. O., to take charge of the practice that I have been five years in establishing. Office conveniently located, with low expenses, and is known of by most Toledo people, who are interested in osteopathy. I invite thorough investigation of condition of practice, and will make reasonable terms and arrangements. Am confident that friends of my practice will use their influence for new man in office, as they have for me. Address, F. E. Kerr, 1115 Adams Ave., Toledo, Ohio.

**Location**—Quanah, Texas, is without an osteopath. This is a thriving town of 3,000 people, situated on the Forth Worth and Denver R. R., also on Frisco. Is 200 miles from Ft. Worth, and about same distance from Oklahoma City. Nearest osteopath 25 miles, across Red River, in Oklahoma. This is a good location. For further particulars write Mrs. F. . Brazil, European Hotel, Quanah, Texas.

**Wanted**—By a graduate of A. S. O., with six years experience, good location for summer in health resort in New York, or Pennsylvania. Would take practice of physician desiring vacation. Address, L. R., care of the Journal of Osteopathy.

**Wanted**—A lady practitioner who is a three year graduate of the A. S. O. desires a position as an assistant. Address, J. R., care of Journal of Osteopathy.

## LOCATIONS AND REMOVALS.

- Alspach, Mary E., from 1345 Welton St., Denver, Colo., to 410 Commerce Bldg., Topeka, Kans.
- Amussen, H. S., from Logan to 243 W. 1st Ave., Salt Lake City, Utah.
- Barnett, J. A., from Attica, Ind., to Rogers, Arkansas.
- Barrows, Florence J., has opened a branch office at Turon, Kans.
- Bienemann, J. C., has located at Marshall, Ill.
- Bliss, Asa P., from 605 Chamber of Commerce, to 427-8-9 Grosse Bldg., Los Angeles, Calif.
- Bolam, Julia S., from Monett, Mo., to Box 282, Miles City, Mont.
- Buckmaster, R. P., from 210 W. Bennett St., to 20-22-24 Nolon Bldg., Cripple Creek, Colo.
- Buckmaster, Nettie Furrow, from 20 W. Bennett St., to 20-22-24 Nolon Bldg., Cripple Creek, Colo.
- Brundage, Clarence L., from 210 W. Bennett St., to 20-22-24 Nolon Bldg., Cripple Creek, Colo.
- Burton, B. O., from Sultana, Calif., to Fort Morgan, Colo.
- Byers, Jeanne, from Bradentown, Fla., to 326-328 LaGrande Bldg., Waycross, Ga.
- Clifford, James Ray, from Afton, N. Y., to 42 No. Brady St., Du Bois, Pa.
- Coffland, Florence, from 1284 Oaks St., to 1432 Franklin Ave., Columbus, Ohio.
- Craig, Arthur Still, from Maryville, Mo., to Barnarr McFadden Sanatorium, Battle Creek, Mich.
- Evans, Gertrude, from 302 Adams Ave., Cor. Linden to 623 Madison Ave., Scranton, Penn.
- Ellis, A. E., from 204 Penn Blk., to Freeman Bldg., Riverside, Calif.
- Evans, Gertrude, from 302 Adams Ave., to 623 Madison Ave., Scranton, Pa.
- Davis, Annie L., from Bradentown, Fla., to 326-8 LaGrande Bldg., Waycross, Ga.
- DeShazer, J. Dalton, from Colorado State Bank Bldg., to First National Bank Bldg., Durango, Colo.
- Fleming, F. B., has located at L. Box 383, Montrose, Colo.
- Fraizer, H. M., from San Francisco, to Keystone Blk., Mill Valley, Calif.
- Freeman, A. E., from Cameron, to 50 N. West St., Galesburg, Ill.
- Gooch, L. O., from Denver, Colo., to 322 E. Georgia Ave., Atlanta, Ga.
- Graves, Amos C., from 403-4 Macleay Bldg., Portland, to Klamath Falls, Ore.
- Hook, J. H., from Montrose, to Telluride, Colo.
- Halvorsen, Helen S., from 730 Carlisle Ave., to 8-9 Golden Gate Bldg., Spokane, Wash.
- Hartsock, W. T., from Oakesdale to Rockford, Wash.
- Huntington, J. L., from Santa Barbara, Calif., to Princeton, Ill.
- Heagney, W. H., has located at Missoula, Mont., 1st National Bank Bldg.
- Gage, Fred W., after May 1st, from 126 State St., to Rooms 504-5 67 Wabash Ave., Trude Bldg., Chicago, Ill.
- Jones, Earl D., from "The Carlyle," to Kane Bldg., Pocatello, Idaho.
- Kenaga, Minerva, Miners Bank Bldg., Rooms 206-7, Joplin, Mo.
- Kinney, Kenneth, from Fenton, to Lapeer, Mich.
- Knowles, Jerome, from Norfolk, to 3006 W. Va., Newport News, Va.
- Lathrop & Lathrop, from So. Haven, to Battle Creek, Mich., care MacFaddens Sanatorium.
- Livingston, Drs. L. R. & Ina, have opened offices at 531-2-3 New Ridge Bldg., Kansas City, Mo.

- Leeper, Oscar, from Blackwell, Okla., to Ashland, Ore.
- Loufborrow, Ward, from Columbus, Ohio, to 1314 N. Hudson St., Oklahoma City, Okla.
- Lumley, Leila, from Winchester, Tenn., to Dawson, Ga.
- Lycan, Jessie V., from Colby, Kans., to Longmont, Colo.
- Lyman, Elva, from Iowa Falls, Iowa, to Rooms 2 and 3 Marston Blk., Madison, Wis.
- Miller, Mitchell, has re-opened his office in the Olney Blk., Las Vegas, N. M.
- Maltby, H. W., from 613 Congress St., to 673 W. Madison Sts., Chicago, Ill.
- Montague, H. C., from Spaulding Bldg., to Homestead Bldg., Muskogee, Okla.
- Morris, H. D., from 6 and 7 Falk Bldg., to 222-24 Overland Bldg., Boise, Idaho.
- Noordhoff, L. H., has opened a branch office at Neenah, Wis.
- Olds, Earl M., from 601 Wilner Bldg., to 306 Minahan Bldg., Green Bay, Wis.
- Olson, Hendrick, from Mitchell Flat, Iron Bldg., to Wilson Bldg., Rrighton Ave., Rochester, Pa.
- Osgood, Lizzie E., from 311 North St., to 150 North St., Pittsfield, Mass.
- Sanborn, Genoa A., located at No. 12 Madison Ave., Skowhegan, Maine.
- Sheldon, T. W., after April 15th, from 1844 Sutter St., to Elkan Gunst Bldg., S. W. Cor. Union Sq., San Francisco, Calif.
- Shearer, Frank L., from Prophetstown, Ill., to Dickinson, N. D.
- Shipman, Kirk Wade, from Neehah, Wis., to Milwaukee, Wis., where he will practice with Dr. Warren B. Davis, in the Wells Bldg.
- Smith, Arthur N., from 207 Dake Bldg., to 201-2 Central Bldg., Rochester, N. Y.
- Sherwood, Warren A., from 11 S. Duke St., to 142 North Duke St., Lancaster, Pa.
- Smith, J. Louise has located, at 114 W. Main St., Missoula, Mont.
- Stafford, Florence, from 625 Clyde St., Pittsburg to 329 Bank St., Sewickley, Pa.
- Sweet, P. W., from Cleveland, Ohio, to 614 N. Trafton St., Tacoma, Wash.
- Todd, Elizabeth, from 817 Kansas Ave., to 1012 N. Jackson St., Topeka, Kans.
- Ure, W. R. & Sarah H., from 403 Capitol St., to 814 Quarrier St., Over Noyes' China Store, Charleston, W. Va.
- Vanderburgh, Drs. W. W. & Rose Bolam announce the removal of their offices to the Elkan Gunst Bldg., Geary and Powell, San Francisco, Calif.
- Walker, Clarence N., has located at Athens, Ga.
- Walker, Helen E., from Cayley Alberta, Canada, to 318 Clay St., Los Angeles, Calif.
- Williams, W. C., from Santa Rosa, to Tulare, Calif.,
- Wyckoff, A. B., from Alton, Ill., to Booth, Texas.

\* \* \*

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\* \* \*

## SECTION IN GYNECOLOGY AND OBSTETRICS.

A special committee consisting of Dr. Ada A. Achorn, chairman; Dr. Ella D. Still, and Dr. M. E. Clark, has been appointed to take charge of the program of the section in Gynecology and Obstetrics, at the Twin Cities meeting of the A. O. A.

Have you any suggestions as to subjects to be considered?

Do you know of any osteopath who is doing any especially successful work in this line?

If so, please communicate at once, as the time is short, with Dr. Ada A. Achorn, 178 Huntington Ave., Boston, Mass.

## STATE BOARDS AND LEGISLATIVE.

**California—No Definite Legislation Secured**—Under date of March 15, Dr. D. L. Tasker writes the following:

"Yours of 10th, asking for report of our legislative situation is at hand. It is impossible to report definite action at this time because the amendments to our medical law are occupying various positions on the files of the Assembly and Senate. The legislature will probably adjourn this week, thus making it very doubtful as to whether these amendments will reach the Governor or die on the files.

The Silver amendments known as A. B. 1331 will make some very decided changes in our law. This bill aims to amend Sections 1, 6 and 16 of our law. Briefly stated, these amendments change the method of forming the Board by putting the appointive power entirely in the Governor's hands instead of having him appoint from those recommended by state societies, as at present. Section 6 is amended to read "that any applicant obtaining 75% each, in a majority of subjects, shall be subsequently re-examined in those subjects only, in which he failed and without additional fee."

The amendment to Section 16 provides for reciprocity with states having requirements of equal grade to those demanded in this state."

(On March 18th, Sacramento correspondence stated that A. B. No. 938 by Hinecke for the regulation of practice of medicine and surgery and obstetrics, osteopathy, and other methods of treating the sick was passed. We do not know what this bill was at present.—Ed.)

**Colorado—Probably No Legislation**—The latest from Colorado is a letter from Dr. Nettie H. Bolles, undated, but in an envelope post-marked April 2nd, in which she states "Our bill is tied up in the House as we have the medical bill tied up in the Senate. Legislature adjourns Monday, so the agony will soon be over." We prefer to take this as authentic rather than a clipping from the Denver News of March 22nd which states that the osteopaths must come under medical examination on account of passage of the H. B. 185 Whiting. The Journal misunderstood the provisions of the Colorado Bill, and did not intentionally try to antagonize the osteopaths of that state as several of our correspondents accused us of doing. The fight in Colorado has been especially strong led by the efficient manager and secretary, Dr. Geo. W. Perrin. The papers almost without exception seem to be in favor of fair play for the osteopaths.

**British Columbia—First Foreign Legal Recognition of Osteopathy—It is Secured by a Socialist**—Dr. Fred N. Steen of Victoria, writes: "I am enclosing herewith a copy of the Medical bill that the M. D's. tried to have passed at the present session of the British Columbia legislature. I have been informed by parties in close touch with the medical fraternity, and reliably so I believe, that the proposed legislation is aimed chiefly at the osteopaths who are practicing in the province.

It is said that there are several osteopaths practicing in Vancouver, B. C., who not only have been performing major surgical operations, such as appendicitis, etc., but who also give medicines to their patients, when the cases in their judgment seemed to require such treatment. Those osteopaths who indulge in these practices contrary to law are from the Columbia College of Chicago and also one of the southern California Colleges of Osteopathy.

You will note, that according to clause 61, had the bill been permitted to pass unaltered osteopathy would have received its death blow.

Dr. Young, M. P. P., provincial secretary and one of the "shining lights" of the

medical profession, who was admitted to practice under a "Special Act" rallied the government forces (conservatives) to his aid, and had them lined up solid in support of the bill to put it through as a party measure. They met with no opposition from the Liberals, and had it not been for J. H. Hawthornthwait's efforts, (one of the three socialist members) there is no question but that the bill would have been enacted into law just as originally introduced. Hawthornthwait, who is very forceful, logical and eloquent in debate as well as intellectual, is greatly feared, especially when they try to "palm off" on the people anything which is not in accordance with the principles of justice.

Mr. Hawthornthwait knew nothing of osteopathy until I presented him with a text book on principles and practice. He sat up for two nights studying the principles of osteopathy and certain chapters in Osler's practice to which I called his attention. Having become convinced of the justice of our claims to recognition as an independent school of practice, he "got busy," with the result that osteopaths are to have the same legal recognition in British Columbia as medical doctors. The provisions are:

(d) Nothing in this Act shall prevent or prohibit any duly qualified osteopath from practicing his profession for reward or gain within the Province of British Columbia from and after the passing of this Act:

Provided that all practitioners of osteopathy within the meaning of this Act shall be duly qualified osteopaths of a recognized school or college of osteopathy; and for the purpose of this Act, a recognized school or college of osteopathy shall be deemed to be an institution recognized by the American Osteopathic Association:

Provided, further, that before any such osteopath shall be lawfully entitled to practice osteopathy within British Columbia, such osteopath shall take and successfully pass an examination satisfactory to the Council in the following subjects: Anatomy, physiology, chemistry, toxicology, pathology, bacteriology, histology, neurology, physical diagnosis, obstetrics, gynecology, minor surgery, hygiene, medical jurisprudence, principles and practice of osteopathy:

The Council, for the purpose of such examination of applicants for registration as osteopaths under this Act, shall appoint an osteopath, who shall prescribe the examination for such applicants in relation to the principles and practice of osteopathy:

Any duly qualified osteopath who shall successfully pass such examination to the satisfaction of the Council, shall be entitled to be registered under this Act as a Member of the College:

Provided, that such osteopath shall be restricted wholly to the practice of osteopathy:

60. Any person shall be held to practice medicine within the meaning of this Act who shall: (a) by advertisement, sign, or statement of any kind, allege ability or willingness to diagnose or treat any human diseases, ills, deformities, defects, or injuries; (b) or who shall advertise or claim ability or willingness to prescribe or administer, or who shall prescribe or administer any drug, medicine, treatment, or perform any operation, manipulation, or apply any apparatus or appliance for the cure of treatment of any human disease, defect, deformity or injury; (c) act as the agent, assistant or associate of any person, firm or corporation in the practice of medicine as hereinbefore set out: Provided always, that this section shall not apply to the practice of dentistry or pharmacy, or to the usual business of opticians, or to vendors of dental or surgical instruments, apparatus and appliances, or to the ordi-



nary calling of nursing, or to the ordinary business of chiropodist, or bath attendant, or the proprietor of such bath.

**Hawaii—Anti-Osteopathic Bill to be Withdrawn**—The San Francisco Call of March 30th, published the following cable from Honolulu:

It is understood that the drastic bill presented in the legislature during the present session directed against osteopathic and christian science practitioners will be withdrawn on account of the great opposition expressed to such measures.

**Illinois—Small Amendment to Bill**—The Bill up in Illinois was changed so as to allow parties connected with a college to be on the board. As such it passed the Senate by vote of 27 to 4. This bill will not take into account osteopaths who have taken the old medical examination for "other practitioners" unless they happen to be in the state at time of passage of the bill. What the final result of the action of the House will be is not known at present. The bill provides for independent board, and is in a good many respects, one of the best bills we have seen introduced.

**Iowa—Osteopaths Gain Hospital Privileges**—The Hospital people in Iowa, are trying to shut the osteopaths out of the hospitals by claiming that no hospital case can be handled without a physician being able to use antiseptics, and claiming that osteopaths cannot use antiseptics, as they are drugs. Accordingly the bill taxes hospitals which refused to admit osteopaths as practitioners has been amended so as to provide for their admittance if they observe antiseptic regulations. How this bill will be interpreted if it passes, is the question. The bill has been pushed by some of the most influential people in Iowa, Dean Royal of the Homeopathic School taking an especially prominent part.

**Maine—Bill Got Lost in the Shuffle**—The Maine bill is a very good example, but was introduced by one lawyer, according to our correspondent, who abandoned it to another the latter, not versed in the knowledge of osteopathy. It was poorly handled according to newspaper reports, and scarce consideration was given to the osteopathic speeches. Dr. Gerrish made the statement that he opposed the bill not because that it was an osteopathic bill, but because the osteopaths were unable to make a diagnosis. Since Maine is an open state, perhaps he gleaned his information from some fakir in his acquaintance. The state association has already begun a campaign for a bill two years from now.

**Massachusetts—Results Still in Doubt**—The latest from Massachusetts is the following received from Dr. H. T. Crawford, under date of April 2nd:

"To-day I learned that the committee on Public Health are to reconsider our House Bill 419, (which they voted to report a week ago yesterday), next Tuesday, the 6th, with an idea of amending it so as to let in the fake osteopaths now in the field. This is done probably on account of the fear that the bill may be declared unconstitutional because of taking away from them a right which they have been allowed to enjoy. Of course, we don't like it, but may have to stand for it in that shape in order to get it at all. In reply to your letter of 31st would say that while obstetrics was put into clause one it was done at the suggestion of the committee on Public Health, and as for the older men not being allowed to practice this branch, none of them is now practicing it and I don't think any of them care to. It is, perhaps, inconsistent, but not important. In case this bill becomes a law any new D. O. in the state will be obliged to pass an examination before the State Board of Registration in Medicine, on which we have representation. At present he may do so if he wishes to, but is not obliged to. There is no examination on materia medica, and never has been. There is an examination on Practice of Medicine, but there are only occasionally drug questions, and these on the action of common drugs, which your

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course on the action of drugs as announced in your last catalog would enable your students to pass easily. When a D. O. or M. D. passes the examination of the State Board of Registration in Medicine he becomes a registered physician with all the rights and privileges of such. All schools of healing are thus on the same footing, and students from Harvard Medical or the A. S. O. are equal in the eyes of the law provided they pass the examination of this board. The fairness of this law is one reason why so many of us have already become registered, although not obliged to do so by law, and why we have thought it impossible to get a separate board in Massachusetts. There is no prerequisite of an M. D. to take this examination so we cannot complain fairly of any injustice, neither do the medical men seem to be the ravenous kind reported in other states, but seem well disposed towards us. Trusting I have fully answered your questions, I am Most fraternally, H. T. CRAWFORD, D. O.

Some of the osteopaths are very rightly incensed over the idea of giving fakirs who have practiced three years, the same rights as osteopaths who have taken three years to learn how to practice. One queer thing about the bill is that examination is given in obstetrics while the practice of same is prohibited. One Walter E. Reed of Boston, the head of the fakirs, claims that he has been a practitioner for twenty-eight years! There was a bill introduced but afterwards withdrawn, which expresses the right by the M. C. O., to grant degree in medicine. Under date of March 27th



1907. This section has been in force since 1901, but has not prevented the use of antiseptics and such other preparations as seem necessary in our practice. Further, there is no penalty clause attached. We will get an interpretation by the Attorney General as early as possible, and will then give you his opinion. In the meantime, I shall continue as in the past, to use such remedies as are necessary for my practice. We tried to defeat the amendment, but failed because of votes.

**New Hampshire—M. D's. Coup Frustrated**—Under date of March 29th, Dr. Margaret Carleton writes:

"Regarding the legislative situation how the M. D's. introduced a bill this session which contained a clause that would rule us out of practice. The bill was referred to the Public Health committee and they gave us a public hearing. The framers of the bill declared they had no intention of hurting us and were anxious; very anxious to prove that by putting us in with the class of exempts, christian scientists, masseurs, etc.

We asked that they give us recognition, that they allow osteopaths to take the examination, that we be represented on the board by one member and that the osteopaths now practicing in the state be given certificates. The homeopaths and eclectics are opposed to the medical bill introduced and appeared against it. This hearing took place the 23rd of February, and they have promised to give us another hearing but as it is so late in the session it is doubtful if any thing will be done. In fact I think the M. D's. are anxious to drop the whole matter and as it is their bill that will probably be the outcome."

Dr. Emery is of the opinion also, that there will be nothing doing until two years from date.

**New Jersey—Independent Board or Nothing for the Mosquito Killers**—Under date of March 27th, Dr. Milbourne Munroe, secretary of New Jersey association, gives the following report:

In reply of yours of the 24th. We hardly know "where we are at." The bill introduced in the Assembly, through the false representations of that fake osteopath, Stephen Rock, to one of our friends, died a natural death in committee. He made everybody mad with his foolish letters. Our bill, which is practically the A. O. A. model bill, in spite of being reported unfavorably by the committee (the only way in which we could get a majority of the committee to report it at all) was put on the calendar and passed first and second readings. We met with such strong adverse influence here that we could not secure quite enough votes to put it through and it hangs fire at this stage.

In the Senate, to offset our work, the M. D's. had a bill introduced which puts one D. O. on the present medical board of nine. It is an atrocious bill. Admits 20 mo. D. O's., who have practiced three years and been in New Jersey two years, on diploma without examination, but restricts them from treating infectious or contagious diseases or from signing birth or death certificates. Admits 27 mo. D. O's. upon examination but after 1911 requires a 28 mo. course in four separate years. There are other bad features. This bill, in spite of all we could do, was reported favorably by the committee and passed first and second reading on Monday, March 22nd. At this point a merciful providence removed from this mundane sphere one of the Senators, assisted by a rum-soaked constitution and pneumonia, on this same night. On account of this death the Senate adjourned for the remainder of the week, giving us a little more time to work. Otherwise the bill probably would have passed the Senate the next day.

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It remains to be seen what the outcome will be. If the bill passes the Senate we probably may be able to defeat it in the Assembly, where we have more friends. The legislature was booked to adjourn on the 27th but there is much work to be done and it may continue in session for several weeks.

The society has been working hard and we have considerable influence in high places, but the adverse influence seems to be stronger—the strength of numbers and the negative influence of few or no osteopaths in a number of the counties.

At the two hearings that we have had, we have been ably assisted by Dr. Ralph H. Williams of Rochester, the osteopathic member of the New York board. Dr. Cranberry, our president, has done nobly at the hearings and we have had a strong lobby in the field. So far as we are able to control the situation, it will be a separate board or nothing.

Decidedly opposed to this, is an interview in a Jersey City Journal telegraphed from Trenton, under date of March 29th, in which Dr. Jno. B. Buehler is quoted as follows:

"We must get some sort of bill through for the protection of the people of the State. Pennsylvania, New York and many other states have passed such laws as we have been seeking here, and it will be impossible for any but a properly equipped and licensed osteopath to practice there in future. In Pennsylvania the osteopathy bill has just been signed by the Governor. It must be apparent that unless New Jersey requires that before a person may practice osteopathy he or she must pass an examination and secure a State license, we are going to see this State the dumping

ground for neighboring commonwealths. If we cannot persuade the members of the legislature to see the justice of our claim that we should have a separate examining board, and they will not pass our bill, House No. 101, introduced by Assemblyman H. S. Smith, we are willing to accept as a compromise Senate bill No. 284, introduced March 17 by Senator Thomas J. Hillery of Morris County."

The Hillery Bill, is:—according to this report, provides that no persons shall practice osteopathy without filing with secretary of state, a diploma showing that the holder had studied in an osteopathic college 20 months prior to its issuance.

1. Hereafter no person shall be authorized to practice osteopathy as an osteopathic physician in the treatment of disease or any ailment of the human body, or shall use any name, title or letters designed to induce the belief or opinion that he or she is an osteopathic physician or is engaged in the practice of osteopathy, until he or she shall have filed with the secretary of state a diploma issued by a college or school of osteopathy, which college or school of osteopathy, at the time of the issuance of such diploma, required students to attend such school or college at least twenty months before securing such diploma, together with proof to his satisfaction that the person filing the same is the person to whom said diploma was originally issued. The Secretary of State shall receive a fee of \$10 for the use of the State for filing each such diploma and proof.

2. Any person violating the provisions of section one hereof shall be guilty of a misdemeanor.

3. This act shall take effect immediately.

**New Mexico—Reciprocity Granted—New Board Members—**Referring to your inquiry in regard to the amendment will say that our law has been amended by the present legislature so "that the Board may, in its discretion, admit, without such examination, practitioners who have been regularly licensed to practice osteopathy in other states and territories having as high a standard of examinations and admission as is demanded in this act."

Yesterday the governor of New Mexico appointed the following to serve as members of the Board of Osteopathy for the ensuing two years: Dr. C. H. Conner, Albuquerque; Dr. Charles A. Wheelon, Santa Fe, and Dr. C. L. Parsons, Roswell.

The next regular meeting of the Board will occur on Monday, April 5, 1909.

If I can serve you in the future do not hesitate to command me.—Yours fraternally, CHAS. A. WHEELON.

**North Carolina—Hospital Bill Was Backed By Dr. Glascock—**Dr. H. W. Glascock who twisted the medical lion's tail in Carolina two years ago, tried to get a bill through compelling hospitals to recognize D. O's. as physicians. The bill was defeated, but a hospital is now being planned by the osteopaths themselves. Dr. Glascock says he is feeling the force of that loop hole in so many osteopathic laws, mentioned editorially this month, about the law "not interfering with the practice of medicine" and says that the M. D's. in his locality openly claim to be graduate osteopaths and give their patients a sample treatment to show that osteopathy is no good. Also he regrets that the law did not provide for anesthetics, and also antiseptics. The Editor thinks he is just as much a bony lesion osteopath, as any, but in the six years that he has been handling "human ailments" he thinks he has learned a thing or two, and that he is justified in objecting to the phrasing of some osteopathic laws, as shown in the editorial in this issue.

**North Dakota—Independent Board Secured—**By vote in the Senate of 34 to 6 and the House of 28 to 9 North Dakota got an independent board of three. Exami-

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nations shall be in anatomy, histology, physiology, physiological chemistry, toxicology, diagnosis, pathology, obstetrics, gynecology, surgery, principles and practice of osteopathy, medical jurisprudence, and other subjects, sufficient to test applicant's fitness to treat according to theory of osteopathy, "which shall not include the prescribing of internal medicine." No preliminary or osteopathic educational requirement. Re-examination and reciprocity, at discretion of board. Temporary permit allowed. Fee, \$20.00. Approved by the Governor March 20th, and took effect at once. Osteopathic diplomas of physicians in North Dakota are acknowledged. Two great big advantages of this bill are, that by its provision, it prevents an M. D. holding himself out to be an osteopath, and permits an osteopath to practice surgery, obstetrics, etc., and consequently in the absence of specific statement to the contrary, permits the use of antiseptics, and anesthetics. Dr. Sanders says he spent nearly 60 days at Bismarck, wearing himself out physically, and entirely neglecting his practice, as even after the passage by the above majorities, great pressure was brought to bear on the Governor. In his letter, Dr. Sanders says, "One great point that was firmly impressed on my mind, was the want of knowledge of the people generally, of what osteopathy is; and what the osteopaths of the United States have got to do is to inaugurate a campaign of education."

Ontario—Explanation of the "College"—Dr. Walmsley submits the following explanation of the college to be founded and also a report of legislative situation:

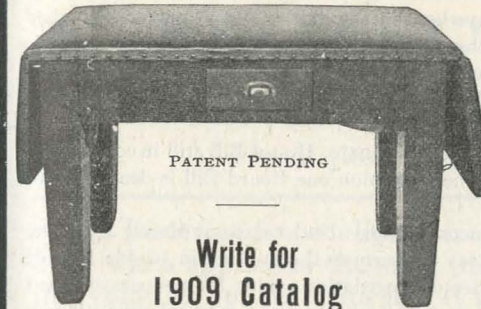
I have inquired further about the item in the Toronto World of February 23 in the establishment of a college of osteopathy in Ontario. The World evidently had in mind the bill which the Ontario osteopaths are introducing at the present session of the legislature and which if passed will give them protection in Ontario and place them on the same footing as practitioners of other schools. In addition, the Ontario Association of Osteopathy has applied for a charter, and the World, it would seem, got the impression that osteopathic body wished to be known as The Ontario College of Osteopathy, corresponding with the medical society known as The College of Physicians and Surgeons of Ontario. This, I think, fully explains the item which appeared in the Toronto World and which appeared in the March issue of the Journal of Osteopathy. It would be folly for any one to establish a College of Osteopathy in Ontario until osteopathy gets legal recognition, and even should our bill be passed at the present session of the legislature I am of the opinion that the time is not ripe for a college of osteopathy in Ontario.

The Ontario Association of Osteopathy is preparing a bill to be introduced at the present session of the Ontario legislature and are hoping to have it passed. The M. D's. are well organized here and will give us a hard fight, but we are out to win and will do so if possible. It will be no surprise if the M. D's. present a bill having for its object the exclusion of osteopaths from Ontario. We have been informed that they are preparing to move against us.

Pennsylvania—Osteopaths Defeat Penrose's Cowardly Attempt to Nullify Peoples' Wishes—All honor due to the valliant warriors in Pennsylvania, who with the people and the press back of them, proved greater than the combined forces of the A. M. A. and the notorious Penrose machine. With the slogan of "Independent Board, or we'll die getting it." they knew no such thing as surrender, or compromise. Often they were apparently beaten, but they never gave up. The result is a bill that makes D. O's. physicians. The only drawback with the fight was the ex post facto part of the law, which stated that "nothing in this act shall be construed to affect the right to practice osteopathy on the part of any person who has been in the practice of osteo-osteopathy within this state for two continuous and consecutive years immediately prior to the approval of this act, and who has had granted unto him or her, a diploma from any legally incorporated school, or college of osteopathy." This lets in the fakirs who have been resident there, but cuts out most of those who were dumped out of New York. The law provides for a Board of five members, semi-annual meetings, examinations according to board rules, and at the option of the board, to be supplemented by bedside laboratory, and cadaver tests. Present requirements are, osteopathic, three years, nine months each. After 1912, preliminary entrance to freshman class of college, osteopathic four years of eight months each, and or three years of nine months, and one of five. Except that one who is a graduate in some other state, at time of passage, who has four terms of five months each, is eligible. Reciprocity provided for.

After the bill had passed House and Senate, had been reconfirmed by the House, the Governor signed it without delay. Even then, the M. D's. planned a quick coup by having the Herbst one board bill so amended as to repeal the osteopathic bill. Dr. Vastine at Harrisburg, was on watch, and promptly sounded the alarm. The newspaper reports, say that Senator Herbst was so disgusted at the medical tactics employed on his bill, which it was his wish should not effect the osteopaths, that he

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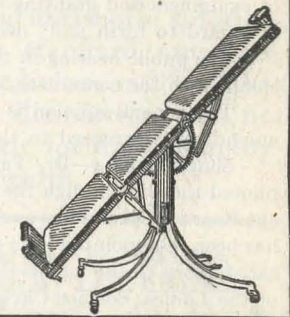
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disappeared and could not be found anywhere in the state. Boss Penrose's brother is an M. D., one of the chief osteo-phobes of the state, hence the boss' opposition. The assemblymen even though politicians were sickened by the too evident purpose of the medical ring, and balked. The following telegram was received April 1, from Dr. Vastine.

Herbst Bill recommitted for amendment in Senate. House Bill still in committee. Legislature adjourns April fifteenth. General opinion one Board Bill is dead, but we are still on guard.

**Rhode Island—Making it Hot for Incompetents**—Under date of March 28th, Dr. Annie M. Roberts has the following to say concerning the outlook in Rhode Island: "We have a bill before the committee on Legislation asking for a separate board of examiners and granting same privileges to osteopaths as to medical practitioners in regard to birth and death certificates, also contagious diseases.

The public hearing in this committee occurred Thursday, March 18, and the bill is still with the committee, what the outcome may be we are still uncertain.

The general opinion is that it will be presented to the House with a proposed amendment in regard to the separate board. ANNIE M. ROBERTS.

**South Dakota—Dr. Farr Reappointed**—Dr. Mary Noyes Farr of Pierre, who piloted the Bill through the Legislature two years ago, giving the state an Independent Board of Examiners and after serving one term as secretary of the new board, has been re-appointed for a term of three years by Gov. Vessey, which will be entirely satisfactory to the members of the profession in the state. She is a leading member of the Ladies' Science Circle of the state and in that way keeps in close touch with the progressive members of the profession.—S. W. HEATH.

**Washington—Combined Board Bill Passed**—After much newspaper work, and the bill being thrown back and forth, the Washington osteopaths finally adopted their bill, which provides for three kinds of licenses, medical, osteopathic and other kinds. It provides for the fakirs in state, in the following words,—“or by having been in continuous practice in one locality in this state for the past two years.” The regular graduates are taken care of “has been legally engaged in such practice prior to passage of this act, in the state of Washington, and is a graduate of a legally incorporated school or college, teaching the system or mode of treatment which the applicant intends or claims to follow, wherein the course comprises actual attendance and completion of two years of ten months each, or four terms of five months each, and the curriculum of study includes instruction in the following branches, to-wit: anatomy, physiology, chemistry and toxicology, bacteriology, gynecology and obstetrics, histology, hygiene, pathology, and general diagnosis.” The board is made up of five “regulars”, two homeos, and two osteopaths. The certificates are, first, authorizing to practice medicine and surgery; second, to practice osteopathy; third, to practice any other system or mode of treating the sick or afflicted not referred to in this section. Osteopathic applicants have the same requirements as medical except that they must have twenty months and after 1909 three years of nine months each. The third class simply file diplomas from “a legally chartered college of the system or mode of treatment.” Examinations are on the subjects above mentioned and are the same for all. It is specified that the act shall not discriminate against any particular system. Nothing is said as to rights of osteopaths with regard to anesthetics, antiseptics, etc. The bill was passed by the House, February 19th, Senate March 8, approved March 18th.

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Wisconsin—Chiros Introduce a Bill—A bill was introduced in Wisconsin by Senator Morris declaring that chiropractic is different from medicine, surgery and osteopathy and providing for separate board. The bill died. One rather queer thing about it, was that the definition of chiropractic in the Virginia Bill by substituting the word osteopathy for chiropractic, could almost be given as a definition of osteopathy, while this one specifically declares it different.

\* \* \*

#### OSTEOPATHY AND THE SOLIDITY OF ITS FOUNDATION.

As the discoverer of the science of osteopathy I named the school which I founded at Kirksville, the American School of Osteopathy because from start to finish it is distinctly an American product. It is a product of North America and particularly of the United States where the people think, reason and act upon their own judgment. There are wise and able thinkers all over the United States. I think their pioneer life has had much to do in qualifying them to reason from cause to effect and from effect to cause especially along the line of inventions. They use the English language to convey their ideas and with it can well be described any science or discovery made by man from his advent to the present day.

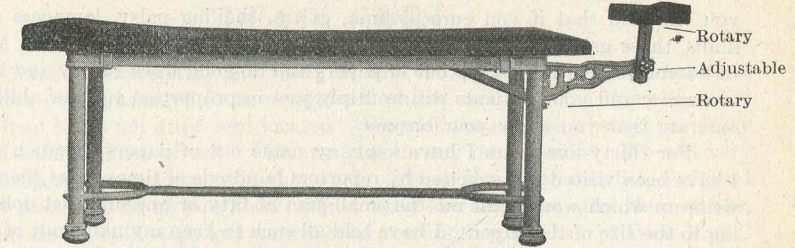
My ancestors had in their veins the blood of the English, the Scotch and the German, but I think we have just as able men and women in North America as in Europe. The English speaking race has everywhere shown superiority in inventive genius and the power of thought. In this country freedom of thought, speech and action has been without restraint since the words "all men are free and equal" were written. Liberty of speech is man's God-given right. We think reason, conclude and act upon that conclusion without asking whether it pleases the rulers or the people. We are bold to show the work and let it stand on its own merit. We feel that if Europeans want to and appropriate any of our products either physical or mental they have a right to do so. We are willing to hear their approval or disapproval, also their prophecies on the durability of the science or work.

In 1874 was raised the banner of osteopathy on which was written a demonstrable science which is taking the place of the systems of the healing art which are unreliable in diagnosis, prognosis and treatment of diseases of all kinds. In thirty-five years it has grown from infancy to manhood never having met with a single obstruction or reverse, notwithstanding would-be prophets said it would soon die and its place be known no more forever. Such prophecies have even found a place in osteopathic journals but the speed of the progress of osteopathy has increased every year, day and hour since June 22, 1874. As an American I am proud that every day the sun rises it shines upon more brilliant osteopathic thinkers and upon more persons who have thrown away their crutches and pills. I am glad that the osteopaths from all schools can show by their work that their philosophy is true. They have met with much opposition because of the merited success of their work. With the M.D. it is not a question of whether osteopathy is true or false but whether his patients will leave him and go to the mechanical engineer who knows what part of the human body is abnormal and producing the affliction. The ability of osteopathy to give relief and cure has been sufficiently demonstrated in cases where medicine has acknowledged its inability to produce the desired result—health.

I suppose by a rough guess there are over 5,000 worthy osteopaths in the field who are doing a good business and getting well paid for their services. Your good work is the soul and body of your success both in restoring your patient to health and in getting plenty of money for your services. Go to work, tend to your business and

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you will find that if you cure asthma, goitre, shaking palsy, lameness of spine or limbs, those grateful patients will do the most and the best advertising. My advice is to let your object be to keep out of papers and do good work to-day and better work tomorrow and your patients will multiply just in proportion to your ability to demonstrate that you know your business.

For thirty-five years I have kept my name out of papers as much as possible. I have been visited and solicited by reporters hundreds of times to let them give me a write-up which would cost me the small sum of fifty or one hundred dollars according to the size of the paper. I have told all such to keep my name out of papers and let my work stand for itself.—A. T. S.

\* \* \*

## LATE ILLINOIS LEGISLATIVE.

April 2nd the legislative committee sent out a circular letter to the state, saying that the week of April 5th will tell the fate of osteopathic profession in Illinois. The M. D.'s have boasted that in Illinois they show how to control the osteopaths. So if you have any influence at all, write to the representative in your district, and send in petition for him to vote down medical amendments, and vote for the osteopathic bill. Address these petitions to Springfield, and send them before April 5th. With proper support the bill can go through easily.

Saturday, March 13, 57 Washington Street, osteopaths met in response to a call from Dr. Fred N. Gage, chairman of legislative committee. Dr. Gage told in detail the legislative situation and urged every one to see their representatives or write them and have their patients write and get the work done before Wednesday, the 17th as on that day the bill was supposed to come up.—Fraternally, Mrs. FURMAN J. SMITH.

\* \* \*

## TO ALL OSTEOPATHS.

DEAR DOCTOR:—

I have been requested by the officials of the American Osteopathic Association to communicate with all Class Societies, Fraternities, Alumni and other Osteopathic Associations, calling their attention to the fact that a certain time will be set aside at the 1909 Convention in the Twin Cities for Class, Fraternal and College reunions.

It is the earnest wish of the A. O. A. to make these reunions a big feature of the convention. To insure its success a member of each society (preferably the president or secretary) should act as manager to get his class or society together, communicating with each member and booming the reunion thoroughly.

As a member of the class of— school will you kindly take charge of the reunion of that society. If you have an active organization and officials, of course this work should be done by them, and we would like you to get in touch with them and carry the work along.

I will furnish you with a supply of circulars to send to each member, if you wish, and would like suggestions regarding the contents of this circular letter. It will have to be a composite letter for the members of all associations. How many copies will you need? Give me a sample of the letter you would send out.

Convention time is an ideal opportunity for the building up and strengthening of these societies, the only time in fact, that many of them can get their members together.

I hope you will take active hold of this matter, but if you cannot, kindly give me the names of a few of your members who might do so. The date of meeting has not yet been fixed.

Yours truly, C. A. UPTON.

## "DEAD" ONES.

The Journal of Osteopathy is revising its lists of D. O.'s. by taking the names of all who have ever graduated from recognized schools, and presents herewith a list of those whom it has not at present located. We wish the address whether the party has retired from practice or not. Can you give us any information? We will very much appreciate your assistance in this work. Please look over this list, and send in the addresses of such as you know or just write the addresses after their names, tear out the sheets, mail to us and we will send you another Journal. "Do it Now."

## AMERICAN SCHOOL OF OSTEOPATHY.

A

Abernethy, J. U., M. D.; Abernethy, Hallie M.; Adams, Arvilla P.; Allyn, Angie M.

B

Barrett, Caleb D.; Bashaw, Clara L.; Beaven, Wm. Charles; Beere, George E.; Bean, Merion Smith; Bird, Arthur Anson; Briscoe, Wilbur S.; Browne, Ina Fuller; Browne, Sara Lockie; Boswell, Jefferson Lee; Bonta, Cecil Bush.

C

Callaway, John Lane; Campbell, Scott Steeley; Carlisle, Hardy W.; Chandler, Ethel Brown; Chase, Emma A.; Chase, Wm. Benton; Chatfield, Christopher O.; Chatfield, Lenna Turner; Chesney, Ernest N.; Clay, Mollie B.; Close, Effie Annie; Cobb, Ethlyn McBurney; Cobb, James Ennis; Cobb, Sarah T.; Collins, Anna E.; Cline, C. O.; Covey, Homer P.; Crawford, Wm. Fleming.

D

Dameron, Malinda E.; Dameron, Tella; Davenport, Bert M.; Davis, Otis E.; Davis, Hulda; Demeron, William Lee; Deming, Herbert V.; Downing, David N.; Dufur, Edmund D.; Duncan, John Grover; Dunlap, Minnie A.; Dunn, Wade.

E

Eastman, Hugh P.; Eddy, Wayne G.; Edwards, Charles Richards; Ewing, Elizabeth B.

F

Farber, Charles V.; Farmer, J. Frederick; Farrington, Mary Estella; Fellows, William B.; Finch, Ford D.; Ford, Ada; Fowler, John Coulter; Francis, Anna.

G

Gable, John Emmett; George, Eva Helen; Glasgow, J. Luther; Goodman, Adolph A.; Graves, James W.; Greeno, Angie Wiley; Griffin, Clyde W.

H

Haley, John Edwin; Haney, James F.; Harden, William F.; Harlan, Ernest Leon; Hart, Ida Josephine; Harvey, Elizabeth; Heineman, Sophia Michel; Henderson, Edward Emmett; Herdman, Sara Frances; Hester, Golden M.; Hester, John M.; Heyenga, P. Harrison; Hickman, Julia L.; Hiatt, Alva; Hill, J. D.; Hodges, Charles Ora; Hord, William Scott; Howley, Ambrose Nicholas; Hudson, Francis.

I

Ilgenfritz, Gertrude.

J

Jackson, Mary Elizabeth; Jaeger, Henry Fred; Jones, Harry J.

K

Kaiser, Florian John; Kartowitz, Herman F.; Kartowitz, Ida B.; Kern, Mrs. L.



J.; Kilbourn, Orley Clyde; Kincaid, David Harvey; Kirk, Harvey Ernest; Kirkham, Charles L.; Kjerner, Samuel;

## L

Lacy, John Churchill; Lane, George Hamilton; Linder, John F.; Linville, J. B.; Love, Charles Dalance; Lukens, Caroline E.

## Mc

McBurney, Myrtle T.; McClanahan, Thomas S.; McClelland, Bessie D.; McConnel, Zora McNeil; McCoy, Charles Kemper; McGarr, Emma; McKee, James A.; McLelland, Charles A.; McMurray, Norman, F.; McNeil, Mary Agnes; McNeil, Nita Helen.

## M

MacGeorge, Florence; Mack, Minnie M.; Martien, Laura Josephine; Maxwell, Avis Bodle; Mayhugh, Ina Trent; Merrill, Elmer Justice; Miller, Elizabeth Underwood; Miller, Lee Earl; Miller, Mapel D.; Miller, Samuel Wesley; Miller, William B.; Minear, Alney N.; Morris, Edgar Burton; Molesworth, Clyde E.; Motesinger, Newell H.; Moyer, Llewellyn Edna; Mullins, J. M.; Mullins, Matthew W.

## N

Neilsen, Julie Karoline; Nesbet, Robert E.

## O

O'Neill, William Quincy; Oliphant, Lorna Alice; Olney, Florence Gertrude; Overstreet, Benjamin Franklin; Ownbey, William Warren.

## P

Perkins, Myrtle Vance; Peterson, Charles A.; Peterson, Jennie D.; Pickens, Mabel; Pool, Edmund Leslie; Powers, Ada Williams; Prewitt, John Mc.; Prewitt, James Wilson.

## R

Rankin, John T.; Rector, Beadles N.; Regan, Lou Blake; Reynolds, John F.; Rhotehamel, Mrs. C. J. A.; Roberts, Herbert Edward; Robertson, Arthur Edward; Robertson, James; Robinson, Ira Washburn; Rochester, Emma V.; Rosecrans, Grace E.; Rouze, Elizabeth H.; Ross, Andrew I.; Ryals, Harry Baker; Ryals, Martha Susie.

## S

Schaeffer, Laila R.; Sevier, Robert E. L.; Sheriden, Lillian Ballance; Shepard, Rachel Adelaide; Sherwood, Amos Osborn; Simmons, Ida May; Smith, Ernest P.; Smith, Leslie D.; Smith, Minard A.; Smith, Norris Allen; Spear, David A.; Spear, Frances E.; Sperry, Charles Marshall; Stanley, Rolland P.; Stauffer, Gertrude Mary; Stelle, Robert D.; Stone, Fred G.; Stone, Joe Clark; Sottt, James Roland; Stuart, John S.; Suter, Robert E.; Sweet, Benjamin V.; Swett, William W.; Swett, Bertram A.

## T

Tappan, Emeline; Taylor, Samuel M.; Tevebaugh, Inez E.; Thomas, Lelia May; Thomas, Richard F.; Thomas, William H.; Thompson, Dessa Blackman; Thornburg, Mamie; Ticknor, Ella Pearl; Tindolph, Lea W.; Tull, Hillie B.

## U

Underwood, W. H.

## V

Vance, George T.; Vernon, James H.

## W

Waddell, Florence Eva; Waller, Frances Mason; Watson, Francis; Watson, Nellie M.; West, Harold C.; Whitecomb, Guy M.; White, Charles B.; White, Louise Dutcher; Wiley, Mildred Arnold; Williams, Daisy Dean; Williams, Pearl H.; Williams, Reuben A.; Williams, William A.; Wilkins, Gertrude Marie; Wilkins, J. Herman;

Wilkins, Lyman W.; Wilson, Martha Jane; Winchester, Augusta S.; Wingard, Asher; Woltmann, Frederick; Woltmann, Henry C.; Wood, Pred; Woods, Nathaniel H.; Worley, William Henry; Worrall, Joseph Ellis.

## Y-Z

Young, Cinderella; Zimmerman, John R.

## NORTHWESTERN COLLEGE OF OSTEOPATHY.

Bottenfield, Purl; Foley, John B.; Nicholas, John R.

## CENTRAL COLLEGE OF OSTEOPATHY.

Brashear, John W.; Courtney, Owen J.; Callaway, Minnie E.; Cannon, P. J.; Harding, Sallie; Thompson, William M.

## PACIFIC COLLEGE OF OSTEOPATHY.

Brown, Louis; Bullard, Lelah; Cummings, Thomas G.; Foley, J. F.; Phinney, Myrtle Hemstreet; Reyner, L. W.; Roberts, Margaret; Wurtz, Louisa V.

## CALIFORNIA COLLEGE OF OSTEOPATHY.

Brown, S. L.; Baker, Grace D.; Esterberg, Gustave A.; Jones, J. P.; Johnson, W. C.; Moody, Effie; Retzloff, Mrs. Laura; Rollins, J. A.

## LITTLEJOHN SCHOOL.

Cole, W. H.; Eskelson, B. L.; Harrington, Jo. Carrol; Higinbotham, C. J.; Jones, N. H.; Knowles, H. L.; Mitchell, Frank; Mitchell, George A.; Mitchell, Mr. G. A.; Solsem, F. N.; Smith, Frances D.; Stewart, C. A.; Siegel, August; Westerman, L. H.; Wright, Ida M.; Young, Flora.

## LOS ANGELES COLLEGE OF OSTEOPATHY.

Apel, Antonia W.; Durant, Wilbur; Jones, Thomas, J.; Kline, N. Margaret; Reed, J. R.

## ATLANTIC SCHOOL.

Berger, Charles P.; Bruce, Augusta H.; Caswell, Lena H.; Custer, Morin; Custer, Melvin D.; Decker, Harry; Dougherty, Patrick J.; Evans, Eben E.; Furman, Herbert I.; Hales, Peter I.; Keefer, Joseph B.; Keefer, Nathan J.; Lowe, Clarence; Lindsey, E. L.; MacIntosh, Benjamin S.; McKenzie, Alex R.; Male, Jonathan T.; Purvis, G. F.; Peck, Edna R.; Parks, Henry J.; Richards, Neta; Russell, Albert T.; Saums, Sidney A.; Steele, Amaza A.; Santee, Ira A.; Search, Florence E.; Steere, Patience; Saums, Hezekiah; Shovlin, John T.; Trench, Jeanette, M.; Van Horn, Stella; Williams, Frederick D.; Young, Walter; Young, Warren E.

\* \* \*

Died—March 10th, 1909, Mrs. May Elizabeth Giddings, Cleveland, Ohio. Mrs. Giddings was the mother of Dr. Helen Giddings of 810-11 New England Bldg., Cleveland, Ohio.

Died—At Walla Walla, Wash., February 24th, 1909, Laurel, age 13 years, son of Dr. J. Franklin Coon, of Walla Walla.

\* \* \*

Osteopathy Sandwiched Between Massage and Vibration—And as Part of the Nature Cure—Dr. Harry Ellington Brook, takes issue with California Journal of Medicine, because of the latter roasting nature cure, as a "peculiar and not understandable cult, which flourishes mostly on the sea coast, near Los Angeles." Dr. Brook says, that it is of foreign origin, very highly honored in Germany, most of the practitioners are of German birth, acquired their knowledge in the old country, and then goes on to say, among a lot of other things, that osteopathy is ONE of their methods. Where did they learn osteopathy in Germany a half century ago?

**Science Circle Research Movement**—The movement promising the most for the good of the profession, has been inaugurated for years, is that of the science circle plan, worked out by Dr. S. W. Heath, of Sioux Falls, S. D. Wishing to talk over his cases without taking a trip for doing so, or waiting for a convention Dr. Heath conceived the plan of the endless letter chain, and worked it out as follows: Seven parties were put on a list (in some cases eight or nine) and designated by number, 1 being leader. The leader started the letter by suggesting a subject for discussion, which is then mailed to number one. Number one added his comments and suggested any other matters he saw fit. Same on through the list and back to the leader, who reviewed the comments and reported, then either to a circle of leaders, or "Grand Circle" or else reported them to some osteopathic periodical that the profession at large should have the benefit of the discussion. The letters were again started on their rounds, number one removing his old letter, and adding a new one. Number two, did the same, and this way, each time, there would be a complete chain in one envelope, being no more than seven letters. These are limited to one sheet each, to be written on both sides of the paper. This promotes brevity and consciousness. Dr. Heath has composed a circular letter, to be sent to prospective members of circles, by those who will undertake their organization. We print this letter herewith, and for the good of the science, will furnish free, ten copies to each person who will undertake to organize a circle in his district.

\* \* \*

True success is in the development of the Science, the Art and the Individual, by a free and constant exchange of Ideas, Experiences and Original Research Work.

This is an Itemical age of reasoning. Wisdom comes to us one item at a time. A free exchange of experiences will stimulate the coming.—A. T. Still.

..... Organizer

DEAR DOCTOR:—

While you may not be a contributor to the literature of our profession, no doubt you often think of subjects, which you would like to discuss with other members of the profession; and from your observation and experience you have reached conclusions which would be of value to the profession if communicated to others. The purpose of Science Circles is to occupy and develop this field, and gather from the field workers their experiences and ideas and condense them into a report for the Journals of the profession.

It is by a constant and regular communication with other members of the profession that we are stimulated to think and study as well as to make original investigations. We should not depend entirely on laboratory workers for all the research work, nor on the writers of the articles contributed to the literature of the profession; but each member of the profession should be a contributor even in the smallest way, not only for the good of the profession but for his own good. Each and every practicing osteopathic physician should be an independent thinker and original research worker, and add his ideas and original discoveries to those of others, by which the science may grow to occupy broader fields and be of greater usefulness.

The plan is to organize small circles of about seven members, under an organizer, who will be a member of a circle of leaders for discussing and planning the details of the circle work. One of the leading features will be for each member to report his most interesting clinic case for the month; ask for the experience of others on any case he has had trouble and give his experience in regard to any other cases

reported. Each month a subject of the science will be taken up and discussed; each member answering questions or giving his or her views on the subject under consideration.

The work is conducted on the "Endless chain letter" plan; the letters making the rounds every 30 days, each member being allowed three days to hold the letters—read them and add a new letter, after removing his old letter which has been the rounds, and forward the letters to the next member on the mailing card. Each letter will be limited to two pages of letter size paper written on both sides. There is only expense for postage in forwarding the letters to the next member, which is 4 cents each time. The leader fills out the mailing card each month and files the old card which has been the rounds.

Where circles have been organized and fully established, the members would not give them up for anything. They not only enjoy reading the letters but they find them very encouraging and stimulating to a greater interest in the profession. The letters have a personality that makes a different impression from the articles in the Journals, because each member is a part of them, and they are worth to him just what he puts into them in time and thought. They bring the members in closer touch with each other and thus stimulate professional friendship and a greater desire to meet each other in association work.

Each district of a state should organize a Primary Circle, the leader of which should be a member of the Grand Circle of the state and thus bring all the circles of the state in co-operative touch with each other and carrying out the same plan of work. The leader of the Grand Circle of a state will be a member of the Interstate or Supreme Circle; thus each of the leaders will be a member of two circles. This is the ultimate plan when fully worked out; but it will require several years yet to reach the development of the Supreme Circle. It is not intended that Science Circles will take the place of the State or National Associations, but co-operate with them in stimulating greater interest and a constant individual effort.

If you are willing to join in this work please drop a card to the organizer whose name appears at the head of this letter and also at the close and your name will be enrolled and the work started as soon as a sufficient number of names have been received. If at any time you are not satisfied with the work, or think you have not time for it you can drop out, by failing to put a letter in; or by notifying the leader giving your reasons for dropping out and you may be reinstated by making application to the leader.

Hoping to receive an early reply favorable or unfavorable, we remain,

Fraternally,

....., Organizer.

The only supply needed, is a mailing card, one of which lasts for each circuit. We will furnish also, these mailing cards gratis. These suggestions on the back of one of Dr. Heath's mailing cards is as follows:

- 1—Report your most interesting clinic case of recent date, ask any questions and discuss other cases reported.
- 2—Give your views on the following subjects.....  
Avoid quoting authors, but give your own reasons.
- 3—Have you read the following article in .....  
What are your views on the subject?

## SOME OF THOSE WHO ARE MEMBERS.

Among the members of circles in existence, are: Drs. Arthur Taylor, I. S. Schwiager, J. Y. Ernst, H. A. Rehfield, De. F. Catlin, J. W. Hawkinson, S. W. Heath, U. S. Parish, T. B. Larrabee, S. I. Wyland, C. M. Post, U. M. Hibbetts, Exie L. Burkhart, Alma Bruce, Helma Rydell, Mary N. Farr, A. H. Conner, A. M. Bruce, Joan Brooks, Ida S. Melick, Chas. Bradbury, C. E. Schoolcraft, J. H. Orr, John W. Pay, B. M. O'Donnell, Theo. G. Burt, and G. C. Rehfield.

\* \* \*

## NEWS NOTES AND COMMENTS.

**Journal Worth**—\$4.00—Dr. Campbell Black, in a letter says "I would not be without the Journal for four times its cost."

**Is Not In Practice**—Dr. Carrie Freeman, of Coldwater, Mich., states that for the time being, she has retired from practice.

**Will Take P. G. in New York**—Drs. J. S. and Jennette Allison of Monrovia, Calif., contemplate taking a post-graduate course in New York City, this summer.

**In Colorado For His Health**—Dr. Geo. Tull stopped at Kirksville on his way back home from Colorado, where he went on a business trip, and for relaxation from his practice.

**Will Visit Back Home**—Dr. and Mrs. O. M. Walker, of Silver City, N. M., after the first of April, will make an extended visit at the Doctor's old home, 321 Park Ave., Medina, N. Y.

**Publishes Cut of A. S. O.**—In connection with the passing of the Bill in Washington, the Wilbur Register, published a cut of the A. S. O., and hospital in their issue of March 26th.

**Roasts on Medicine**—Drs. Liffing and Gorman of Toledo, send a clipping from the March Medical Brief, which is certainly the best roast on drugs that we have seen for sometime. It is entitled Therapeutic Septicism.

**Increases Stock**—May 20th, the General Osteopathic Association, of which Dr. C. P. Drum is president, and F. G. Tyrrell is secretary, will hold a meeting May 20th, in Los Angeles, to consider the increasing of capital stock of the company from \$200,000 to \$300,000.

**Discrimination Against Osteopaths**—The Los Angeles Herald in an interview by Dr. J. A. Munk, president of the California electics and dean of their college, advocated the Silver amendment and stated that the osteopaths would be discriminated against by the so-called regulars.

**"Wonderful Sanatarium"**—Such is the heading of a cut in the Sanatarium Journal, published by L. R. Chapman, D. O., M. D., of Fredonia, Kans. He states in his Journal "eight out of ten of all diseases are produced by gall stones." Send for a copy of the Journal. It is illuminating.

**Pseudo Osteopath Arrested**—"Dr." Howard, of Edinburg, Ind., was arrested for jumping his board bill, being captured at Columbus, Ind. He claimed to be an osteopath, but the authorities quickly found that he was a fakir, and he is now increasing his muscle, breaking rock, so the newspaper comments say.

**Procure Club House**—The Delta Chapter of the Iota Tau Sigma, has secured a club house at 1731 Arch street, Philadelphia. The new officers are: G. I., J. R. Wood; L. I., F. M. Jahn; treasurer, C. W. Thurston; secretary, C. D. Brookner. After the business meeting, March 13th, Dr. W. S. Nicholl, gave an address on the Relation of Osteopathy to Athletics, and Dr. Wood on the Value of Fresh Air

**Builds New House**—Dr. J. P. Snare is building a six room cottage in Modesto, Calif.  
**On a Vacation**—Dr. E. W. Christensen, of Quincy, Calif., is visiting in Ocean Park, Calif.

**Visits in Santa Barbara, California**—Drs. Mary H. Walters and Frances A. Howe, of Seattle, are visiting in Santa Barbara, Calif.

**Locates in California**—We are advised that Dr. F. P. Young has located in California for the practice of his profession.

**Take Auto Tour of California**—Dr. H. M. Still, S. R. McKeehan and M. D. Campbell have just returned from an auto tour of southern California.

**Visits at Kirksville**—Dr. Nellie Hassell, of San Antonio, Texas, spent the month of March in Kirksville, and is now visiting in Cherokee, Okla.

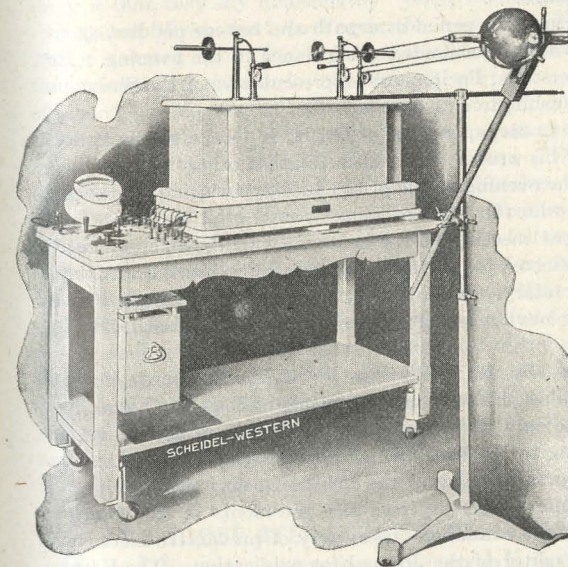
**Has Frontal Abscess**—Dr. E. G. Houseman, of Nampa, Idaho, has been suffering from a frontal abscess but is recovering under treatment of Dr. F. P. Smith of Caldwell.

**Form Partnership in Washington**—Dr. J. E. Matson, formerly of EauClaire, Wis., and C. H. Ponting of San Francisco have formed a partnership at Prosser, Wash., in the Mercer Block.

## Scheidel-Western Equipment.

At the A. S. O.

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



A first-class compressor-diaphragm equipment, arranged for stereoscopic work, is included, making the outfit the finest in the state of Missouri, and the equal of any in the country.

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**Opens Branch Office**—Dr. P. V. Aaronson, of Fresno has opened a branch office in Selma, with Dr. Palmer in charge.

**Opens Branch Office**—Dr. J. A. Kerr, of Wooster, Ohio, has opened a branch office in Ashland, where he treats Tuesdays and Saturdays.

**Were Only Visiting**—Drs. Lowry & Lowry state they were only visiting at Cecilian, Ky., and are now visiting at Waxahachie, Texas.

**Worked Three Towns**—Drs. Coryell and Rogers, who are in partnership at Clearfield, have two branch offices, Dr. Rogers going to Phillipsburg, Dr. Coryell to Curwensville.

**Washington Changes**—Dr. W. T. Hartsock has left Oaksdale, and has gone to Rockford, Wash. The practice at Oaksdale is taken by Dr. E. H. Jones, formerly of Bridgeport.

**Locates in Indiana**—According to the Palmyra Spectator, Dr. W. P. Abell, after six years practice in the Missouri town, has since graduating from the Kansas City Medical School, decided to locate in Evansville, Ind.

**On a Special Lobbying Expedition**—A post-card to the Editor from the Drs. Riley who were in Washington to attend the inauguration bore the following: "Greetings from the Capitol. We shook hands with 'our Bill' here."

**Talks on Public Health Problems**—The Village of Placentia has a round table club, which has a number of dinners at which are discussed problems of interest. At a recent session, Dr. C. A. Whiting talked on Public Health Problems.

**Writes the First Osteopathic Booklet in Spanish**—A 19-page booklet without an English word, if perhaps you will except the name of the author, and of Dr. A. T. Still, has been issued by Dr. Wm. Efford of Havana, Cuba. This is, we think, the first booklet in the Spanish language.

**Hot Air Peddler**—Dr. O. J. Rust, the genial osteopath and hot-air peddler, spent St. Patrick's day in Centralia, where he attended a big dance in the evening. He was accompanied by J. E. Featherstone, Pacific coast representative of the Simmons Hardware company.—Kelso, Washington, Kelsonian.

**Treated Paderewski**—The St. Louis papers told of Dr. H. F. Goetz, giving Paderewski a treatment for lameness of his wrists. They also said that other "osteopaths" rubbed his arms an hour during the evening and kept the audience waiting while they worked. We failed to find out who the rubbers were.

**Osteopathic Meet**—At a recent meeting of the osteopaths held in Sacramento, Calif., the following officers were elected for the ensuing year: President, J. C. Rule; vice-president, W. D. Slater; secretary, Carrie Slater; trustees, J. P. Snare, Grace Hain, and P. V. Aaronson. The next meeting will be held in Sacramento, late in April.

**Tuberculosis, a Blood Disease**—Dr. R. L. Watkins, Professor of Haematology at the New York Eclectic College makes the statement that tuberculosis is a blood disease, and that infection is possible only in certain stages of the blood, which can be chemically determined. According to the Press Knickerbocker Express, of Albany, the statement was made at the annual meeting of the Eclectic society in that city.

**Life Insurance Presidents Confer**—The life insurance presidents of the country are trying to enlist the services of the examiners in the way of preventive medicine, and sent a lengthy article to the editor of the Journal for publication. The Editor wrote them telling what osteopathy was, and calling attention to the value of the osteopath as an examiner, and also offered to tell more about osteopathy if they desired to learn. To date, his letter has not been acknowledged.

**Requests Legal Proof of His Own Sanity**—Correspondence in various papers, from Saginaw, Mich., tells of a farmer who had considerable property and feared that his relatives would have him declared insane that they might obtain possession of it. As he had had some nervous trouble, he was treated by an osteopathic physician and cured, and then had the court hold a trial and certify as to his sanity. Dr. C. R. Case, Ac.04 was the osteopath concerned.

**To Open Dispensary**—The Pittsburg osteopaths have decided to open a free osteopathic dispensary, somewhere down town, in that city, and have formed a committee, consisting of Drs. S. W. Lawrence of Braddock, E. N. Hansen, and T. L. Goehring of Pittsburg, to look up a proper location for the institution. At the meeting March 12th, the following officers were elected, H. M. Goehring, president; Emma Compton, vice-president; G. W. Tebbets, secretary; H. J. Dorrance, treasurer.

**Obtains Fame as Witness**—Dr. G. W. Bumpus, we think is the first osteopath to give expert testimony in the part of Ohio where he is practicing. He was on the train from which an injured man fell, who sued for damages. The defendant objected to Bumpus' testimony, but the objection was overruled. Dr. Bumpus, was also the first osteopath to be called as expert in the higher courts of West Virginia. In this case, as also, one he gave in Ohio, making this the third case he had won as expert.

**Homeopathy on the Wane**—The Luyties Pharmacy Co., of St. Louis has sent out a circular to the profession, a copy of which has been furnished us, complaining that there is a lack of new faces in the profession. It makes the surprising statement, that "homeopathic physicians are universally successful" and "homeopathic remedies do cure." They offer to give a list of every town in the United States where no homeopathy is now located, and to tell which will be profitable. One amusing thing is that they say homeopathy "offers immediate success."

**Against Vivisection**—In Vogue, the New York Fashion Journal, issue of March 25th it is stated that "The structural treatment known as osteopathy" is eliminating the vivisection of animals for experimental purposes. As "an ever increasing number of persons are coming to realize that nourishment and proper elimination and sanitary environment are the only roads to permanent health." There is apparently some misunderstanding on the part of the contributor of the work done in laboratories on animals as well as the purposes for which undertaken.

**Entertained Baby Freshmen**—The Upper Freshmen, or second term class, entertained the "babies" at a reception, with the following program:

Music, Orchestra; Remarks, The Old Doctor; Address of Welcome, Dr. Pratt; Vocal Solo, Miss Kathleen Pocock; Reading, Miss Lash; Song, The Apollo Male Quartette; Reading, Miss McKamie; Song, Ladies' Quartette; Music, Orchestra.

A photograph of the class, showing most of the members, will appear in the May Journal, space preventing its appearance in this issue.

**Loses Child by Diphtheria**—Dr. J. Franklin Coon, of Walla Walla, Wash., has suffered the death of his youngest son, Laurel, who died February 24th, aged 13 years and ten days. Tracheotomy was inefficient, as the membrane extended to the lungs. Not content with the sufferings that the doctor endured at the loss of his child, the

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medics made the death the basis of a very bitter attack on him as a physician, and this, and the death of Dr. Heisley's child mentioned in the March Journal, were used in an attempt to defeat the osteopathic part of the bill then before the legislature.

**Challenges to a Dissection**—Dr. J. E. Matson of Eau Claire, was a star witness in the attempt of the Chiro to get a Bill in Wisconsin. B. J. Palmer, of Davenport, wanted to rent a lecture hall, and prove in one night, how different chiropractic is from osteopathy, and tell about a lot of new discoveries he had made. For instance, a diphtheria nerve, typhoid nerve, and scarlet fever nerve. Dr. Matson offered to secure dissection material from the medical department of State University, for Mr. Palmer to prove his assertions and the "doctor" then suddenly decided he had to hurry to catch a train.

**Has Several Names**—The Altoona Times of February 27th, said that "J. M. Johnson, M. D., an osteopath having offices in the Altoona Trust Bldg., was last evening arrested by constable Jesse Port of Huntington." It seems that the individual had been practicing in Huntington, and his arrest was at the instigation of Huntington doctors. In response to an inquiry, Dr. H. L. Davenport, of Altoona, says: "The J. M. Johnson, you have reference to, is known in Altoona by the name of A. D. Smith, and says he graduated from a school of osteopathy, in Wheeling, W. Va. This will tell you the story in full."

**Buy Buick Cars**—Drs. F. P. Smith, of Caldwell, Idaho, and Elizabeth Geyer, of Goshen, Ind., have been purchasing new autos. Dr. Smith tells us of having a hurry up call 19 miles from town to see a case which had been diagnosed and for seventeen days had been treated by an M. D. as cancer of stomach. Dr. Smith diagnosed the case as fecal impaction and secured movement in less than five hours. Patient is doing well. Dr. Smith requests us to correct the impression that he and his wife have dissolved partnership. We will say that the item in the Journal last month was due to a clerical error, as there are three A. M. Smiths' in practice. Dr. Allie M. Smith, Eugene, Ore., Anna M. Smith, Caldwell, Idaho, and Alfred M. Smith, of Hagerstown, Md., besides an A. N. Smith, of Rochester, and an M. A. Smith of Seattle, Washington and a Millicent Smith of St. Joseph, Mo.

**Exonerates Dr. Albright**—We are in receipt of copy of a letter from Mr. Robt. E. McGregor, to Dr. Emery Ennis, of Springfield, Ill., in which Mr. McGregor states that Dr. Albright was entirely blameless in the death of Mrs. McGregor, and that the medical ring of Kewanee were responsible for the prosecution. It seems that Dr. Albright was called to a case of labor, and found the woman suffering from eclampsia. He called two M. D.'s to his assistance. The child was delivered, and is living, while the woman died. It is alleged that there is a medical ring in Kewanee trying to injure Dr. Albright, and that these two M. D.'s. are not in it, and in this connection it may be noticed, that neither one of them has anything to do with the prosecution. There were four counts, one practicing medicine and surgery, two, practice by force, three, advertised as a doctor, four held himself out to a patient while sick and feeble, claiming to be a doctor. Persons acquainted with the case state that it will never come to trial.

**Queer Notions of the Chinese**—In the Circle Magazine for April Dr. Miriam Sinclair Headland tells of some of the seriously odd ideas of the native Chinese doctors.

One day, writes Mrs. Headland, my husband brought home a physiological chart about the size of an ordinary man. It was covered with black spots and I asked him the reason for them.

"That is what I asked the dealer from whom I bought it," he replied, "and he

told me that those spots indicate where the needle can be inserted in treatment by acupuncture without killing the patient."

When a Chinese is ill the doctor generally concludes that the only way to cure him is to stick a long needle into him and let out the pain or set up counter irritation. If the patient dies it is evident he stuck the needle into the wrong spot. And this chart has been made up from millions of experiments during the past two or three thousand years from patients who have died or recovered.

This was practically illustrated in our own family not long after we got the chart. Our house boy one afternoon came down with cholera. We gave him some medicine, but as he did not recover at once he was taken away. As I passed through the gate house a few hours later I saw him through the half-open door lying upon the brick bed and a native physician prodding him under the tongue with a long needle.

**Drops Chiropractor Ad**—The chiropractor ad mentioned in an account of Dr. Bolles paper, in the March Journal, was immediately discontinued by the editor of the paper, after the Journal's comment and explanation by Drs. Bolles and Richards. The chiropractor offered several times the price, but the manager did not wish to contenance fake osteopaths, so refused the ad. In Mrs. Bolles' talk, Hygeia stood for osteopathy, and Dr. Still took the place of Aesculapius, the latter the father of Hygeia. The talk created such satisfaction that Dr. Bolles has been requested to repeat it before the M. E. Ladies' Aid Society. In the next issue of the Club paper appeared the following contribution inspired by Dr. Bolles' lecture:

The following, apropos of the lecture last Saturday, was handed us by the author, Anna E. Babbitt:

The skeleton dangled in the curtainless frame,  
The "gallery" women looked down without shame;  
For they knew there was a treat  
In a lecture so neat, on the subject,  
"A Modern Hygeia."  
The H. E. Committee on Programs thought this  
"A fine Idea."  
It is well worth your time,  
For all Physicians who have known  
The size and length of the human bone  
To hear that lecture delivered so fine  
By Prof. of Osteopathy Nettie H. Bolles,  
As she handled those bones with a delicate hand  
Explaining each function and location.  
It shows she is fearless of any nude man  
The bravest(?) being of all creation.

—MRS. W. P. BABBITT.

**Combined Boards Killed Homeopathy**—Throughout the Pennsylvania fight, the papers have been very free in publishing editorials and communications favoring osteopathy, almost without exception the papers taking the part of the new school. In the Pittsburgh Dispatch, is a communication which received editorial discussion that is one of the best arguments for the independent board that the Editor has seen. Concerning Homeopathy and Osteopathy it says:

A great many methods of healing have sprung up, but only two have caused serious trouble—homeopathy and osteopathy.

If allopathic medication had been on its present conservative basis when homeopathy was launched this new school would never have succeeded, because, with their doll pills and their ridiculous theories—the weaker the medicine the greater its power—ridicule alone would have destroyed it. But the allopathic medication was not then rational, so this school got a start. Here was the proposition; where an allopath would give an acid, a homeopath would give an alkali, and vice versa; the theories were diametrically opposed, and people were saying: “If one is right, then the other is wrong;” yet both were getting results. This school was growing rapidly, so what was to be done? This was done: They were given representation on examining boards and then all of their remedies that were efficacious were adopted. There is not a homeopathic remedy of value that is not now being used in allopathic medication—so why any need for homeopathy now? It is practically a dead issue; since its inception it has added absolutely nothing to science, and, as it is now practiced, Hahnemann could not possibly recognize it.

The osteopaths have caused the most trouble. It is a lamentable fact that drugs do very little good in chronic cases; the osteopaths, for some reason, are lucky enough to be able to help many of these. They were wise enough to see that the only way a school could keep its identity was by getting recognition on a strictly independent basis. Homeopathy never figured this out—and so died.

The osteopaths succeeded in gaining legal recognition to such an extent as to become alarming, so a high salaried organizer was sent out—after years of hard work things are now so under control that laws, after the same model as the one under discussion, will be passed in every State in the Union.

The osteopaths will get some sort of recognition at Harrisburg this winter, but it will not be what they want. An independent board will never be allowed, but they will be placed under medical control, and anything found good in their work will be made use of. This is simply a protective business proposition—a course your paper, or any corporation, would take to get rid of a dangerous competitor.

I think I am safe in predicting that by the end of the present generation there will be no homeopathy, no osteopathy—nothing but allopathy. Plans are now laid so that this will be guaranteed. Note the increased number of physicians in politics—in legislatures, councils, on school boards, etc. This will mean compulsory vaccination, medical (allopathic) inspection of schools, tuberculous sanitarium (under allopathic control), etc.

In reply to this the Dispatch says, among other things, in nearly a column editorial “The point we make, is that it is not the province of legislatures to say one of the cults is so far superior that it shall be given a monopoly on the trade.” (Will all who are in favor of a combined board, please stand up?)

Student Assistant—Practitioners desiring summer rest may secure four term students if they will communicate with the Journal of Osteopathy and state terms. Their names will be given to members of the class desiring work this summer.

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**May number Ready April 20th.**

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