

The Journal of Osteopathy

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The Journal of Osteopathy

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

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No. 1

Editorial

Regulation of Profession An especially interesting address was recently given at the second day's program of the dedication of the Noble State Education Building at Albany.

The speaker was President Prichett of the Carnegie Foundation. He spoke of the limitations necessary upon the fullest liberty of spirit in the university methods, alike on the part of the teachers and the taught. He insisted that there must be a state interference and dictation within certain definite limits to serve the best interests of civilization. The two most marked illustrations of this he found in law and medicine. These two great professions he urged are very closely interwoven with the basic interests of society and from this fact he reasoned the state has not only a right, but should feel that it had a duty to prescribe in a degree what shall be the preparation for professional obligations which come home to the essential necessities of society. In applying his thought to the art of healing he made some especially pertinent remarks. He said:

"Take the practice of medicine. Modern science turns absolutely the same face whether the practitioner belongs to one school—I had better not call them sects perhaps—or to another school. Whether he be an allopath, homeopath, an osteopath, a Christian Science healer or a lay reader, it is essential that he be trained in physiology, anatomy, biology and physiological chemistry. Unless he does know these subjects he is not fit to practice under any name. That's fair; every one of these schools has to deal with the same human body. The state has a right to demand such conditions as fair to the individual and fair to the commonwealth."

These thoughts strike us as essentially fair in every respect. The osteopathic school has demanded for many years that its practitioners be examined in all the fundamental branches of its science. This is the

only way to oust the fakers and to establish the practice on a firm basis in the eyes of the medical fraternity and of the people generally. In commenting on Professor Pritchett's speech The New York Commercial wrote as follows:

"It certainly stands within the clearest dictates of reason that state authority should have something to say as to what the fundamentals taught by all universities and professional schools, in the preparation for law and medicine at least, should be; and that their imprimatur should count with decision in the practitioner's right to public confidence, and perhaps to his right to practice at all."

We heartily endorse this sentiment, provided its enforcement be fairly insisted upon without undue discrimination.

Definition of a Quack

So frequently and so indiscriminately do the medical doctors stigmatize every practitioner, who does not follow in the strict pathway of orthodoxy, as irregular, and illegal, etc., that sometimes in so doing they catch themselves in the trap they are preparing for another. Two instances of this have recently come to our notice, the one from an editorial in The London Times, the other from the Devil's Lake, N. D., World, of December 11, 1912. We quote from the Times.

"A few days ago we entered a plea for a more judicial use of the word "quack," which, as we showed, connotes very grave moral defects, yet is indiscriminately applied to many people who are not chargeable with moral depravity. Unfortunately, it seems to show that our modest plea has not been received with favour in some medical quarters, and that prejudice is reluctant to abandon the use of a convenient missile. Sir Rickman Godlee occupies a position which makes him a responsible representative of the medical profession, and he seems, we regret to say, quite impenitent. He does not help us to any answer to the question "What is a quack?" but merely tells us that certain persons may IN HIS OPINION be justly called by that name. But the use of the term, upon no sounder ground than personal opinion, for which no logical basis is given, is precisely the abuse which we should like to see abated. He says that "surgery has learned much from the bonesetters, and is not ashamed to own it." That is a very interesting admission, in return for which we may frankly admit that many bonesetters are quacks. But he goes on to say that the professions of the bonesetters are utterly ridiculous, and to speak of the "bonesetter who, in spite of his successes, is justly dubbed a quack." So it appears that surgery has learned much from bonesetters and is not ashamed to own it, but that those who have

taught are quacks while those who have learned from them are not. It may be gathered that what is wrong with the bonesetter is his diagnosis. He is said not to know what is really the matter with the patient he cures; while surgery without his teaching knows exactly what is wrong but cannot put it right. It is cure that the patient wants. Diagnosis is of no use to the patient unless it lead to a cure. "In spite of his successes" the bonesetter is "justly" dubbed a quack. In spite of his failures—in the same cases—the surgeon is not a quack. Again, what is a quack?

"We hold no brief, we need hardly say, for the quack rightly so called; the dishonest charlatan is the plague of medicine as of other forms of endeavor. But, in the public interest, we should like to see a more liberal spirit at work in a profession which rightly enjoys great privileges."

The other discussion we referred to is by Dr. Harmon C. Smith and reads as follows:

"A paper read at the recent meeting of the North Dakota State Medical Association was reproduced in the papers. The intention of this article seemed to be an attack on any methods of treating diseases of the human body other than used and sanctioned by the school of medicine which was represented at this convention. The terms "irregular" and "illegal" were used so loosely, and carelessly as to cause one to doubt whether the user was familiar with their definition.

"It would probably be unfair to accuse the author of such narrow mindedness as to brand all schools of medicine other than his own as 'irregular' and 'illegal.' Still the majority of people who read his article "What Shall We Do With the Irregular Practitioner?" might be misled by his careless use of the words.

"The question then is what does he mean by "irregular?" And why does he use that word in the same breath with "illegal?" There is a vast difference between the meaning of these two words. Webster's Academic Dictionary says that "irregular" means "not conforming to general laws, methods, or usage." History shows us that the irregular methods and usages, with very few exceptions have proven to our more advanced civilization to be nearer the truth than those adopted, cut and dried.

"The same dictionary gives the following definition of "illegal:" "not according to law; unlawful; illicit; immoral." Has it become unlawful and immoral to improve or better methods used to benefit the human race? That is the impression one would get from reading the learned doctor's article as it appeared in print.

"The American Medical Dictionary defines Allopathist as "an INCORRECT designation for the REGULAR practitioner." And that in the face of the fact that at present the Allopathic school is the one most in use.

"Webster's again tells us that Allopathy means "opposed to Homeopathy." Then it naturally follows that Homeopathy is opposed to Allopathy. In all fairness to the public the doctor should explain which is what and what is which. And also tell us which side of the fence he is on, and whether he is sure that the others side is the "irregular and illegal" side."

There is little need to add any comments to these two excerpts. The former is especially interesting in that the London Times is the most conservative of papers and the English people a most conservative people. An editorial such as the one quoted would have been impossible a few years ago, and today it is read as a matter of course, though it must have required some daring to have written in so outspoken a manner. The gist of the entire matter is that the medical profession is slowly but surely realizing that a mighty opposition is being raised against their procedures and that the people are finally awaking to a knowledge of their utter futility in many cases. As a result the press is voicing the sentiments of the people and the medical men are making a mighty effort to overthrow the "enemy" by voice and deed. We may still rest assured that "Truth is mighty and will prevail" and while expecting opposition and slander we may welcome it as a step to our certain victory.

Fair Play Demanded It is always a promising sign when an ordinary lay periodical stands for fair play to the osteopaths. One of the best examples of this we have noted was in the Canadian magazine "Jack Canuck." Under the heading "Give Osteopaths Fair Play" is an excellent little editorial notice in favor of our science. The article reads as follows:—

"For several years the osteopaths of Ontario have had bills up before Parliament demanding legal recognition for all osteopathic practitioners who are graduates of osteopathic colleges recognized by the American Osteopathic Association. Each time they were defeated by medical practitioners representing the Canadian Medical Association. It is simply a case of keeping osteopaths under, and while medical men make much of "lack of education" as applied to osteopaths, that is merely a subterfuge because it sounds good. The real animus of the whole situation is allopathic control over all medical matters. The

conditions prevailing in the United States, where an attempt was made to establish a Federal Bureau of Health, the real object of which beyond all doubt is the entrenching of allopathic medicine behind federal laws, giving it a stronger hold on all other schools of medical practice, are prevalent here. This attitude of medical men towards Osteopathy, is a part of a concerted movement inaugurated by the American Medical Association, of which the Canadian Association, for all practical purposes, is part and parcel.

"As to osteopaths' fitness to diagnose disease and assume the responsibility of treating sick people, here is a case in point:

"A patient took sick about six months ago. An allopath was called in. Diagnosis baffled him. Treated patient for a while without benefit. Called in allopath No. 2 in consultation. No definite diagnosis. Patient dismissed allopaths, and called in an osteopath, who made a diagnosis of ulcer of the stomach. Two weeks later the patient had first hemorrhage from stomach, confirming the osteopath's diagnosis. The osteopath advised immediate operation. The family requested the osteopath to consult with allopath No. 1. Allopath accepted the diagnosis and operated on patient. The family requested the osteopath to attend the operation, and the patient entered upon the operation with the impression that his wishes would be carried out. Allopath No. 2, however, refused to give his consent to have an osteopath even present. Why? Surely not upon the grounds of any demerit or being unqualified in any way. Such a position is untenable because the osteopath showed his superior "fitness" by making the diagnosis upon which the allopaths were proceeding, and which the operation confirmed.

"This is just one case out of thousands and the injustice is apparent to all right thinking people."

Right in this context we recall a letter received a short time since from an osteopath in Oklahoma. The doctor writes:

"A woman phoned me asking if I would come to their home to see her husband who had been ill for four or five days. She stated that he was very sick, but said nothing of the nature of the trouble or who had been treating him. I very naturally answered the call and found a very sick man. One Medic had had the case from the first and had diagnosed it Intussusception. He had gone through every known or thought of Medical treatment for the condition, and had plainly told them that he had given every drug known excepting Croton Oil and he refused to resort to that because of the certain danger from its use.

"Upon examination I found a case of badly impacted gut. I so diagnosed the condition at once and outlined my treatment. It was then that they told me that the Medic had given it up and if I thought I could do anything they wished I would do it. After the diagnosis the matter of treatment was clear and I proceeded to straighten the twists of the bowel. The pain and vomiting stopped immediately and in less than one hour after the first treatment the bowels acted normally.

"Immediately after this the Medic paid them a visit and told them that he wanted consultation with a specialist and phoned to El Reno for a Dr. Hatchett and had him come in during the night.

"I have no way of knowing anything about their connivances for I was not called for the consultation, but the specialist did tell the family that the trouble had not been impacted bowel and that the bowel action and peristalsis was normal so that they would have to look to something else for the cause of the trouble. I don't know what effect this had on the diagnosis of his fellow practitioner, but he had evidently been told what my diagnosis had been and the effects of my treatment.

"By ten o'clock of the next day word went out that the patient was on the high road to recovery and that the attending physician and specialist had overcome the trouble during the night after it looked like there was no chance whatever for the recovery of the patient."

Such unfairness is so manifest and so blatant that it is bound to react upon those guilty of it. We feel that there is but one moral to draw from such histories as we have recorded, and it is this:—It is unwise for an osteopath to meddle with a case which has recently been under medical care unless he is given entire and absolute control of that case. As a school of practice we must stand firm for our basis principles of diagnosis and of cure, and we may feel certain that manifest and gross unfairness on the part of the medical men will in the end prove our greatest advertisement.

Hubbard's Little Journey As we go to press Mr. Elbert Hubbard's "Little Journey to Kirksville" has been received at the office. All orders that have been sent in during the past two months have been forwarded to East Aurora and will be filled from there. From now onward all orders will be attended to in the Journal office and sent direct from here. To those who have not yet given us their orders we would re-iterate what we have said before. We have here a splendidly written booklet on our Science by a man whose knowledge is far-reaching and whose judgment is accepted as being sound and trustworthy. The booklet is being sup-

plied to you at cost: namely, 6 cents per copy, and you are missing a grand opportunity if you fail to take advantage of our offer. The booklet contains 28 pages of reading matter in Mr. Hubbard's inimitable style and has two illustrations—the one, a front piece entitled "The Old Doctor' and Elbert Hubbard" and the other, an excellent cut of Dr. Charlie. It is bound in stiff linen paper, with a tasteful and conventional design upon the cover. SEND YOUR ORDER DIRECT TO US AT ONCE AND WE FEEL SURE THAT YOU WILL BE DELIGHTED WITH THE RESULTS THAT THE BOOKLETS WILL OBTAIN FOR YOU.

No "Medical Trust" Intended On January 26 President-Elect Woodrow Wilson addressed a private gathering of prominent social workers at Hoboken, N. J. His hostess there was Mrs. Caroline B. Alexander, at whose house he and his family were week end guests. No newspaper reporters were admitted at the gathering but in a statement given out by Mrs. Alexander, setting forth Governor Wilson's remarks, he is quoted as declaring that "in forwarding the movement for a national bureau of health it was desirable to remove the impression that the Government expected to set up a 'a medical trust.'"

Mr. Wilson is further reported as having said that there was no intention to put any school of medicine in charge of national health projects, but that all schools of medicine should work in harmony on the question of sanitation which he considered most important. We sincerely trust that Mr. Wilson will ultimate the suggestions he is reported to advocate, and that the "national bureau of health" bugaboo may be laid in a well merited grave.

Elimination So long as a proper balance is held between waste and repair, disease does not exist. Failure to eliminate waste products is an important factor in disease. Assuming this to be a fact, the value of eliminatives cannot be over-estimated.

The elevation of temperature which accompanies acute diseases is due to the effort of the body to destroy waste products and render them innocuous until they are eliminated. If it were otherwise they would destroy life. From this it follows that the almost universal phenomenon of fever in acute diseases is conservative and not destructive.

There are three active eliminating apparatuses—the skin, kidneys and lungs. We have heard, and still hear, much about elimination from the bowels. I believe there is a standing advertisement headed "Clean up and keep clean," meaning clean up the intestinal tract by means

of physic. This is an old fallacy in a dress suit. If we pause a moment to think we find that the intestinal tract is mainly concerned in the act of secreting. Active catharsis draws only the serous portion from the fluids of the body, leaving the waste where it is not eliminating at all. Then what have we gained? Very little except to flush the sewer. Therefore get the idea out of your head that you get elimination through the use of purgatives. Why, in the olden time the act of cleaning up by way of the bowels was carried on so strenuously, that by the time the bowel cleaning was finished the patient was so completely finished that he was ready for the "laying-out."

How well I remember the old home treatment. Did anything get the matter with us (and there were six of us), the village doctor was not sent for. Instead, a visit was paid to the family herbarium. From it a bag of "snake root," and another of "elder blows" were selected. A pinch from the contents of each were placed in a bowl and hot water poured over them. After standing for a time we were drenched with saucerful after saucerful of the "tea." Ah, me, how bitter it was. Soon, however, every skin pore was busy, and the kidneys, not to be outdone, went diligently to work, and in a few hours all was well. The result is that all six are still living. What would have been the result had the good doctor's calomel bags been brought into requisition? What would a good "round" of calomel and all that went with it in those days have done for us? Perhaps long days of illness, griping pain in the bowels, thirst like a mariner's adrift on the deep salt sea without a drop of water to quench it, and, perhaps, heaven. I thank the good Lord every day of my life that I was permitted to choose my parents from among those who had tasted of the old medication, had felt the pangs of its tortures and had sense enough to reject it and protect their children from its evil consequences.

Let me urge the importance of efficient elimination. It is specific medication rightly applied. But do not deceive yourselves with the idea that elimination is secured by thrashing the bowels.—From an editorial by Stephens in the Eclectic Medical Journal.



Diabetes

BY FRANK SMITH, D. O., KOKOMO, INDIANA.

In choosing diabetes for the subject of this paper, I have thought especially of the osteopathic aspect of the disease, both from the standpoint of etiology, and prognosis. The pathology, as given by the standard texts, is, I think, more logically explained from our viewpoint than from that of any other system, as also is the favorable prognosis when corrective osteopathic measures are employed in selected cases. In presenting this paper, I am indebted to McConnell and Teall's and Anders' practices.

Definition—Diabetes is a constitutional disease, termed a nutritional affection, characterized principally by an excessive amount of uric acid and sugar in the blood, and clinically, by a persistent glycosuria, polyurea, and a progressive loss of flesh.

Pathology.—In a great many cases of diabetes we find changes in the posterior columns of the cord, accompanied by a simple or multiple peripheral neuritis. The diabetic tabes is an example of multiple neuritis resulting from this disease. These changes in the posterior columns of the cord, are particularly significant to us as osteopathic physicians. From the osteopathic research work we know that degenerative changes in the cord occur following the artificial production of spinal lesions. Moreover in these cases of diabetes we find an almost constant form of lesion, namely a rigid and posterior dorso-lumbar spine, and in this fact we certainly have a very reasonable explanation of the degenerative changes found in the posterior columns of the cord, which are the result of faulty nutrition to these areas. The logical sequence of such a condition is the inhibition, or stoppage of nerve impulses to the organs supplied from this region of the cord, namely the pancreas, liver and intestines, together with the stomach, and the kidneys. The lesions seems to cause most trouble in the pancreas, liver and intestines, for postmortems reveal more serious pathological changes in these organs. The stomach is usually involved too, and later on we have the changes occurring in the kidneys, resulting in nephritis. For a moment, running ahead of the rest of my paper I wish just to refer to prognosis. In view of this pathology, our prognosis is dependent on the amount of degeneration existing in the posterior columns of the cord at

the time we see the case. If the degeneration has been extensive, we cannot hope to do more than simply to benefit the case; if the destruction has not been great, we may reasonably expect to arrest the degenerative processes, and get a much more complete result. Where we have no actual destruction of nerve cells in the cord, we should get a cure. Now to proceed with the pathology in the organs. We find in over fifty per cent of all cases morbid changes in the pancreas, and in a very large percentage, morbid changes in the liver also. As the disease progresses usually we have acute nephritis complicating the diabetes. A very few cases show morbid changes in the medulla, such as tumors, sclerosis, etc. Secondary lesions also occur in the lungs, heart, skin and stomach in advanced cases. The lesion that is most frequently found in the pancreas is granular atrophy though occasionally fibroid induration and cancer are also noted. Very occasionally a postmortem reveals an occluded pancreatic duct. The most frequent morbid changes of the liver are fatty degeneration, and occasionally cirrhosis of the diabetic type; sometimes too tertiary syphilis is an associated condition.

Etiology.—The most important etiological factor is undoubtedly the posterior curvature. This is usually symmetrical, although not infrequently it is a segmental curve merely. There is also extreme rigidity of the affected region which results from the overdeveloped ligamentous and muscular attachments.

When a case presents itself showing a spine with a posterior curve extending from about the sixth dorsal to the third lumbar, with stooped shoulders—together with evidence of general mal-nutrition, and frequently of auto-toxemia—we always suspect diabetes, and make a urinalysis to verify or destroy our hypothesis. You will nearly always have a positive result, even though many of the characteristic symptoms may be absent. McConnell explains the effect of the osteopathic lesion through the influence of the sympathetics which include both vasomotor and trophic nerves to the liver, pancreas and intestines and thus produce faulty metabolism in these organs.

Other Causes.—Other factors which may operate in this disease are, heredity, neurotic temperament, race (Jews being especially subject to diabetes), sex (males being more subject than females), and chronic diseases such as gout, malaria and syphilis. Pregnancy is also a predisposing cause. Then we have the type due to trauma affecting the diabetic center of the medulla, but this type is rare. We think that hard lifting work in a stooping position, and trauma affecting the dorso-lumbar spine are the main causes of this disorder. And from having treated quite a number of our fellow practitioners for this disease, I believe

the occupation curve producing this trouble is especially liable to occur in osteopathic physicians. This occupation curve is found frequently in farmers and mechanics whose work requires much stooping and lifting also. There are a good many cases of diabetes occurring in people who overeat, and who through lazy habits "sit on their livers" so to speak, producing this same postural defect, with rigidity.

The most reasonable explanation of the pathological changes associated in diabetes is that which explains the presence of sugar in the urine, as being the result of the absence of a ferment in the blood. This ferment, when present, converts the starches and sugars into the "blood-form" of sugar-glycogen—or into fat. This ferment is secreted normally by the pancreas, and possibly by the liver to some extent. The trophic and vasomotor changes resulting from the osteopathic lesion cause the absence or shortage of this ferment to an extent sufficient to account for the sugars thus unconverted being excreted through the kidneys.

Obviously no one cause is operative in all cases of diabetes, but cases do present this lesion in such a large percentage of those examined, that it is of special importance to us. In nearly all cases of diabetes, we find also a very marked approximation of the atlas and the occiput. Whether this is primary or secondary is not always possible to determine. This lesion may operate through the effect it produces by obstructing the circulation to and from the medulla, or it may act through the influence it has on the vagus nerve as it passes down the neck. However this may be, the correction of the condition has a very marked effect in relieving the nervous manifestations accompanying the disease.

Symptoms. (a) Gastrointestinal.—Usually we have a perverted appetite, with coated or fissured tongue, and an excessive thirst; frequently too there is constipation, or at least a very dry stool. Some distress from gas is complained of and occasionally nausea and vomiting. There is liable to be some catarrhal inflammation of the stomach, or it may be badly dilated. Patients suffering from diabetes, are usually of the neurotic type, and are quite irritable and easily excited. If the disease progresses toward a fatal outcome, coma is a very serious symptom.

(b) Cutaneous.—The skin usually presents a dry and scaly appearance, and in the region of the genitals we frequently have pruritis, or eczema. Boils and carbuncles may occur, and are usually a bad symptom.

(c) Urinary.—The urinary symptoms are most important, and the diagnosis is easy and positive, when supported by urinalysis findings. The urine is increased in quantity, varying in amount from four or five pints to as many gallons. Color is pale, and the specific gravity is high, sometimes running to 1050. Sugar is present in amounts varying from

one-half or one per cent to ten percent. The urine has an acid reaction. Acetone bodies are often found and are serious indications when present. Sometimes we have intermittent albuminuria. The importance of frequent and thorough urinalysis can hardly be overstated.

There is an alimentary type of glycosuria due to excesses in eating and drinking, together with sedentary habits. Some cases of obesity show traces of glycosuria.

Prognosis.—Under osteopathic treatment the prognosis is much more favorable than under medical care. Excepting in cases of the very young, and in cases which reach us after the disease has progressed too far, we are able to offer much encouragement. We can expect a very definite improvement, with an arrest of the trouble, or a cure, according to the stage of the disease when treatment is commenced.

Treatment.—Corrective treatment in these cases is of the utmost importance. The osteopathic work consists in breaking up this rigid posterior spine, moulding in into shape, and then strengthening the supporting muscles by bending exercises. We believe the corrective work should be given as strongly as the patient can stand it to get a good reaction afterward. In other words, gauge your treatment as you would a cold bath; make it fit the patient, do not make the patient fit the treatment. If they feel weak or enervated after you have worked on them reduce the strength of the corrective work, until they feel exhilarated and braced after treatment. Not that the treatment should be given with the idea of "bracing" a patient but if after specific corrective work the patient feels invigorated he will be the more benefitted, and in no wise weakened by it.

The corrective work should not only be applied to the dorso-lumbar curve, but to relieving the approximation between the occiput and atlas. This favors a normal circulation to the brain and relieves any possible irritation to the vagus. Corrective work should at first be given three times a week, then twice a week, and finally but once a week. Follow up every case with occasional treatment and urinalysis to be sure that a permanent result has been obtained.

In addition to the corrective work (by which I mean the replacement to normal position, and securing of normal motion, of the spine throughout the region of the curve)—we must treat the liver directly. I like best to do this as follows: I have the patient assume the knee chest position, and then reach under the liver and over the lower ribs on the right side and exert a squeezing motion. This, in addition to securing a better position for the liver treatment, causes a correction by gravity of any ptosis that may exist in the abdominal organs, and there

is usually more or less enteroptosis present as a result of the weakened spinal support, and of the weakened innervation to the abdominal wall and omentum.

Next in importance to treatment is the advice as to the quantity and character of the food. I am inclined to believe that the limitation of the quantity, so as not to overwork the already crowded organs of assimilation, is of more importance than the changes in the kind of food.

The following is the diet I recommend for diabetics—**BREAKFAST**—oatmeal or graham mush-toast (thoroughly toasted through), eggs and bacon, with milk or water for drink. **DINNER**—Broiled steak (or any good wholesome lean meat), lettuce, tomatoes, celery, cream cheese, graham or gluten bread, with buttermilk, lemonade or water to drink. **SUPPER**—oatmeal or graham mush with half-and-half toast. Three unsweetened egg-nogs may be taken during the day whenever wanted. This diet can be varied considerably, but I have obtained very satisfactory results by following its main outline. The patient should avoid worry and overexcitement; should wear flannels the year round; should sleep in a well ventilated bedroom, and in general should adopt measures to build up his vitality.

BATHS.—Both hot tub and steam baths are helpful provided the patient is not too much weakened by them. They relieve the kidneys of some of the excessive strain imposed upon them, and are valuable. These measures are useful in connection with the treatment, but the prime thing is the corrective work. Osteopathy can do much for patients suffering with diabetes.

IF we did not have imagination enough to foresee something better than we now possess, this would be tragedy indeed.

The Old Doctor

A TOAST PROPOSED BY DR. ERNEST TUCKER AT BOSTON, MASS., ON
JANUARY 6, 1913.

There is nothing great in the world but man and nothing great in man but his personality. The final meaning of everything is a personal one. Every great movement of history, every great discovery in science, every popular advance has been accomplished by a great personality. It is not a matter of cleverness; it is not the ability we have cultivated; nor is it physical strength or anything indeed so much as it is a MATTER OF THE MAN. Our bodies are composed of many parts, each one adapted to its own work, but these parts have to be united into a whole to make a man and so our minds contain ability, cleverness, training, instinct, but these things have to be gathered together into a personality to be of any value. It is not a man's cleverness that inspires us, it is his personality. Indeed his cleverness oftentimes we resent. His ability stirs our jealousy and although personally we may be too big to allow the feeling to remain, yet this seems to be a law of psychology. But the man himself, the personality of the man, we love, we obtain our inspiration from, and whatever be the event, this personal, this HUMAN side of our fellows is the important side. It is the point of contact, the point of cohesion; the amboceptor which enables the leucocyte and the germ to get together. It is the factor without which other things, however important, will not cohere. Whatever quality there be in this human element finally triumphs, and has its way, like the patient dripping of the water as it wears away a stone. So whether one be leading an army or governing an Empire, personality is the important feature. This Lincoln understood. This made Napoleon great. So strongly are we drawn to personalities that therein is a danger which in Republics we must always struggle against—the danger that we will find our ideals embodied in some man and so be led to embody our government in him also—a course which may prove unwise. So whether a man governs an Empire or leads an army, or writes an opera, or sings a song, or blackens boots, or drives horse, it is still his personality that makes for his success. So it is with building an osteopathic practice. A practice is built on personality. The training of a physician may be never so fine, his learning never so deep, but people cannot see his learn-

ing, or perceive his training. They realize only the personal side, and who shall say also that there is not as much healing in this personal side as there is in the mechanical work. Always the man is greater than his work. Greater than the Empire that he builds is the personality of the man who builds it. Greater than the army he leads is the man who successfully leads it. Greater than the opera he writes, greater than the scientific facts that he discovers, greater than anything that he does, is the man behind the work. Greater than Osteopathy is the personality of Dr. Still, whose work it is. These same discoveries in a man of less integrity, less absolute independence, less heart, less humor even—these same discoveries in a man of smaller personality than Dr. Still would not have gone the distance they have travelled. One of the greater heritage that the world has ever seen is Osteopathy but a greater heritage than Osteopathy is Dr. Still, the founder of the Science. It had a hero's birth, and the qualities which made it great in the beginning will make it greater still. We cannot afford to let ourselves get very far from that "heart of gold and that brain of light." We should drink continually at the fount of his knowledge and understanding of the body and of disease. There is a better thing that we can do, for in so far as we can touch that man and feel his spirit, so can we a thousand times more truly and deeply gain inspiration from ourselves and nourish our science and lead the heart of the world to an appreciation of the great thing that has come to it.

It is a pleasure and a profit to sit at a banquet table with other osteopaths. It is a pleasure to compare notes on our experiences, to see the gleam in each other's eyes when we recognize the immensity of the movement in which by the grace of God we find ourselves. Not many times in the world's history are people privileged to see in each other's eyes that light which must have shown in the eyes of Columbus when he first sighted our shores, or of Cortez as the poet describes him:-

"Then felt I as some watcher of the skies,
When a new planet heaves into its ken,
Or like stout Cortez, when with eagle eyes,
He stared at the Pacific, and the men
Gazed at each other in a wild surmise,
Speechless upon a peak in Darien."

We are among those chosen few, who see a new world, as it were, and new material in it. When we realize that IT WORKS, that we are slowly pushing open one of the greatest portals for the world's history, not something like the Panama Canal which will change the routes of

commerce and the distribution of wealth, but a conception which changes the whole thought of man as to himself. Alone in our offices we are aware of this as one is aware of the air. But when we gather together then we become lifted up to a new consciousness of it. And yet a far finer thing it is to meet each other and to absorb those qualities of human sympathy and devotion and understanding which each of us have acquired from our intimate contact with the deep things in human life. It is true of Medical Doctors, I have been told, and my observation confirms this assurance, that those who take up the practice of healing, whether or not at the outset the choice elements of our population, eventually become so from the intimate contact which they have with human nature. It builds within them the splendid personalities, the broad hearts, and the dignified minds that we are used to in the Medical men. But the contact that the osteopathic physician has, is very much more intimate. If he fails to obtain from that contact, the broadening of heart and the touch of sympathy which it naturally should bring, there must be something wrong with him and he is certainly failing to do the very best thing that could be done for Osteopathy, for the profession, for the Science and for his own practice. But if he will bring to his contact with his patients the spirit of the Old Doctor, in so far as he can do so, his success is assured. We should never miss an opportunity in our meetings or in our offices to help to extend the shadow of his great personality as far as possible across the country and across the pages of its history.

IT is opportunity that brings out the great man, but he only is great who prepares for the opportunity—who knows it will come—and who seizes upon it when it arrives.

Heart and Valvular Lesions

BY DR. H. W. FORBES.

There are two possible lesions of each valve, a narrowing of the valve which produces an obstruction, and a defect in the valve or a failure of the valve to completely close the orifice, which permits of a back flow of the blood; the former lesion we call stenosis, and the latter regurgitation. There are four valves, the mitral, the tricuspid, the aortic and the pulmonary; each may have a possible stenosis and a possible regurgitation; hence there are two lesions of each valve, or eight possible lesions in all.

Of these eight, five lesions are more common. Lesions of the mitral valve are much more common than lesions of the tricuspid. In congenital lesions, the lesions of the right heart are more common than those of the left side, because then the systemic pressure on the right side exceeds that of the left. After birth the systemic strain is greater in the left heart. Then the factor of strain produces more frequently lesion on the left than on the right side.

In the diagnosis of these valvular affections, it is important that we should bear in mind the surface anatomy of the heart valves and the various points on the surface of the chest where their sounds are heard. All of the valves will be covered by a phonendoscope placed over the left edge of the sternum between the 2nd and 3rd ribs. But the sounds of the heart, although produced within this narrow surface, are propagated in different directions. The left ventricle conducts the mitral sound, the right ventricle the tricuspid and the aortic and pulmonary arteries conduct the sounds of their valves, and we can identify the normal and abnormal sounds produced at these orifices.

I place my ear on the chest and hear a murmur which means one of eight lesions. The next step in the diagnosis is to reduce this possibility of lesion to two. I ask myself, at what point is this murmur heard most intensely? If, beyond question, the murmur is very much louder at the apex than when it is heard at any other point, then the mitral valve is incriminated, and the trouble is either a mitral stenosis or regurgitation. To distinguish between them requires a knowledge of the time at which this murmur is produced. The next thing to decide is whether such a murmur is heard while the ventricle is contracting or while it is relaxing. If heard during contraction of the ventricle, it is

a regurgitation, if when the ventricle is relaxed, it can be no other lesion than stenosis. I place my finger on the carotid pulse with my ear over the precordia, and note that the murmur is heard at the same time as I feel the carotid pulse. It is therefore a systolic murmur, occurring while the ventricle is contracting, and consequently it must be a regurgitation, at the mitral orifice. If I hear the murmur at the time I feel the apex beat, then it must be systolic. A mitral regurgitant murmur is the only one that is propagated with intensity to the back and downward. If I hear the murmur distinctly at the apex of the scapula on the left side, then it must be a regurgitation. Mitral stenotic murmurs are propagated inward rather than outward.

The next possible lesion is obstruction. I hear a murmur whose point of maximum intensity is located around the apex. We know that it is a mitral murmur. I time it; I feel the carotid pulse and then hear the murmur. If it occurs between the carotid pulses, it is diastolic in time. Any murmur that occurs in the interval between the apex beats is a diastolic murmur. It is a stenosis because the murmur occurs while the ventricle is relaxed. It is not propagated to the left, but is most distinct at the apex. This is a most practical method of identifying systolic and diastolic murmurs.

The interval between the first and second sounds of the heart is much greater than the interval between the second and first. If the murmur is synchronous with the heart sound which follows the long pause, it is systolic. The murmur synchronous with the sound following the short pause is diastolic.

Pulmonary murmurs: I hear a sound and in order to reduce the possibility of lesion to two, I find the point of maximum intensity at the interspace between the second and third ribs at the edge of the sternum on the left side. It is the pulmonary valve. Regurgitation and stenosis are differentiated as in the case of the mitral valve. If the sound follows the long pause and follows the apex beat and carotid pulse, it indicates regurgitation. The area of dullness is increased in regurgitation at the pulmonary valve because the heart must dilate to accommodate the additional blood. The dull area reaches to the left of the sternum instead of only between the sternum and the apex beat.

Pulmonary stenosis. Go through the same process to locate the murmur. Note the time of the murmur, if it is synchronous with the carotid pulse, the apex beat and the sound following the short pause, it must be stenosis. The area of increased dullness is much less than in regurgitation because the adaptation is much less.

The point of maximum intensity for tricuspid murmurs is at the lower part of the sternum at the right side. A murmur heard here with the apex beat, means that the murmur occurs while the right ventricle is contracting. That is a murmur made by a backward flow through the tricuspid valve, or regurgitation. It is synchronous with the carotid pulse. A murmur heard here in the interval between the carotid pulses and between the apex beats, that is, while the heart is relaxed, could mean but one possible condition, a stenosis of the tricuspid valve.

An aortic murmur is propagated to the second cartilage on the right. Heard while the ventricle is contracting, it is due to but one condition, a stenosis. If it occurs in the interval between the apex beats and the carotid pulses, showing that the heart is relaxed, it is the murmur of aortic regurgitation. This is the lesion that produces the maximum hypertrophy of the heart. In some cases hearts have grown until they weighed fifty or sixty ounces, and a heart in compensating for certain aortic lesions, has increased to more than four times its original mass. This also is the lesion so frequently associated with sudden death.

It often happens that more than one lesion exists. There may be mitral regurgitation with an aortic stenosis, a very loud murmur occurring during systole. On moving the phonendoscope, the murmur grows less intense toward the tricuspid area, and toward the pulmonary area. Moved toward the aortic area it first grows less intense and then gets loud again. A murmur with two points of maximum intensity, indicates a double lesion. A systolic murmur, with these two points of maximum intensity would mean mitral regurgitation and aortic stenosis.

So with other combined lesions; the time of murmur and the two points of maximum intensity serve to identify them.

All organic murmurs change the shape or size of the heart. If the heart is much changed in size and shape we may be sure that the sound is an organic, and not a haemic, murmur. No matter what chamber be enlarged, the apex beat will be displaced downward and to the left. This means a valvular lesion, but in many cases it does not mean any particular valve lesion.

In a normal heart the area left uncovered by the lungs—the area of absolute dullness—is not much larger than a dollar. In all valve lesions more of the heart will be left uncovered by the lungs, on account of the dilation. An hypertrophied heart gives a triangular area of dullness. The characteristic shape of dullness in dilation is quadrilateral. The dullness of pericardial effusion is somewhat pear-shaped with the base down. Both have dropsy and intestinal disturbance because the ab-

domen is overfilled with blood. In pericardial effusion the heart sounds are muffled.

Functional murmurs are due to increase of rate of blood flow; anything that will make the blood flow fast enough, will produce murmurs. In organic murmurs we have change of position of apex beat and change of shape of dull area. In functional murmurs there is no such change. In organic murmurs the sound is propagated. In functional murmurs the sound is heard only over the point of production. The functional murmurs are most common in the pulmonary area; organic murmurs are least common in the pulmonary area. In organic murmurs we feel a trembling or thrill over the point of greatest intensity.—By Special Journal Reporter at the San Francisco Convention.

ALL schools of medicine must be permitted in this country to stand strictly on their merits. To legislate in behalf of any of them to the injury of the others would be intolerable. If bolstered up by the law a practitioner of the favored type would not have to rely thenceforth exclusively on his skill and might proceed to lower his standard of efficiency or to take other liberties with his legally established position.

Keep pills out of politics, that the national health and the national ideals of freedom may not suffer.—(Chicago News.)

Hubbard's Little Journey

A FEW EXCERPTS FROM THE "LITTLE JOURNEY TO KIRKSVILLE" MENTIONED ELSEWHERE IN THIS ISSUE.

The other day I saw a picture of the Reverend Abram Still, father of Andrew Taylor Still, reproduced from an old daguerreotype. As I glanced at this picture, I involuntarily said, "John Brown." There was something essentially alike in the countenances of these two men—lean, homely, earnest, intellectual, stubborn—their high-combed hair bristling with the essence of honesty.

Call them religious fanatics if you please. In any event, they were men of high-power potencies.

And then, at the same time, I saw a picture of Mrs. Martha P. Still, the mother of Andrew Taylor Still—a strong, earnest, noble woman, with a square head and a firm jaw, fit mate for a man who was to fight not only with the elements, with poverty, with stupidity, but who was also to make a great fight for human rights.

Whether Andrew Taylor Still had ever gone to school or not, he would have been an educated man, in the sense that he was a well-balanced man. He knew the laws of health intuitively, and had the ability to take care of himself. Self-preservation is the first law of the mountaineer.

Andrew's desire was to be a circuit-rider, like his father. Much of the business of the circuit-rider was ministering to the physical needs of the people as well as the spiritual and the mental. In fact, it was not so very long ago that the three learned professions were all incorporated in one individual.

So Andrew Taylor Still, along about his nineteenth or twentieth year, decided to become a physician. And so in due time he began to practice with his father and an elder brother who was also a physician.

He became a general practitioner, and every sort of ailment that flesh was heir to he ministered to.

Young Doctor Still practiced almost all over the Territory of Kansas, and, naturally, he got into the border war, which evolved into a civil war, about the year Eighteen Hundred Fifty-five.

Doctor Still stood for freedom, not only for himself, but for other people, white and black.

But the one thing that this man was to do to impress humanity

was to come later. The Science of Osteopathy then existed in his mind only as a germ. He was a doubter by nature, and curiously enough, according to the Law of Paradox, a doubter is a man with faith plus. In order to progress, you have to have faith that there is something better ahead, and naturally you doubt the perfection of the present order.

I believe he is the first man in history to frankly say that, strictly speaking, there is no such thing as disease.

These individual, specific things that we call disease, six hundred of which, or more, are recorded in the books, are only symptoms of certain conditions.

Let a man violate the laws of Nature, be under-nourished, overfed, disturbed mentally, or let pressure of bone play upon the arteries, thus disturbing the circulation, or bone press upon nerve, and this individual may have one or a dozen of these so-called diseases.

Fever, chills, pneumonia, cold in the head, granulated eyelids, lumbago, Bright's disease, rheumatism, colic, croup, measles—these things all trace back to some specific, individual cause. And what this cause was, Doctor Still made it his business to ascertain.

From Eighteen Hundred Sixty to Eighteen Hundred Seventy-four he thought, studied, observed, compared, and finally there was worked out in his mind a clear and specific science, which is now known as the Science of Osteopathy.

On June twenty-second, Eighteen Hundred Seventy-four, having written out his thesis, he gave it to the world.

It was a great white milestone on the pathway of progress.

It was a very presumptuous thing for a doctor, educated in an allopathic school, to renounce his Alma Mater, break fellowship with his brothers of the profession, and declare that the entire science of medicine, so called, was founded on a superstition.

Only a man born and bred in pioneer times, amid pioneer surroundings, would have had the courage and the hardihood to have thus burned his bridges without thought of a ferry or subway. If needs be, he would stand right out alone in the open and fight it out. And this is exactly what he did. And behold, everything in the way of vocabulary was heaved in his direction. He was renounced and denounced as a fanatic, an ignoramus, a renegade, a rebel.

To be well, a man must be on good terms with his wife and his children and his neighbors. He must think well of himself and think well of Nature. He must love horses, cows, poultry and pets; and the more he was interested in the great seething, breathing world of out-of-doors, the better his chances were of keeping well.

But beyond this, a man's body is a mechanical contrivance, and if the articulations are displaced or abnormal, there would certainly follow a wrong adjustment, and this mal-adjustment would cause disease.

Osteopathy is simply the practice of common sense. The obvious is the last thing that men learn, and especially learned men, for learned men are mostly learned only in the science of books, not in the world of Nature.

A good osteopath must not only know the science of adjustment of the bony structure of the human body, but the more he knows of life in general the better fitted he is to practice the healing art.

The man who knows only one thing does not know that.

Had Andrew Taylor Still been merely a physician, versed and deeply learned in all that the books taught, he never would have evolved the Science of Osteopathy. It was hardship, deprivation, obstacles, difficulty, that forced him back on his own inventive genius.

Doctor Still is always more interested in life than he is in medicine. He is more interested in health than in disease. He does not look for the abnormal. He has the ability to keep in his mind the ideal of perfect health, and toward this end he is always working. When he writes or speaks, he is talking about health, and his plan always seems to be to open up the sluiceway, to dynamite the rocks in the channel, to clear a pathway through the woods. He is moving toward a certain definite point, and that point is health and happiness.

Health is his hobby. Medicine is only incidental.

Here we get a great big, broad and generous view of the world. I do not think that he ever realized the amount of opposition that the launching of Osteopathy would bring about. He was simply indifferent to it. He was a fighter by nature and the thing he fought for was human liberty, the right of the individual to live his own life, according to the dictates of his own conscience.

So it was that he broke loose from the world of medicine and launched a science of his own.

Emerson says that every great institution is the lengthened shadow of a man. This is certainly true of the College of Osteopathy in Kirksville.

Osteopathy does not pretend to know all about it. No school of medicine is so wholly right it can afford to say that all others are wholly wrong.

Of course, the main thing on Osteopathy is the "right adjustment," and this, in the vast number of instances, brings relief. This is the secret of Osteopathy, if there is any secret in it, which of course there isn't,

because it belongs to everybody and anybody who can comprehend' absorb and utilize it.

One thing sure: Osteopathy does not poison, corrupt and kill. And I believe that in ninety-nine cases out of a hundred it results in a positive benefit.

Opening up the articulations, relieving undue pressure, bringing about a complete relaxation—all mean bettered circulation and consequent natural elimination of the toxins that the body has accumulated and should throw off. The upright position was not the original intent of Nature. When man began to walk on his two hind feet he put one over on the Dame, and she has been punishing him ever since by occasionally giving him a crooked backbone.

We are only well and happy and able to think, to work, to love, to endure, to succeed, when the spinal column is able to do its perfect work.

What we all want is to be a good conductor of the divine current, to cultivate the receptive mind, the hospitable heart, and have bodies that are fit dwelling-places for the Holy Spirit.

Flower in the Crannied Wall

Flower in the crannied wall,
I pluck you out of the crannies:—
Hold you here, root and all, in my hand,
What you are, root and all, and all in all.
Little flower—but if I could understand
I should know what God is and man is.

—Tennyson.

Forum

Spokane, Wash., February 3, 1913.

The Journal of Osteopathy Publishing Company,
Kirksville, Mo.

Gentlemen:—

The article in your Journal of Osteopathy of January, 1913, calling attention to the criticism of Dr. Walker of Sunnyside of this state, which appeared in the February, 1912 copy of your publication, is now before me. The absolute injustice of his remarks led me to ignore his attack at that time. The Board of Medical Examiners of this state need not defend itself. The decisions as rendered by it have been given upon the evidence submitted.

I was very much surprised to read the letter as published by Dr. Walker, and while it read as fact to those not familiar with the circumstances to his case, it is disappointing that the facts on the opposite side were not sought before his attack was published.

That which I would like to say here is, if more of the applicants who are compelled to face examining boards throughout the country would apply themselves to study while at college, it is likely they would be better pleased with the results of their efforts at these examinations.

All I have to say about Dr. Walker's letter is, he does not appreciate even little courtesies, many of which were shown him. It is likely this letter will again set the pen of the above gentleman to work. No matter what his attitude may be by this time, I herein have said all there is to say.

Very truly yours,

LOUIS L. GARRIGUES, D. O.

Commencement Exercises at the A. S. O.

On Sunday afternoon, January 19, the Doctorate services for the January 1913 class was held in the First Presbyterian Church in Kirksville.

The church was crowded until there was no standing room even left. Splendid music was furnished for the occasion by Mr. and Mrs. D. R. Gebhart and the church choir. Rev. Frank M. Powell, pastor of the First Baptist Church delivered an extremely forceful Doctorate address.

It was full of sound advice to the out going doctors, and he urged them to be equipped not only to minister to man's temporal wants but his spiritual needs as well. Mr. Powell had good attention throughout his discourse. His subject was "True Greatness."

On the morning of January 23 the graduating exercises of the class were held in the Memorial and North Halls at the A. S. O. The following program was rendered: Music, Overture by Orchestra. Opening Remarks, Dr. C. E. Still. Class President's Address, C. A. Tedrick. Solo, Russell Dakin. Commencement Address, Dr. Eugene Christian. Remarks, "The Old Doctor" Presentation of Diplomas. Music, Orchestra.

At the beginning of the exercises the "Old Doctor" made a short talk of about ten minutes to the members of the class. Dr. Charlie Still, in a few well-chosen remarks, introduced the speaker of the day, Dr. Eugene Christian, of New York City. Dr. Christian gave an excellent address. The diplomas were delivered to the graduates by Dr. Charlie Still.

This was the first graduating class in the history of the school to which the diplomas were not delivered by the "Old Doctor," but it was thought the strain would be too much for him. Dr. Charlie remarked that sooner or later he would have to wear the "Old Doctor's" shoes, although they would be far too large for him. As the class left the rostrum each member received a red carnation and fern, the class colors being red and green.

The following is a list of the graduates and their home addresses:

L. C. Allen, Wilmington, N. C.	O. P. Ahlquist, New Castle, Pa.
J. M. Archer, Medford, Ore.	W. E. Allen, Fairview, Ill.

Frieda Allabach, Brooklyn, N. Y.	E. M. Lawrence, Quincy, Ill.
H. W. Allen, Hurley, S. D.	Marie B. Leonardo, Golden Dale, Wash.
Mrs. M. M. Alkire, Palestine, Texas.	F. N. Lucas, Stockport, Iowa.
Janet M. Armstrong, Speedside, Ont., Canada.	W. B. Lyke, Kirksville, Mo.
Ethel Becker, Austin, Minn.	C. D. Mead, Richland Center, Wis.
Margaret K. Bierbower, Colfax, Ill.	V. C. Mosley, Whitesville, Ky.
C. A. Bone, Montezuma, Ia.	E. E. Raynor, Battle Creek, Mich.
Kate Callahan, South Bend, Ind.	Alexandra Reznikov, St. Paul, Minn.
Harry L. Chadwick, Kirksville, Mo.	E. W. Reichert, Chicago, Ill.
Veva Chalfont, Kokomo, Ind.	Theo. F. Riel, Peoria, Ill.
Velma L. Clark, Enid, Okla.	Theodore T. Robson, Lansing, Mich.
John F. Clark, Campbell, Texas.	Jennie A. Ryel, Carthage, N. Y.
Ralph G. Cockrell, Bozeman, Mont.	C. H. Sauder, Preston, Ontario.
C. J. Crane, Brookfield, Mo.	Elizabeth J. Sharp, Detroit, Mich.
Mrs. C. J. Crane, Brookfield, Mo.	P. C. Schabinger, Freeport, Kansas.
J. W. Dean, Beresford, S. Dak.	A. H. Sellars, Fulton, Ky.
L. E. Faris, St. Louis, Mo.	Enos L. Shaw, Enid, Okla.
C. P. Getzlaff, Walla Walla, Wash.	Elizabeth Siehl, Cincinnati, Ohio.
Bertha A. Gobel, Buffalo, N. Y.	Elizabeth E. Smith, Asheville, N. C.
F. F. Graham, Moscow, Idaho.	Roy A. Stark, Parma, Idaho.
E. L. Hall, Mansfield, Ohio.	W. A. Steward, Shelbyville, Ill.
T. E. Hart, Noone, Iowa.	O. O. Stover, Columbus, Ohio.
Emma J. Heberd, Brooklyn, N. Y.	Fred Taylor, Washington, Iowa.
A. S. Hensley, Champaign, Ill.	Chester A. Tedrick, Hutchinson, Kansas.
Jeanette Herche, Parker's Landing, Pa.	Viola Thibaudeau, Appin, Ont.
A. O. Howd, Burnside, Ill.	Walter A. Thwaites, Grand Rapids, Mich.
Luella Hovland, Menter, Minn.	Belle Tillyer, Kirksville, Mo.
E. S. Howard, New York City, N. Y.	J. M. Turnbull, Monmouth, Ill.
I. L. James, Shelbyville, Ill.	Mrs. Marie Turnbull, Monmouth, Ill.
A. Dow Jones, Kirksville, Mo.	A. O. Waller, Eugene, Oregon.
Doris P. Jones, Summerville, Pa.	H. D. Webb, Grace, Miss.
L. Fay Kinney, Bloomfield, Ia.	C. H. Weeks, Ann Arbor, Mich.
Julia Larmoyeux, Hartford City, Ind.	M. O. Wert, Sycamore, Ohio.
H. T. Laughlin, Decatur, Ill.	Grace Whallon, Tuscola, Illinois.
W. T. Lawrence, Paducah, Ky.	W. L. White, Red Mon, Ill.
	C. A. Zimmermann, Anaheim, Cal.

Associations

Report of Annual Meeting of Massachusetts Osteopaths.—The annual meeting of the Massachusetts Osteopathic Society was held at the Copley Square Hotel, Boston, Mass., January 4, 1913.

The morning session was occupied by Dr. Gleason of Worcester, who gave a paper upon comparative work in Osteopathy and Orthopedics, and Dr. H. W. Chiles of Orange, N. J. with a "Message from the National Organization."

The afternoon session opened with Osteopathic Technique, Cervical Lesions, by Dr. L. L. Draper of Camden, N. J. Dr. Frank M. Vaughn conducted an Osteopathic Round Table, during which time, Epilepsy, Hospital Treatment, Conduct of Physician in the Treating Room and other subjects of interest were discussed. The remainder of the session was given over to Dr. Draper, who demonstrated correction of lesions in the lumbar and sacral regions and innominates.

A banquet was held in the evening with Dr. Effie L. Rogers as toastmaster. Among the speakers were Rev. Dr. A. Z. Conrad of Park Street Church on "Adjustments, Osteopathic and Other;" Dr. Aubrey W. Hart, whose subject was "Fraternal Spirit and Publicity;" Dr. Carrie E. Rand, who told of the need of optimism in the work of an osteopath; Dr. Eva Reid, whose subject was "The Old Doctor," and Dr. George W. Goode, who spoke on "The Future of Osteopathy."

Officers elected for 1913 are: President, Dr. Frank M. Vaughn; Vice-President, Dr. George W. Reid; Secretary, Dr. Mabel A. Langley; Treasurer, Dr. Herbert E. Wright.

Report of The International Congress of Hygiene and Demography Held in Washington, D. C., the week of September, 23, 1912.—The headquarters was the Pan American Building, and we were requested to register as early as possible. I complied with the request and was given a badge. One question on the registration blank was, "If a delegate, by whom appointed?" This question I took pride in answering, as I had the distinction of being the only Osteopathic Delegate and from the Illinois Osteopathic Association.

The opening of the Convention was held in the Memorial Hall at eleven o'clock on Monday, where the delegates were greeted by the usual addresses of welcome. The meeting was called to order by President Henry P. Walcott, of Mass., who began reading his address. When well started on an urgent plea for the passage of the Owen Bill, President Taft arrived. Of course, Dr. Walcott made way for President Taft, who was greeted heartily and proceeded to give his address. His remarks showed a good general, comprehensive view of the subject of the Convention and I was impressed by his broad and impartial ideas.

A reception was given at 3 P. M. at the White House, where President Taft and his sister-in-law, Miss Laughlin, shook hands with about 2,000 delegates.

Of the many papers I heard I will try to give a resume of those which interested me most.

Dr. Barnard read a paper on the transmission of disease by medium of food supply, claiming that disease is carried by so called Bacillus carriers, who handle food, and that all such people should have a medical examination. All manufacturers

of food stuff should require a certificate of health and frequent medical inspection of all employees.

Dr. Lederle of New York gave a paper on "Milk and the Methods of Handling It." He divided milk into A. B. and C. grades. A. grade is for infants and children. First, milk certified by a commission. Second, Guaranteed Milk produced under same standard, under the supervision of the Board of Health. Third, inspected milk from tuberculin-tested cows. Fourth, selected milk pasteurized. B. Grade. This grade for adults. First, selected milk from cows certified by veterinarian. Second, pasteurized, this milk must be delivered within thirty-six hours after pasteurizing. C. Grade. This grade for cooking just passed by a commission. All dairies to be inspected and kept in sanitary condition. Our milk supply is a very important matter and has been found to be the source of as well as a factor in spreading contagion. The greater part of his paper dwelt on what our Health Department here in Chicago is doing to guard against impure milk.

With all the precautions it is hard to get our food stuff in a sanitary condition.

We had an epidemic of typhoid fever in the southern part of Chicago not long ago, which was traced to a dairy, and just lately another in Wheaton of Infantile Paralysis was also traced to a dairy.

Dr. Shaw of Albany, N. Y. gave a paper on the care of babies in St. Margaret's Home, Albany. By not giving more than four or five babies to each nurse, and by hygienic and sanitary changes in the last few years they have reduced the mortality from forty per cent to eighteen per cent. They use wet nurses as much as possible, as the loss from breast fed babies is seven per cent against nineteen to twenty per cent in artificial feeding. I asked him what kind of milk they used. He said certified, that they had used pasteurized, but were not satisfied and had a pasteurizing plant to sell.

Several Chicago Doctors were on the program but only one read a paper. Dr. Caroline Hedger gave a paper on the "Care of School Children." As I only heard the last of it, was unable to get much out of it but was told that her paper was very good.

Dr. Thos. Solimon, of New York, read a paper on the Prophylaxis of Mental Diseases, Infectious Diseases, Syphilis and Venereal Infections, etc.

In speaking of Mental disease he urged the importance of more general recognition of the dangers in suppression in certain fields of over-work, protection of workers, mental hygiene for children, etc. His agency for prevention is widening the sphere of the hospital for the insane, general hospitals, State Board and Federal Government Control, National and Local Societies, Physicians and Medical Schools to make examinations and carry on clinics, encouragement in the extension of preventive medicines.

Dr. S. P. Clark of New York City, in his paper on "Prevention of Epilepsy," said, "When sound stock become epileptic, degeneracy is a natural out come of life, and there can be no prophylaxis." Epilepsy may be prevented by preventing the marriage of epileptics or by sterilizing them. Epilepsy from birth trauma should be diminished as soon as women have proper obstetrical attention. The same causes which induce abortion may cause inferiority in offspring thereby causing epilepsy. Toxemias in pregnant mothers cause inferiority not certain as to the psychic degeneration. Procreation from drunkards often brings on epilepsy.

Here is where Eugenics comes in. Dean Summer should have the support of all physicians as well as the people. When we have a law requiring the marriage license to be accompanied by a certificate of health, there will be a decrease in epilepsy and degeneracy.

An army officer told me they found men best for service in the army when their parents were married at about twenty-five years of age. The offsprings from such unions were nearer their standard. When parents were married younger the men would have weak hearts, kidneys and liver trouble.

Dr. Granjux of Paris read a paper on "Protection of Childhood against Tuberculosis." Present day Hygienists acknowledge Tuberculosis is not hereditary but exclusively contagious. A young person living in close association with one afflicted with pulmonary tuberculosis is almost certain to be a victim of the disease. The only way to protect the child is to remove it from the infected center. In France they send these children into the country to live with the peasant families until they grow up and it is said that they will not return to the congested city life, but make the country their home. Could something like that be started in this country? It would reduce our mortality from the White Plague.

On "Hygiene of Occupation," Dr. L. F. Hochwart of Vienna said, "By Occupation Neurosis, we mean a disturbance of muscular innervation, which sets in after a complicated activity of muscles acquired by practice while the muscles in every other action obey the will." The differential diagnosis must be made from many other nervous diseases, as cerebro-spinal diseases, tic, chorea and certain neurasthenic, and hysterical conditions. He also stated in case of occupation Neurosis, prognosis is not absolutely bad, but always doubtful. Everything which strengthens the individual physically and psychically will tend to prevent this neurosis. His most important points in treatment are cessation of work which causes pressure on nerves, and the adoption of measures or the benefit to general health, as hydrotherapy gymnastics and massage (getting close to Osteopathy.)

Dr. George M. Price, of New York City, in his paper made a strong plea for medical inspection of all workers in factories and said there should be Federal, State and Municipal examination. You can read between the lines and see that plans are being laid for medical control of every person who works for a living and indeed the skeleton of the Owen Bill was seen in a good many papers.

Dr. Rosalie Mortan of New York City, gave a paper on the effect of various forms of industry on women. She had several charts showing the spine and spinal nerves, and used them in her talk. She cited the telephone operator as a subject and showed by her reaching and turning there would easily result curvature of the spine and twisted pelvis.

Several times she alluded to the little nerves which come out between the vertebrae and stated that any pinching or pressing would cause a reflex pain, causing menstrual disorders, headaches and backaches; yet she did not give any way to cure these troubles after they were found.

Control of Infectious Diseases.

Dr. Chas. Chopin, of Providence, R. I., gave a paper on "Aerial and Contact Infection." He said that formerly it was held that yellow fever, cholera, typhoid fever, influenza, scarlet fever, diphtheria, small pox and tuberculosis were carried by out-side atmosphere from person to person or house to house. No good evidence of air carriage of most of these diseases has been proven, but certain studies make it quite certain that food, drink, and insects coming in contact with cases or carriers transmit the disease.

Dr. Goltman of Memphis, Tenn., told of an epidemic of typhoid fever in their city. It followed an overflow of the river and a polluted water supply. Precautions

were taken to furnish pure water and educate the people, through the press, as to the value of vaccination against typhoid fever, and free vaccination was furnished. Some of the results were: April, 43 cases, 1 death; May, 304 cases, 47 deaths; June, 42 cases, 8 deaths. The question was asked, did he not think that, by educating the people in how to care for themselves, pure water and food stuffs had as much to do toward restoring health conditions as the vaccination. Quite a discussion followed, not all believed in vaccination, however.

Dr. Simon Flexner of New York City gave a talk on Cerebro-spinal Meningitis, giving the typical symptoms. His only treatment was the serum treatment. He said that since serum had been used the mortality had been reduced to 30% against 75% to 80% previous to its use.

Dr. Sophian of New York City, said in the Kansas City epidemic the serum treatment failed quite often and the mortality was 52% with a great many recurrences.

Dr. Flexner in speaking on Poliomyelitis said that as it was a highly contagious disease, patients should be isolated at once. Nothing was given toward a cure, only have the patient rest and kept very quiet. As a preventive agency have a weak solution of Hydrogen Peroxide or saline solution and spray the nasal passages and throat.

Dr. Richardson of Boston, Mass., read a paper setting forth that Poliomyelitis was carried in the dust and by the bite of the common horse fly. Children were more often affected than adults on account of their stature and their playing on the ground. He sighted cases of monkeys being bitten by flies, and paralysis following, most cases being fatal. The method used was to make a cage six foot square, put the flies in the cage, wrap the monkey in fine white cloth and let him lie on the floor of this cage, allowing the flies to bite the animal. This method was attacked, as has been said, because the seat of infection in the human was most always found in the mucous membrane of the nasal passages so the animal would be more apt to breathe the infection than to acquire it from the fly bite.

Dr. Peterson of Stockholm, Sweden, read a report from The State Medical Institute of their work and investigation of Poliomyelitis. He gave the following symptoms: Headache, languid feeling, vomiting and fever, followed by paralysis. Was hard to differentiate between typhoid fever and some other diseases at the outset. He claims it is a parasite that causes the disease and seems to be the only one, who has succeeded in isolating it. After a great deal of laboratory work he has succeeded in isolating the parasite. The culture was taken from the mouth, trachea, and intestines upon post-mortem, and when injected into the monkey would cause infantile paralysis. While August and September are the months when the disease is more prevalent, yet in Sweden they have a great many cases in mid-winter, when no dust nor flies are around thereby making his parasite claim more plausible.

They have several epidemic hospitals in Sweden and from his report very few patients recover from Poliomyelitis. In their experiments with monkeys they have injected the serum or fluid into the sciatic nerve as well as other parts of the body. After a few days the animal seems to sicken, will stagger around when walking and climbs badly, and will die in about ten to thirty days. Not all seem to have symptoms of paralysis, still are affected to a degree. Upon post-mortem do not find the tissue involved as in the human, so there can be some question as to the infection being poliomyelitis.

Dr. Strauss of New York states that he has observed enlargements of the thymus, swelling of the mesenteric glands and Peyer's patches and distinctly marked Mal-

pighian bodies in the spleen. The microscopic examination has revealed hypertrophy of the lymph follicles, and acute inflammation of the spleen and mesenteric glands in infantile paralysis.

Weisner found pathological changes of the internal organs rather inconsiderable in cases of infantile paralysis. The hyperplasia of the lymphatic tissue, which he observed he scarcely believes is due to the virus of infantile paralysis.

Landerstiner made a culture from the tonsils of a two year old boy and succeeded in infecting a monkey with infantile paralysis. You see these men are far apart when it comes down to facts. As I have said before they have a theory and try to make all diseases fit that theory.

Dr. B. K. Ashford of the U. S. Army read a paper and exhibited photographs of Porto Rico, showing the Island before and after the Government had taken up Hookworm disease. He wrote to over 400 owners of plantations in regard to the improvement in labor since treating the natives. Three hundred and eighty or more answered showing they had raised the proficiency of labor from 25% to 60% (wages.)

Dr. Rose of the Rockefeller Institute gave a talk upon his experience in the Far East. India seems to be the home of the Hookworm. He stated that over sixteen million people are affected with the disease.

Dr. C. W. Stiles, of the Public Health services of Washington, D. C. read a paper on his personal experience with Hookworm disease. He had two boys for his clinic, also charts showing how some of our people live in the southern states. One of the boys was 14 1-2 years old and was very anemic, his ears were so clear that once could almost see through them. He was under size in stature and weight, also in mentality; was about the size of an eight year old boy. He had not been treated; his hemoglobin was 32%. The other boy was about 17 1-2 years old and had been cured about 1 1-2 years. He had grown over four inches in the last year; yet he was not larger than most boys of 12 years. He was backward in school, was examined and found to be a sixth grade pupil.

Dr. W. A. Plecker, of Richmond, Va., told me of his experience in treating the disease. He said that with proper sanitation the disease could be eliminated in a few years. So many people in the south do not have out-houses or privies. As this is an intestinal disease they contract it by going barefoot. The fecal masses dry, and the worms are hatched by the warmth and moisture of the ground. The subject walks in his bare-feet, as most of the poor class do, and the worms get between the toes, work through the skin into the veins and are carried to the heart and lungs. They are coughed up and swallowed into the stomach and carried into the intestines. They are very active and make this journey in a short time. They attach themselves to the intestinal wall and sap the nutrition from the subject like a tape-worm. The worm is said to be about one-half inch long and the size of a knitting needle. Their remedy is Thymol. They will give an adult 60 grains per day, in doses given three times per day for three days. This is to be followed by giving salts each night. He said from 2,000 to 3,000 worms would be passed in a day. Usually the three days treatment would cure most cases. Then they would teach them how to live and prevent a recurrence of the disease.

The exposition held in addition to the Congress was very interesting. There were so many exhibits it would take one several days to see them comprehensively. I visited the exposition at different times and my regret is that I did not have more time to spend there.

It was impossible to hear all the papers as meetings were held in three different buildings and papers were being read at the same hour in all the different places. As I could only be in one place at a time, it was necessary to make a choice of subjects.

Most of the papers were along the lines of investigation for causes. I did not hear as much of treatment as I anticipated. There seems to be a great movement in the direction of hygiene, sanitation and education or, in other words, prevention.—FRED W. GAGE, D. O.

Dayton, Ohio, District Osteopaths Meet.—The Dayton District Osteopathic Society met with Dr. E. H. Cosner on Thursday evening Jan. 2nd.

Dr. F. D. Clark, of Sidney, O., was the speaker, his subject being "Osteopathy in Acute Diseases."

The doctor brought out many practical points and his paper was most satisfactory to the large number in attendance.—W. A. GRAVETT, D. O., Secretary.

King County, Washington, Osteopathic Association.—The King County Osteopathic Association, of Seattle, January 22, met with Dr. Henrietta. There was a large and enthusiastic attendance. Legislative work was discussed and several amendments to the constitution were adopted.

Dr. James T. Slaughter presented a paper, "Atony of the Stomach," which was followed by the discussion of a number of case reports.

Southwest Michigan Osteopaths Meet at Battle Creek.—The regular meeting of Southwest Michigan Osteopathic Association was held in Battle Creek, January 4.

The program consisted of a quiz conducted by Dr. Betsy Hicks and tended to impress one with the danger of getting rusty on many subjects. The next meeting will be held in Kalamazoo in March.—FRANCES PLATT, D. O., Secretary.

Regular Quarterly Meeting of the Maine Osteopathic Association.—The Maine Osteopathic Association, held an all day session at the office of Dr. M. E. Hawk, Augusta, Me., January 1, 1913.

One of the principal topics of discussion was Legislation on which Dr. Geo. M. Laughlin spoke briefly, encouraging us in our campaign for an Independent Board, for which we have secured the services of the best lawyer in the State.

Dr. Laughlin also gave us an interesting and instructive lecture on Orthopedic Surgery followed by a number of clinics and discussions.

The following are the names of our new members: Dr. Julia J. Chase, Portsmouth, N. H.; Dr. Fredrick Kincaid, Skowhegan, Me.; Thomas L. McBeath, Rockland, Me.; Dr. Ruth N. McBeath, Rockland, Me.; Dr. Florence M. Opdycke, 167 State St., Augusta, Me.; Dr. Virginia C. Gay, 167 State St., Augusta, Me.; Dr. M. C. Hawk, Augusta, Me.; Dr. Wm. Simple, 168 Union St., Bangor, Me.

Mrs. Clark a senior student at the A. S. O. was present.

It was considered a great privilege to have Dr. Laughlin with us.—NORA R. BROWN, Secretary.

The Portland Oregon, Osteopathic Association Meets.—The Portland Osteopathic Association met in the office of Dr. Gertrude L. Gates, 922 Corbett building, January 11. The following officers were elected: Dr. William G. Keller, president; Dr. Edmund B. Haslop, vice-president; Dr. Katherine Myers, treasurer; Dr. H. C. P. Moore, secretary.

Fifteenth Annual Meeting of the Colorado Osteopathic Association.—

The Fifteenth Annual Meeting of the Colorado Osteopathic Association was held at the Albany Hotel, January 21 and 22. The committee had arranged an interesting program, which was as follows: Tuesday, 1:00 P. M., Luncheon, The Albany. 2:00 P. M., President's Address, Dr. G. W. Perrin. Address, "Technique," Dr. C. B. Atzen, Omaha, Nebraska, President National Osteopathic Association. Discussion. 6:00 P. M., Dinner, The Albany. 8:00 P. M., Public Lecture, Dr. C. B. Atzen, "The Scope and Aims of Osteopathy." Wednesday, 2:00 P. M., Election of officers. Reports of officers. Reports of Committees.

Meeting of the Osteopathic Society of New York City.—

Osteopathic Society of the City of New York held a meeting at the Murray Hill Hotel January 18, at 8 o'clock. Program: "Rheumatism," by Dr. George V. Webster of Carthage, N. Y. "Discussion," Dr. W. L. Buster, of Mount Vernon, N. Y. Business session 10 o'clock. Dinner served in men's cafe. Dr. Frank C. Farmer of Chicago, Ill., will address the Society at the February meeting on the evening of the 22nd. Dr. Farmer has been associated with Dr. Carl P. McConnell for a number of years in Research Work.

St. Louis Society Elect Officers.—The St. Louis Osteopathic Society held its monthly meeting and election of officers for 1913, in the home of Dr. Nannie J. Chappell, 785 North Euclid Avenue. The election followed a dinner party. Officers elected are: President, Dr. Franziska Nickenig; Vice-President, Dr. Mathilda Loper; Secretary and Treasurer, Dr. Nancy K. Meek. A general discussion of "Professional Ethics" was led by Doctors Minnie Schaub, Bertha Buddecke, Elizabeth Ingraham and Arlowyne Orr.

Report of the Platt Valley Osteopathic Association.—Several members of the Platte Valley Osteopathic Association, including Drs. Mary Warner and Dr. W. E. Bullock, met at the office of Dr. H. Agnes Dandy in Fort Morgan, January 18, having present Dr. Jenette Hubbard Bolles, of Denver. The legislative situation was discussed.

Under the auspices of the Platt Valley Osteopathic Association, a splendid lecture "Osteopathy, the Bridge of Life," was given by Dr. Jenette H. Bolles, that evening, in the auditorium of the High School, to an appreciative audience. This is the first attempt at publicity work by this association, and it is hoped that it may be followed up by other efforts. Certainly a great deal of good can be accomplished by this method. H. AGNES DANDY, D. O., Cor. Sec.

Program Given at Fifteenth Annual Meeting of Ohio Osteopaths.—

Friday, December 27, 10:00 A. M. President's address, "Public Health," Dr. L. C. Sorensen, Toledo. Technique—demonstration—Dr. A. F. Turfler, Rensselaer, Indiana. Diagnosis of Nervous Diseases, Dr. L. Von H. Gerdine, Kirksville. 2:00 P. M. Physical Diagnosis of the Thorax, Dr. B. H. T. Becker, Columbus. "Specific Treatments," Dr. F. A. Turfler, Rensselaer, Indiana. Interesting Points in Physical Diagnosis, Dr. L. Von H. Gerdine. Sputum, Blood and Urine Analysis, Dr. T. J. Emely, Jackson, Ohio. X-Ray Work, Dr. F. C. Bowen, Grant Hospital, Columbus. 8:00 P. M. Banquet, Dr. C. V. Kerr, Toastmaster, Cleveland.

Saturday, December 28, 9:00 A. M., Venereal Diseases, Judge S. L. Bolack, Columbus. Enteroptosis, Dr. Eliza Edwards, Cincinnati. Diagnosis of Common Skin Diseases, Dr. Wm. S. Nicholl, Philadelphia. School Inspection, Dr. L. A. Bumstead, Delaware. 2:00 P. M. Demonstration—Abbott Method, Correcting Spinal

Curvature, Dr. J. E. Cobb, Toledo. Manipulative Treatment of Common Disease of the Eye, Ear, Nose and Throat, Dr. Wm. S. Nicholl, Philadelphia. Surgery in Obstetrics, Dr. A. W. Cloud, Canton.

Officers for 1913: President, Dr. A. R. Prescott, Lorain; Vice-President, R. W. Scuborn, Akron; Secretary, L. A. Bumstead, Delaware; Treasurer, Dr. G. W. Bumpus, E. Liverpool.

Executive Committee, president and secretary ex-officio, Dr. Chas. La Rue, Lancaster; Dr. B. H. T. Becker, Columbus; Dr. J. H. B. Scott, Columbus; Dr. Effie B. Kountz, London; Dr. Eliza Edwards, Cin.

State Osteopathic Examining Committee, Dr. M. F. Hulett, Columbus; Dr. E. R. Booth, Cincinnati; Dr. J. F. Bumpus, Stubenville.

Third District Illinois Osteopathic Association.—The following officers for 1913 were elected at the regular meeting of the Third District Illinois Osteopathic Association, at Galesburg, January 8. President, Dr. M. P. Browning, Macomb; Vice-President, Dr. Cora Hemstreet, Galesburg; Secretary-Treasurer, Dr. Minnie M. Baymiller, Abingdon. Papers were read by Dr. Thompson of Elmwood on "Diseases of Kidneys and Bladder," Dr. Baymiller on "Brights' Disease" and Dr. Chapman of Galesburg on "Diabetes."

The Chicago Osteopathic Association Meets.—The Chicago Osteopathic Association held a meeting, January 11, at the Littlejohn College. Dr. R. K. Smith gave a very interesting talk on Osteopathic Orthopedics and with the assistance of Drs. Maltby, Proctor, Heine, Young and Farmer applied a cast to the case submitted for demonstration.

Oklahoma Osteopaths in Annual Meeting.—Thirty members of the Oklahoma Osteopathic Association met in Oklahoma City, December 27 and 28 to hold their eleventh annual convention, sessions being held in the assembly hall of the Chamber of Commerce. The following officers were elected for the year of 1913: President, Dr. W. A. Cole, Oklahoma City; vice-president, Dr. G. W. Dunning of Pond Creek; secretary and treasurer, Dr. Ernest Ewing of Blackwell.

An important feature of the convention was the lectures and clinical demonstrations by Dr. George M. Laughlin, professor of orthopedic surgery at the American School of Osteopathy, Kirksville, Mo. Other speeches were delivered by Dr. W. F. Nay of Enid; Dr. Mary E. Brewer of Norman, Dr. A. S. Piper of Shawnee, Dr. W. A. Cole, of Oklahoma City, Dr. C. H. Montague of Muskogee, Dr. Ewing of Blackwell, Dr. J. W. Shackelford of Ardmore, Dr. Lynette Barton of Bartlesville, Dr. J. J. Schmidt of Tulsa, Dr. M. A. Mitchell of Enid, Dr. J. A. Price of Oklahoma City, Dr. R. L. Davis of Guthrie, Dr. W. S. Corbin of Chickasha, Dr. D. E. McCarty of El Reno, and Dr. F. A. Englehart of Oklahoma City.

Florida Osteopaths Elect Officers for 1913—The Florida State Osteopathic Association was held at Tampa, December 28. The sessions were attended by about thirty members. The state board of examiners held its session at the same time.

The following officers were elected: President, Dr. Sarah Wheeler, Lakeland; Vice-President, Dr. George Baumgrass, St. Petersburg; Secretary-Treasurer, Dr. Grace Gould, DeLand.

The association recommended that Dr. Wheeler be appointed a member of the state board of examiners in place of Dr. A. E. Berry, whose term is about to expire.

The sessions, which were held in the Hillsboro hotel, were marked by the reading of a number of papers of interest to the fraternity.

Legal and Legislative

New York City Osteopaths Demand Right to Sign Death Certificates.—Contending that an osteopath is equally as capable in diagnosing a disease as a Physician with a degree of doctor of medicine and is therefore capable of making a proper report, a committee of osteopaths attended a meeting of the Board of Health and urged that the Board amend its rule relative to the granting of death certificates and permit osteopaths to issue such certificates.

Physicians representing various medical societies argued against them. Both sides were represented by legal counsel, who were directed to submit briefs.

After a lively meeting the board reserved decision on the society's request for repeal of a section of the Sanitary Code, which it was asserted, was discriminatory.

Speaking against the change, Dr. Walter G. Frey, president of the Queens County Medical Society, declared that "all 'paths' lead to the grave, any way." This pun did much to relieve the tension aroused by the discussion.

"If you let down the barriers," said Dr. Frey, "then the next thing we will have will be mudpaths and several other kinds. Don't let down the barriers. You commissioners are in a position to keep them out, and I hope you will do so."

Dr. J. J. O'Connell, Health Officer of the Port, listened closely to one man who was telling how rigid was the course of study prescribed for osteopaths.

"Where is the lyra?" he suddenly asked. There was silence, and the osteopath admitted that he didn't know where the lyra was. Dr. O'Connell looked at other osteopaths and left the invitation open to any of them. Dr. Ralph H. Williams said it was unfair to interject such things into the discussion, but admitted he didn't know where it was.

"And I don't believe the doctor does, either," he said, pointing to Dr. O'Connell.

"Yes I do," declared the Health Officer. "I'll tell you where it is after the meeting is over." And when the meeting had ended some of the osteopaths crowded around Dr. O'Connell and bantered him for having propounded what they said was a catch question.

The lyra, according to a Department of Health physician present, is a part of the brain.

Among the doctors who spoke for the osteopaths were G. W. Burns, Ralph H. Williams, W. A. Merkley, J. W. Riley, Charles Hazzard and W. L. Buster, and their attorney, Edwin A. Jones.

Those opposed included Almuth C. Vandiver, attorney for the County Medical Society, and Dr. Walter G. Frey, of the Queens-Nassau County Medical Society.

Dr. Burns said imitators had been responsible for much of the wrong impression that some people held about the osteopaths, and declared that no real osteopath had figured in any trials for violations of the law. One contention of the speakers was that while the state fully recognized the osteopaths the city did not.

"He may be a commissioner of police," said the attorney, "Health Commissioner or Health Officer of the Port, and yet he is not permitted to give burial certificates."

New Jersey Osteopaths Want Board of Osteopathic Examiners.—Among the bills introduced at the House session in New Jersey, January 29, was one to regulate the practice of Osteopathy: It was offered by Assemblyman Bredenbek and was referred to the Committee on Health, of which Assemblymen J. C. Agnew and Bredenbek are members.

The bill is backed by Dr. Smallwood and other well known osteopaths. It is indorsed by the New Jersey Society of Osteopaths. It provides for a board of osteopathic examiners to license osteopaths.

The bill is patterned after the Brown bill that was before the Legislature two years ago.

Bill Provides for Reorganization of Medical Boards in California.—Senator Gates of California, introduced a bill recently which deals with all sorts of medical practitioners in the State and fixes penalties for practicing without a license granted by a board created by the bill. By the provisions of the bill there are to be created boards of examiners consisting of nine members for examination of practitioners of medicine, drugless practice and religious medical practitioners. Each board is to be made up of leading practitioners in the special branch of medicine with which the board deals. The real medicine board is to be composed of four representatives of the allopathic school, three homeopaths and two eclectic practitioners. The drugless board to be composed of osteopaths, chiropractors and others in like lines, and the religious examiners made up of Christian Scientists and other such religious leaders. All applicants are to be examined by their special board and cannot practice without licenses from it. Heavy penalties are named and provision is made for revoking the license of any practitioner in any line who is guilty of unprofessional conduct in any manner.

Illinois Osteopaths Who Have Signed Legislative Petition.—Some time ago blanks were sent to all osteopaths in the State of Illinois with the request for signatures to a legislative petition. The following forty-three promptly responded:

Drs. J. C. Greenwood, Chicago; F. E. Dayton, Chicago; Agnes Landes, Chicago; E. R. Proctor, Chicago; Geo. Carpenter, Chicago; Jessie Wakeham, Chicago; F. W. Gage, Chicago; J. H. Sullivan, Chicago; A. L. Galbreath, Oakland, Ill.; W. H. Parker, Carlinville, Ill.; E. Pitts, Bloomington, Ill.; J. D. Cunningham, Bloomington, Ill.; J. E. Francis, Charleston, Ill.; M. P. Browning, Macomb, Ill.; H. D. Norris, Marion, Ill.; J. F. Bone, Pontoac, Ill.; L. McMaster, Homer, Ill.; H. T. Miller, Canton, Ill.; A. Everson, Toulon, Ill.; J. C. Huntington, Princeton, Ill.; J. F. Walker, Quincy Ill.; C. O. Cline, Monticell, Ill.; E. O. Thawley, Peoria, Ill.; Martha E. Scaife, Springfield, Ill.; A. M. Wiles, Jerseyville, Ill.; Elizabeth E. Wagoner, Jacksonville, Ill.; R. A. Hamilton, Whitehall, Ill.; W. A. Atkins, Clinton, Ill.; M. E. Noyes, Ottawa, Ill.; L. R. Jennings, Centralia, Ill.; G. B. Lord, Lawrenceville, Ill.; T. J. Eales, Belleville, Ill.; Wendell & Magill, Peoria, Ill.; O. R. Hurd, Urbana, Ill.; C. E. Medaris, Rockford, Ill.; Lizzie O. Griggs, Wheaton, Ill.; A. Covey, Peoria, Ill.; F. W. Hamilton Robinson, Ill.; D. O. Thompson, Syracuse, Ill.; Etta Chambers, Geneva, Ill.; C. C. Rude, Tuscola, Ill.;

Another Indiana Osteopath Acquitted.—In the circuit court recently it took a jury only a very few minutes in which to acquit Dr. H. Thomas Wise, charged with practicing in Goshen without a license. The defense was based on the contention that Dr. Wise is an assistant of Drs. Crow of Elkhart and that he merely had charge of the Goshen office, they being called into consultation on important cases.

Senate Refuses to Adopt Owen Bill.—By a tie vote the senate refused, Feb. 3, to take up for consideration the Owen Bill establishing a bureau of health. Joseph Mason of Chicago, the representative of the National League for Medical Freedom, was at the capitol while the vote was being taken. Thirty-three senators, all democrats with the exception of Burton of Ohio, and Crawford of South Dakota, favored the Owen motion, while thirty-three senators, all republicans and progressives, objected to it. This means that there will be no action during the present session.

Business Opportunities

Wanted.—Position as assistant or to take charge of practice for the summer, by woman finishing fourth term at A. S. O. Address "No. 3" care of the Journal.

Wanted.—McManis or 20th Century treating table, in fair condition and at reasonable price, by a D. O. in southern part of New Mexico. Address "New Mexico" care of the Journal.

For Sale.—In New York State, oak treating table which cost \$15.00 and stool which cost \$5.00—both good as new. Will send both for \$10.00 cash. Address Dr. Howe, 906 Garden St., Bellingham, Washington.

For Sale.—Excellent sanitarium property (physical culture, osteopathic, and naturopathic) in thriving New Jersey town approximately forty miles from New York City, 28 from Asbury Park, 55 from Philadelphia, and 23 from Trenton. Nearly sixteen acres ground; trees; running brook; handball court; outdoor sleeping facilities. Substantial building and outbuildings, including large brick, slate-roofed garage. Modern plumbing and heating; electric lighting; municipal water supply. All first-class shape. Buildings alone could not be replaced for \$15,000, but much less will buy whole property. Rare chance for one or two practitioners. Address "Property" 1149 North Sixty-third St., Philadelphia, Pa.

For Sale or Rent.—Two properties—five miles south of Burlington, Iowa. One three story eleven room store residence with ten acres of good garden land and orchard of 600 fruit trees. Land is high overlooking Mississippi River. An ideal place for a sanitarium or country residence. There is two acre lake stocked with fish. One six room house with barn, etc. Seven acres of orchard. On Burlington Railroad. Fare ten cents. Address E. G. Kemper, Gary, Ind.

For Sale.—It will pay any one to investigate my practice, established five years. It will be sacrificed at a low figure. Reason for selling given to interested purchaser. Excellent opportunity for husband and wife or lady practitioner. Address "Rex" care of the Journal.

House for Rent and Furniture for Sale.—House in Kirksville with five rooms and bath for rent at \$15.00 per month. Two rooms in it can easily be subrented for \$14.00. Dining-room fifteen feet square, is furnished to accommodate ten boarders. A married man can easily pay his way through the A. S. O. by taking house for roomers and boarders. For particulars address "212" care of the Journal.

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Book Reviews

Principles and Practice of Obstetrics.—By Joseph B. De Lee, A. M., M. D. Professor of Obstetrics at the Northwestern University Medical School. Large Octavo of 1060 pages, with 913 illustrations, 150 of them in colors. Philadelphia and London: W. B. Saunders Company, 1913. Cloth, \$8.00 net; Half Morocco, \$9.50.

This book is a magnificent treatise covering the entire fields of physiological and pathological labor. In introducing his subject Dr. DeLee—in speaking of the reproductive cycle—says “one demands that it should not cause the woman’s death nor injure her health, and that the child be born alive, well and capable of continued extra-uterine existence.” “Unfortunately” he continues “this standard is seldom attained. The process of reproduction is disturbed by many pathogenic influences in all the periods of the cycle, and many permanent structural changes are inaugurated. The study of all these processes, both normal and pathologic, is the science of obstetrics; the application of this scientific knowledge and that derived from intelligent experience at the bedside of the patient comprises the art.” As far as possible undue wordy discussions have been avoided, “at the risk” says the author “perhaps, of sometimes being too dogmatic.” The writer brings twenty-one years of active experience as teacher to the compilation of this monumental work and the result is extremely gratifying.

A Manual of Elementary Zoology.—By L. A. Borradaile, M. A., Lecturer in Zoology in the Cambridge University etc. Oxford University Press, American Branch, 35 W. 32nd St., and 34 W 33rd St., New York.

In this manual those animals which are most often studied in courses of Elementary Zoology are treated with a view to introduce the student to the principal problems of the science. There are twenty four chapters dealing respectively with The Animal Organism; The Frog, as to External Feature and Body Wall, Viscera and Vascular System, Nervous System and Sense Organs, Histology and Death; Amoeba; Polytome; Monocystis; Ciliata; Polyps and Medusae; Reproduction and Sex; Platyhalminthes; Annelida; The Crayfish; Insects; The Swan Mussel; The Lancelet; The Dogfish; The Pigeon; The Rabbit; Mammalia; Embryology; Classification and Evolution; The Animal in the World. The book is abundantly illustrated and should prove extremely useful to anyone desiring a good introductory treatise on the subject of Zoology.

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Minor Surgery.—By Leonard A. Bidwell, F. R. C. S., Senior Surgeon to the London Hospital, etc. Second edition, Revised and Enlarged. With One Hundred and Twenty-nine Illustrations. Published for the London University by the Oxford University Press, American Branch 35 W. 32nd St., and 34 W. 33rd St., New York.

Some standard work in Minor Surgery should be in the office of every osteopath, as, in the ordinary practice, cases are bound to arise which require Minor Surgical skill. This is only a short book but it is eminently practical and takes up all the ordinary conditions that are likely to be met with. There are thirteen chapters and a good index. We find short but adequate discussions of such things as Boils, Whitlows, Ganglion, To remove a ring from a swollen finger, Hammer toe, Epistaxis, Stomach tubes, Asphyxia, Varicose Veins and many similar subjects of interest. It is a good book and we recommend it.

The Diseases of the Skin.—By Willmott Evans, M. D., B. S., B. Sc., etc. Senior Surgeon to the Hospital for Diseases of the Skin, Blackfriars, etc. With thirty-two illustrations. Published for the London University by the Oxford University Press, American Branch, 35 W. 32nd St., and 34 W. 33rd St., New York.

As an introductory work upon the Disease of the Skin we know of none better than the manual under review. Short—but 350 pages,—clear cut, simple and at the same time adequate, this book gives a good foundation for deeper study later. As is well known, one of the chief reasons why so few students and practitioners obtain any satisfactory knowledge of Dermatology is that they are overcome by a mass of detail in any of the regular and lengthy treatises that are published. The illustrations are all full page, and one—the frontpiece is in colors. We can readily recommend this manual for the purpose it is designed to fulfill.

The Medical Diseases of Children.—By T. R. C. Whipham, M. A., M. D., (Oxon) M. R. C. P., Physician to the Evelina Hospital for sick children etc. With sixty-eight illustrations. Published for the University of London by The Oxford University Press, American Branch 35 W. 32nd St., and 34 W. 33rd St., New York.

This text-book of about 400 pages covers the subject of children's diseases thoroughly and concisely. There are eighteen chapters dealing with every phase of normal and abnormal development. The main subjects handled are: The Development of the Child; The Feeding of Healthy Children; Derangements of Nutrition; Diseases due to Faulty Nutrition; Specific Infectious Diseases; Pneumococcal Infections; Tuberculous Infections; Rheumatic Infections; Syphilis; Meningococcal and other Infections; Constitutional Diseases; Diseases of the Alimen-

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tary System; of the Respiratory System; of the Circulatory System; of the Spleen, Blood and other Ductless Glands; of the Genito-Urinary System; of the Nervous System, and of the Bones and Muscles. It is a well written book and many useful points may be gleaned from a perusal of its pages.

Differential Diagnosis.—Presented through an Analysis of 385 cases. By Richard C. Cabot, M. D., Assistant Professor of Clinical Medicine, Harvard University Medical School, Boston. Second Edition, revised and profusely illustrated. Philadelphia and London. W. B. Saunders Co. 1912. pp. 763.

Cabot's "Differential Diagnosis" is a book that would repay the most earnest study of almost any student or practitioner. As the author states in his preface "the attempt to make and defend a differential diagnosis brings all one's failings into sharp relief." The especial interest of this work lies in the fact that in most cases the tentative diagnosis is confirmed or overturned by operation or post mortem examination. The book is divided into twenty-three chapters dealing with such general symptoms as headache, abdominal pain, epigastric pain, axillary pain, fevers, chills, cough, vomiting, etc. Under each heading some fifteen or twenty case reports are given and the differential points are splendidly brought out. The manner in which the osteopathic aspects of the various cases are suggested is most interesting, and in a number of cases mention is made of the patient being benefitted or not by osteopathic treatments administered subsequent to or after the examination then reported. As an example of this we select one case "No. 97" taken quite at random from the book. In the course of the discussion we read as follows: "There was a slight tenderness along the lower dorsal and lumbar spine. THE MOVEMENTS OF THE SPINE WERE FREE. . . . In the physical examination there are no data regarding the conditions of the sacro-iliac joints. MANY OF THE SYMPTOMS HERE DESCRIBED COULD BE ACCOUNTED FOR BY SOME OF THE ACUTE LESIONS OF THOSE JOINTS." Dr. Cabot is a broad-minded man and his book is a thorough masterpiece.

A Practical Medical Dictionary.—By T. L. Stedman, A. M., M. D. Editor of "Twentieth Century Practice of Medicine," Editor of the "Medical Record." Second Edition, Revised. New York. William Wood & Company. 1912. Price \$5.00 net.

The Second Edition of Stedman's Medical Dictionary has a number of points to recommend it. It is very complete in its scope and the definitions are clear and adequate. A dictionary is always a hard book to review, as it is necessary to depend so largely upon the general appearance and make-up of the book in the decision. One is reminded of the

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farmer who was given a dictionary by a friend, and was afterwards asked how he liked it. His reply was "Oh! first rate, but the subject changed so often, I could not follow it very well." The dictionary consists of words used in Medicine with their derivation and pronunciation, and includes dental, veterinary, chemical, botanical, electrical, life insurance and other special terms. Then are also a number of anatomical tables of the titles in general use and those sanctioned by the Basle Anatomical Convention. The Pharmaceutical Preparations that are official in the United States and the British Pharmacopeias and which are contained in the National Formulary are also given. Considerable Chemical and Therapeutic information as to the Mineral Springs of America and Europe is included.

Manual of Surgery. By Alexis Thomson, F. R. C. S. (Edin.) and Alexander Miles, F. R. C. S. (Edin.) Volumes Second and Third. Operative Surgery. With 220 illustrations. Edinburgh, Glasgow and London. Henry Frowde or Hodder and Stoughton. 1912. pp. 565.

To one who desires something new and up-to-date in the surgical line nothing should be more highly recommended than Thomson and Miles, new edition of their manual of Surgery. It is a very comprehensive work embracing both general and operative surgery, well gotten up, clearly written and provided with numerous exceptionally good illustrations. It is complete in several very convenient volumes.—WAGGONER

Text Book of Gynecology.—By William Sisson Gardner, M. D., Professor of Gynecology, College of Physicians and Surgeons, Baltimore, Md. With 138 illustrations in the Text. New York and London. D. Appleton & Company. 1912.

In this text-book the author has attempted to state briefly and accurately the main facts of his subject without overburdening the reader's mind with a mass of detail. In consequence the greater amount of space in the book is devoted to the common diseases, while the rarer ones are treated very scantily in some cases. The author has a very clear way of presenting his subject and the book is well edited with the employment of a variety of types to emphasize the most important points in each subject under discussion. There are something over twenty chapters in the book dealing with the regular phases of the subject such as diseases of the vulva, vagina, uterus etc. We notice that Dr. Gardner has omitted most of the subjects that belong really to surgery, but which are often discussed in books on gynecology. The book is a nice short text on the subject.

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Personals

Result of Indiana Board. Dr. Caine on Honor List.—Sixteen regular physicians and one osteopath will receive licenses to practice in Indiana as a result of a recent examination conducted by the state board of medical registration and examination. Only one person examined failed. The manuscripts of two others, because of being incomplete, will not be passed upon at this time. The report of the examiners was announced yesterday. Dr. Allen B. Caine of Marion, the only osteopath, was among the nine placed on the honor roll. The highest grade was received by Dr. Ivan James Markel of Elkhart, whose grade was .936. It was announced that the Indiana Board has established reciprocity with Mississippi, which means that licenses obtained in either state will be recognized in both states. The successful applicants for licenses, the first nine mentioned being on the honor roll, are: Ivan James Markel, Elkhart; Mrs. Abby Henderson, Laporte; John S. Diver, Anderson; Allen B. Caine, Marion; Alva P. Warman, Salem; Percy R. Pierson, New Albany; Leslie L. Stone, Brook; John E. Freed, Terre Haute; Charles Benjamin Mosher, Valparaiso; George G. VanMater, Peru; Harry M. Pell, Brazil; George H. Parmenter, Owensville; Leonard J. Ostrowski, Gary; Robert E. Johnson, Hendrick; A. B. Darling and Thomas B. Anderson, Kokomo; Shickrey Farres, Ravenna, O.

English Osteopath Speaks at Woman's Pleasant Hour.—At the usual weekly meeting in connection with the Church of Christ, Morington-road, Southport, England, there was a crowded audience. The particular attraction was a "talk" by Miss Dora Sutcliffe on "Osteopathy, the new science of drugless healing." Mrs. Lamont was in the chair and introduced Miss Sutcliffe, who in a short and interesting address told how she came to study the science. Members of her family had been greatly benefited by osteopathic treatment in severe cases of neuralgia, gall stones, and other ailments, and it was decided she should go to America and study the subject at the original Training College at Kirksville, Missouri. The curriculum varied very little from the ordinary medical college at home, except that osteopathic manipulations were substituted for materia medica. The osteopathic theory is that health depends upon normal body structure. If bones, muscles, ligaments, or organs are out of place they produce or maintain disease by interference with nerve or blood supply. The rational cure is to adjust these structures and free the impinged blood supply. A good example of this is in the case of a dislocated hip producing paralysis of the leg. Miss Sutcliffe showed that where the damage was slighter, a subluxation, instead of a complete dislocation, with pain and inactivity, was the result, and this was true of every joint. Thirty-one pairs of nerves pass out between the bones of the spine to all the organs of the body, and it is easy to see that subluxation of any of the spinal joints would interfere with the nerves passing out between them, and result in a weakening of the organ supplied by these nerves. Many prominent ladies took part in the discussion, their questions receiving satisfactory replies. Several nurses were present, and their technical queries showed how keenly they had listened to the lecture.

Spent Christmas in Seattle.—Drs. F. E. and Hezzie Purdom Moore spent Christmas with their sister, Mrs. Harkness. While there they called on the local osteopaths.



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Received Injuries in Railroad Wreck.—Drs E L and Stella Thurman of Americus, Ga., received injuries, December 24, in a railroad wreck Mrs Thurman lost only three weeks from her practice, but Dr E L was not able to resume his work until the first of February

Warning to Osteopaths.—We have been notified that a Miss Bessie Stuart Campbell has been calling on New York City osteopaths for donations for an article she says she intends to write on Osteopathy There is every reason to believe that she is a fraud and those doctors who were taken in by her warn those not yet interviewed.

First Osteopath Located in Chicago Will Remove to New Building.—Dr. Joseph Henry Sullivan who located in Chicago in 1894 will remove to the Goddard Building, adjoining the famous Palmer House, May 1st. Dr. Sullivan had leased his new offices for ten years. This building is one of the newest modern buildings in Chicago and will be occupied only by osteopathic physicians.

Opportunities for Osteopaths in British Columbia.—We copy the following from a letter written to us by Dr. N. L. Sage of Victoria, B. C.

"We have a city here of from 60,000 to 80,000 inhabitants and not an osteopath, and one of the best climates in the world. It is a tourist town and will be, no doubt, the Los Angeles of Canada. There is a great cry here for an osteopath. Vancouver and suburbs have a population of over 200,000 and only three osteopaths. Not only these two cities, but there are many more cities of from 5,000 and up in the Province and not an osteopath in any of them. We certainly have a great climate here, which is conducive for the coming of any osteopath. I know the road which the Medical men have mapped out for osteopaths to gain a license is very difficult, but why are not osteopaths inherited with just as good a brain as the medical men. They have, and if the proper steps are taken, this barrier can be overcome. Please encourage all you can those are passing the examinations, and if the proper preliminaries are taken, any B. A., A. B., or graduate of any university, or even of high schools, seems to me to be able to qualify."

Two Osteopaths Have Narrow Escape in Fire.—A very costly fire occurred at Greenville, Texas, January 15, destroying a large building in which Dr. J. H. Landers and Dr. H. R. McLean occupied offices. When they were awakened the fire had cut them off from the stairway. Dr. Landers was compelled to climb down a telephone pole in front of the building while Dr. McLean had a more exciting escape, for he was compelled to climb out of a window and hang from the window sill until the fire department could arrive and bring him down on a ladder. When he was rescued his hands were badly burned.

A Correction.—It was Dr. Nannie Elmore of Ratoon, N. M., who successfully passed the New Mexico Board of Osteopathy and was granted a license to practice instead of Dr. Wanne Elmore, as stated in the December issue of the Journal.

Have Taken a Partner.—Drs. Edgar D. and Mary L. Heist of Berlin, Ontario, Canada, announce that they have taken Dr. G. V. Hilborn, a graduate of the Still College of Osteopathy into the partnership.

Called at the Journal Office.—Dr. M. C. Burris, New Franklin, Mo., was in Kirksville, and called at the Journal office, February 6.

Carried Pennant in Parade.—Dr. Mary Lyles-Sims carried the A. S. O. pennant in the three mile parade on S. C. day at the Fifth National Corn Show at Columbia, S. C. She was one of three women who drove their automobiles in the parade. She carried three pleased patients as well as the A. S. O. pennant.

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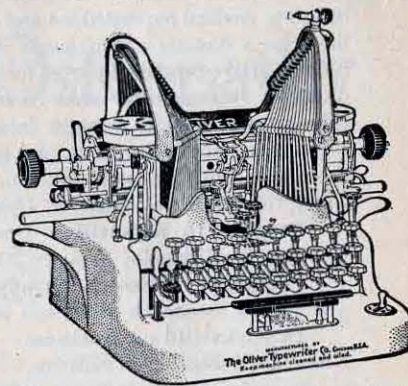
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Stopped in Kirksville.—Drs. Walter and Caroline Mayes of Magdalean, N. M., were in Kirksville, January 20, having stopped over on their way home.

President of Smith Family Association.—Dr. Ralph Kendrick Smith, the well known osteopath of Boston is the president of the Smith Family Association.

In Kirksvilld on Business.—Dr. F. C. Mahler of McPherson, Kansas, was in Kirksville, recently, on business.

Satisfaction Too Great to Express in Moderate Terms.—It is conceded by all who have ever used the "Storm Binder" that it has no peer. The average physician who has tried with indifferent success one supporter after another with the usual objections and complaints feels a degree of satisfaction rather difficult to express in moderate terms when his patients, with one accord rise up and call the Storm Binder blessed, and assert they could not live without it. The fame of this "supporter which supports" has extended from coast to coast, and foreign orders are becoming greater each month. This Journal particularly rejoices in Dr. Katherine Storm's great success, inasmuch as she is a well-known woman physician and a graduate of the Woman's Medical College of Pennsylvania.

The Physician's Duty.—Physicians are becoming more and more impressed with the value of prophylactic measures. Therefore to instruct patients of the gentler sex in hygienic and sanitary principles and procedures is both a duty and a privilege.

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This being true of women whose genital tract is in a normal and healthy condition, it applies with augmented force to the vast proportion of cases, in which there is some abnormal condition present, such as excessive mucous secretions, leucorrhœa, vaginitis, endocervicitis, endometritis, congestion, irritation, etc.

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