The Journal of Osteopathy

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The JOURNAL of OSTEOPATHY

The Magazine of the Profession

APRIL, 1914

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The Journal of Osteopathy

Edited by M. A. Boyes, A. B., D. O.

Vol. XXI APRIL, 1914 No. 4

EDITORIALS

1915 Osteoblast

The Osteoblast formulated by the January and June classes, 1915 of the A. S. O. is an edition well worthy of comment in as much as this year's publication will be the finest and most up to date annual ever put out by the Junior members of this institution.

The Osteoblast will contain on an average of 350 pages covering every department that is in any way connected with the A. S. O. It is the only publication of its kind that goes into details, in the manner of excellent half tone cuts of every department.

When the editor brought the dummy to us for our comment, the first feature that attracted our attention was the artistic manner in which the "Old Doctor" will be portrayed, in the form of an expensive duotone which gives the appearance of a portrait in reality. This feature of the book is well worthy of commendation in as much as the present staff have been extremely thoughtful in dedicating the annual to our friend and teacher, the "Old Doctor."

Never before in the history of A. S. O. annuals have the class individuals been so artistically represented. The 1915 classes are arranged in panels of five each with art work in every four panels of a different nature. In comparing this feature of the Osteoblast we will say that it will compare favorably with, if not exceed, that of College and University books.

Still another attractive feature. Every page will be of pebbled paper and in two colors. This necessitates the requirement of running every page of the book through the press three times, which is a very expensive process.

Those who are interested in the success of the A. S. O. will realize the fact that a publication of this kind distributed among the students and alumni will have a great deal of influence, among individuals who read it in the offices of the alumni and will induce many a prospective student toward the goal of the A. S. O.

An Anniversary Letter The following anniversary letter which is sent out by the American National Assurance Company shows that this new osteopathic insurance company is not only well managed but that it has been quite fortunate in having no deaths. It is a matter for congratulation that the new company should be such a success from the start.

To the Osteopaths:

This Company issued its first policy on March 1, 1913. It has therefore been in active business just one year today. It has business in force $1,527,500.00, which is a most creditable showing.

It has no death losses, thus, to an extent at least, justifying our belief that the Osteopath is quite as competent to examine applicants for insurance as the practitioners of the old schools.

It has been and will be a most important factor in bringing osteopathy to the attention of the general public. It has secured for the osteopaths a form of recognition not hitherto accorded to them; i. e., Examiners for Life Insurance. It has been both a direct and indirect benefit to every member of the profession. Every osteopath should take a pride in this Company,—and he should make himself feel that it is his company, by becoming a stockholder or policy-holder.

Yours sincerely,

H. M. STILL, President.

Quack Legislation The New York Medical Journal under date of March 28th, 1914, has the following to say with reference to quack legislation.

The epidemic of legal hysterics grows every year more ferocious. Laws are coming and going with a rapidity and caprice so confusing that the ordinary citizen must have given up any attempt to follow their symptoms. It is therefore only lucid to explain in advance that the monomania

we allude to has started in the Legislature a series of bills commonly called the "naturopath," and "osteopath," etc., bills. They tend, in spite of a specious fairness, to colossal disintegration of the medical profession. It is said that they preach a doctrine of quackery, and their aim is to show the charlatan how to get on. Possibly the whole thing is political, a fiction of party politics in which the authors seem uncertain in their gait. At all events the spirit of the bill is distinctly hostile to the respectable physician; it not only preaches, it practises the doctrine of quackery. True medicine has lost, and has lost through the lowest excess of the politician's mania. If stupidity and ignorance were not rampant there would be less outcry against offenses in drug sale.

We admit that stupidity and ignorance are rampant. They have been from the earliest days of drug medication. A few examples of this ignorance and stupidity may be cited:

FIRST, medical text-books are revised every year or so because of new discoveries made and students are compelled to have the latest edition even though they already had an older edition. One of the new discoveries is a re-numbering of pages and figures.

SECOND, the medical profession makes some big discovery every year to make copy for the medical journals. What has become of the noted consumption cure of about four years ago? What has become of the noted "606" cure of about three years ago? What has become of the serum cure of last year? And now we have radium.

THIRD, why did the American Medical Association have to disorganize recently? Was it expediency or was it the result of stupidity and ignorance or both?

We might continue to great length pointing out conditions which would show that stupidity and ignorance are rampant.

The Journal of Osteopathy congratulates itself and all osteopathic physicians that the legislators have freed us from such an environment as the Owen Bill would have created. It is the opinion of the Journal of Osteopathy that if such stupidity and ignorance continues in the ranks of the medical profession that the colossal disentegration now admitted to exist will continue until the A. M. A. will have to undergo another re-organization.

Kill Flies Now

The following suggestions for anticipating the dangers of the common house fly by destroying the survivors of last year's crop are being issued by the committee on Pollution and Sewerage of the Merchant's Association of New York:

Flies cost the United States $350,000,000 annually. The present is the time to kill flies; before the weather becomes warm and the "hold-overs" begin to propagate.

One fly now means Innumerable Billions Later On. The extermination of the winter fly is the duty of the housewife and every one. Don't let one escape. Catch and kill them all before spring, for the winter fly is the parent of summer's destructive swarms.

The time to destroy the fly is before it has had a chance to lay its eggs. Now is the time.

Capture every one of the filthy little pests you can find.

A single fly is capable of depositing 150 eggs at one time, and of producing five or six batches during its short life.

The progeny of a single pair of flies, assuming that they all live, if pressed together at the end of the summer, would occupy a space of over fourteen million cubic feet.

This would be equivalent to a building as large as the Woolworth building.

These figures show the incalculable possibilities of a single fly and how vital it is to destroy the winter flies.

Don't think because the flies do not annoy you now that they should not be "swatted" :Now is when "swatting" is most effective.

OSTEOPATHIC TECHNIQUE

By Arthur S. Hollis, A. B., D. O.
Professor of Principles at the A. S. O.

(Continued from last month)

It is especially important that a clear conception be obtained of the exact condition that is present when the somewhat careless statement is made that the Innominate was found to be "slipped" and undoubtedly the frequently employed term "a slipped Innominate" is responsible for a great deal of misconception as to the real nature of the pathology in the majority of the lesions at this articulation. The term "setting" an Innominate is used so frequently that many think of this lesion as they do of a dislocated shoulder and imagine that the work that is done on the articulation by the osteopathic manipulations is really of the same type as that done when a true dislocation of the shoulder is set by a surgeon. That this is in general a wrong conception is obvious if we take into consideration the anatomy of the region and of the joint itself. Many osteopaths carry the point of diagnosis and treatment to such an extreme in this joint as to assert that a so-called anterior Innominate is an entirely different condition from a posterior Innominate. We do not believe that this is a justifiable position to take up, and we would impress right here that a lesion of this articulation is essentially the same whether we call it an anterior slip of the bone or a posterior slip in so far as the idea that underlies the two conceptions is the same. We mean by this that in each there is present some perversion of movement resulting from a thickening of the ligaments and a proliferation of the connective tissues around the joint. It is important to dissipate once and for all if possible the thought of the ordinary lesion being like a dislocation of some one of the larger articulations of the body. The condition is entirely different and a careless use of terms is responsible for the fact that such an idea ever gained ground.

We reproduce three diagrams in the attempt to make clear a possible explanation of the actual mechanism of an Innominate lesion. Figure I. diagrammatically represents the hammock-like suspension of the Sacrum between the two Innominates. In this figure the

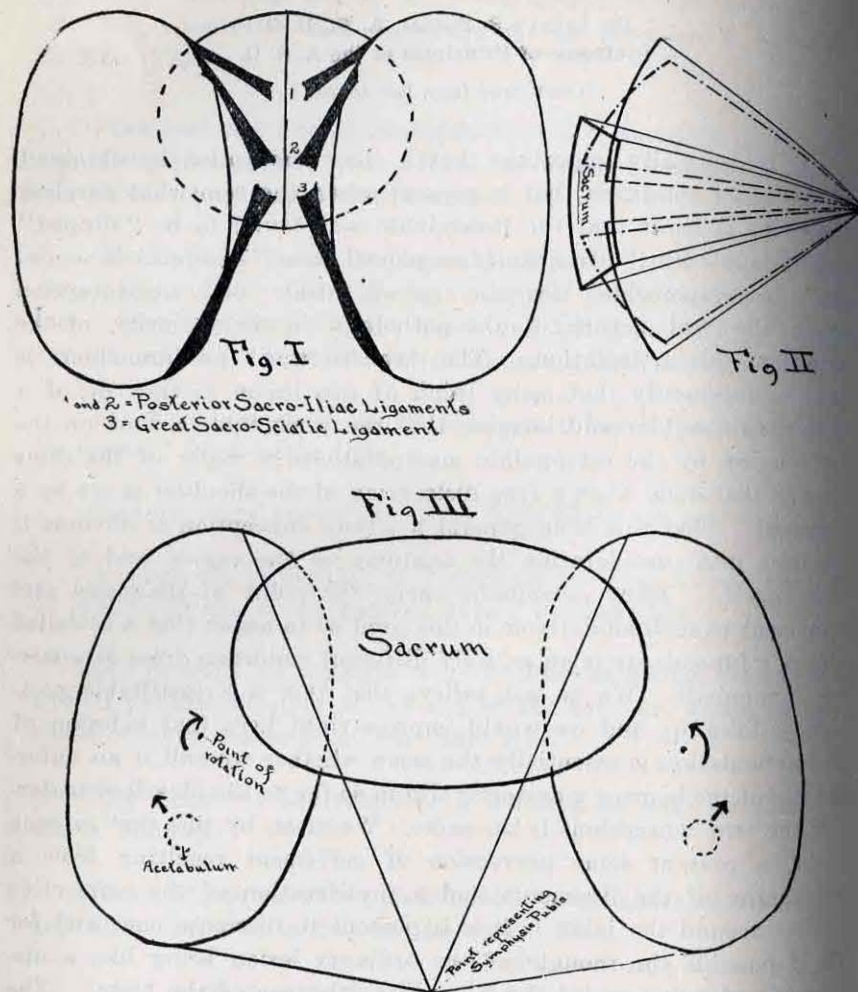

Fig. I. Diagram representing the hammock-like method of suspension of the Sacrum between the two Innominates.

Fig. II. Diagram representing the full range of movement occurring between the Sacrum and the Innominates.

Fig. III. Diagram representing the mechanism of the movement in the sacro-iliac joint looking at it from in front.

central circle represents the Sacrum and the other two represent the Innominates. It will readily be seen that ligaments 1 and 2 will hold the Sacrum swinging, as it were, between the Innominates while ligament 3 will prevent the Innominate moving beyond a certain definite limit. Fig. II. is an attempt to represent the full range of movement of the Innominate upon the Sacrum, the symphesis remaining fixed. Fig. III. represents the mechanism down in relation to the Sacrum. Fig. III. represents the mechanism of the movement in this joint looking from in front. From this figure it may be seen readily why it is that in many cases of Innominate lesions there is a difference in the lengths of the legs.

The commonest lesion of this articulation is what is generally called a posterior Innominate, and by this term is meant a condition in which the Innominate is either held at its posterior limit of movement or held so that all the movement in this joint is limited around this posterior part of the motion. There are a number of quite easily recognized diagnostic points that may be noted when such a condition is present, and these we will consider later.

Occasionally there is found a lesion in which the Innominate is held at or towards the anterior limit of its normal motion and we speak of such a condition as an anterior Innominate. There is a third possibility of lesion that is not often spoken about, though undoubtedly it is responsible for a great deal of trouble in and around the articulation, and this lesion is one in which there is simply present a condition of tightness or rigidity in the articulation, without the Innominate being held at or towards the anterior or posterior limits of movement. In this latter condition the joint in lesion might be spoken of as a "mid-line" Innominate, as the rigidity is in reality holding the bone in its mid position, and there is inadequate movement either anteriorly or posteriorly.

Diagnosis of Innominate lesions.

There are a number of points that are interesting in connection with the so-called slipped Innominate, and they are all points that can readily be reasoned out from a direct knowledge of the exact condition present. That is to say if we have a proper understanding of a lesion and do not think of it as a dislocated bone but rather as a condition of congestion in and thickening of the tissues with in many cases a proliferation of the fibrous material around the

articulation we shall readily see that the most essential point to test and the most important fact to determine is whether or not the amount of movement in the articulation is normal. In principle it matters little whether the Innominate is held at its posterior limit of motion or whether it is held at its anterior limit or whether it is held in the midline of its motion, seeing that there is an essential feature common to the three lesions and this is that in each the movement is limited. Other diagnostic points, though interesting, are therefore by no means so important as the knowledge of some method whereby the actual amount of movement may be tested, and an understanding obtained of the degree of limitation with to a certain extent a knowledge of the direction of that limitation. Indeed we regard as a point of the utmost importance the employment of some method whereby such an idea may be obtained, for unless this is done, a diagnosis can never be much more than guess-work, and a wrong conception of the lesion is very liable to be obtained. We shall describe a number of such diagnostic points besides discussing a method whereby the actual amount of motion in the joint can be determined; we regard these various diagnostic points, however, as subsidiary to the main thought that we are suggesting.

As a method therefore whereby we may obtain a knowledge of the amount of movement in the sacro-iliac articulation we would suggest the following:

With patient on side, let operator flex the upper of the two legs of the patient and support the knee in his abdominal wall. Then grasping the Innominate directly with both hands—the one on the tuberosity of the Ischium and the other on the crest of the Ilium—a little rocking movement of the body will enable the operator to determine whether or not there is movement in the articulation. The accompanying cut shows this diagnostic manipulation in use, and a few more points may be suggested. It is well for the hand that is upon the crest of the Ilium to grasp this portion of the bone in such a way that the tips of two or three fingers come over the posterior spine of the Ilium onto the sacral tissues. In this way the Innominate can easily be felt as it moves over the Sacrum. It is important that operator be careful not to attempt to obtain a large amount of movement as the normal amount is not a great deal; care must also be taken to obtain the movement in the innominate articulation and not between the Femur and the Innominate

or in the lumbar region. If such a movement has not been attempted before, it often requires some little practice before a skill that can be relied upon can be gained; it is however simply a matter of practice, as the motion obtained is the motion that is normal to the

Cut showing a good hold whereby the amount of movement in the sacro-illiac articulation can be determined. This same hold can be used to establish movement in a rigid articulation.

articulation, and should be as readily felt as is the movement upon one's own body. This latter can very easily be felt by placing the two hands on the crests of the Innominates with thumbs pointing backwards and over the posterior spines of the Illium; from this position a little rocking motion of the body can readily be felt as

a movement of the posterior spines in the tissues under the thumbs.

As to other points of diagnosis we would suggest the following: tenderness around the posterior spine of the Ilium and also over the articulation itself; tenderness over the pubic spines; a difference in level in the two posterior spines of the ilium; and a difference in the lengths of the two legs.

Some osteopathic physicians make their diagnoses on the degree of out-turning of the two legs from the middle line when the patient is lying upon the back, but we do not believe that this method is sufficiently trustworthy in many cases to be relied upon as a universal procedure. We will say a few words about the various points we have suggested indicating the importance of each.

First of all as to the tenderness that is manifested over the articulation of the Innominate and around the posterior spine of the Ilium. This is very important and in the large majority of cases will be found quite noticable as soon as the operator attempts to manipulate around the articulation; there is also very frequently a certain lack of resilience in the tissues when there is a lesion of the articulation. As to the point of the difference of level in the posterior spines this is quite frequently of value as a method of diagnosis, and as a general thing it may be said that when the two spines are not level the lower of the two in the one that is in lesion, because a posterior Innominate is far more common than is an anterior one and a posterior lesion will of course ensure in the majority of cases a lowering of the spine. It is probably best to place the sides of the thumbs in the notches under the actual spines as this will give a more sure landmark to measure from. The tenderness on the pubic spines is not of extremely great value in most cases. In the matter of the length of leg, we are presented with a problem that is of more interest than actual value in so far as this diagnostic point has undoubtedly been exaggerated in its importance. It is quite easy for a patient by a slight twist of the pelvis while lying on the table to disturb the lengths of the legs when there is no actual lesion present, and many true lesions of these articulations do not present any differences in the lengths of the legs.

(To be continued.)

THE STILL-HILDRETH OSTEOPATHIC SANATORIUM

By DR. A. G. HILDRETH, President, Macon, Mo.

Twenty-one years ago, the third of last October, there was opened the first osteopathic college on earth. The American School of Osteopathy at Kirksville, Mo.

The charter of this college declared its purpose to be the teaching of an improved method of treating disease and of the practise of surgery and obstetrics. Little did the founders of that school dream of its future or what twenty-one years could do for suffering humanity, through the methods then taught. And much less could they dream of the wonderful world influence it was to become in so few years. None then could even guess what the future held in store for those few individuals who entered that first class. It would have taken a far reaching imagination at that time to look into the future and see the all that has been accomplished in these few years.

God has truly been good to our profession in many ways and in being good to us, He has guided our hands in our grand work of relieving suffering humanity until today our fame,—the knowledge of results obtained through the methods taught at Kirksville, has become world wide, and we of today face a future teeming with a harvest of even greater results yet to come.

Looking back over the short span of time which measures our existence, it is mighty hard and it takes a mind able and capable to realize fully all that has been accomplished. The world has never witnessed a more remarkable development along any line. We stand today upon a foundation built from the ground up; on cures obtained by the application of the principles as it was taught in that first school of Osteopathy, more than twenty years ago; a record that should make all hearts glad and a progress that should of itself, be a lasting inspiration and strength for future effort.

The beginning has been glorious; our future is guaranteed, but to reach the zenith of what should be ours, we have yet much to accomplish. Hedged in as we have been by petty jealousies, the ignorant unwilling to be enlightened and fought from start to finish by prejudiced competition, we have much to be thankful for in past achievments. Obstacles placed in our path have ever seemed an

added stimulus to greater efforts and greater accomplishments. There things are a matter of knowledge to those of us who have ever had our fingers upon the pulse of osteopathic progress. While we have achieved much and are extremely proud of our history yet we cannot help but know that it is but the foundation so far, that we have builded and a world of greater and better work lies before us.

So far our results have been obtained by scattered individual effort. We have been unable to condense our work, to centralize it, to bring it all near enough together to interweave one result with another. There has been so much demand upon us from so many sources that it has been hard work to centralize our efforts or systematize our work in a way to get the best results, but leave us unable to condense our records or to get them together in a way that would mean the most to the profession.

Much has been accomplished in the last few years to help bring this about but nothing has ever yet occurred that could begin to compare with the opportunity now offered through the Still-Hildreth Sanatorium at Macon, Missouri.

I do not say this from any selfish motive nor in any sense because of my own connection with this institution, but because I know of the splendid opportunity offered here that the men who are interested and the profession as a whole, have here a property which only a few months ago was beyond our dreams of securing. It is such a one that in its magnitude, beauty and splendid equipment cannot help but be a credit to our profession. We would be so glad if each individual in the profession could only visit this place and know personally what has been secured for them.

Here we have so many advantages over anything we have ever had before. We are equipped to care for a large number of people at one time. We can handle here a class of patients that we have never been able to reach before.

In handling those entrusted to our care we are so equipped that we can furnish them with every accommodation they are able to receive at the best institutions on earth conducted by other schools of medicine. Never before have we had such an opportunity for the correct compilation of records. Every detail and every feature of each individual case here can so easily become the reference of the entire profession. We believe that in this institution we will be

able to aid our research institute as it could be helped in no other way. Surely no other field of practice on earth needs our services more than those mentally ill.

It seems to me that here in this work we are destined to revolutionize the treatment in care of this class of patients. Each day as a new case arrives we can see more and more the need of our service and the great breadth of the field before us. Our usefulness in treating this class of patients is just as little known to our profession today as was the future of Osteopathy twenty-one years ago last Fall.

There can be no question but that we will secure results here such as have never been dreamed of before. We are splendidly equipped.

We have the opportunity to treat each individual case from its own standpoint. The surroundings are absolutely what they should be to produce results.

With everything in our favor why should we not expect even greater things of our profession than has yet been ascomplished. Of course, the profession must endorse the work both morally and financially, as they have been doing. This institution should belong entirely to the profession and it is our hope that it will. This takes effort and work. From every quarter of the globe comes the best encouragement and the most hearty and loyal support and I truly hope and believe that at no distant date we shall be able to furnish the profession with records and data that will be of the utmost value to them and to the world.

We are here to do our utmost, believing that this institution is the pioneer that is blazing the trail for others of a similar character, we believe it will mean more and greater good than any institution of a similar character now on earth. We invite the entire profession to join us; we want it to be your institution as well as ours.

ONE DAY'S A. S. O. HOSPITAL NOTES IN THE KIRKSVILLE MORNING NEWS

Mrs. D. L. Weed of this city will be operated on at the hospital this morning.

Mrs. G. E. Purdy, of Bloomfield, Iowa, wife of the Rev. Purdy, of that city, entered the hospital yesterday and will be operated on today by Dr. George Still.

Miss Minnie Schrubble, of Decorah, Iowa, who has been seriously ill for the past few days, will undergo an operation this morning.

Mrs. G. A. Fisher, of Fort Worth, Texas, underwent a very operated on last fall for a similar condition by Dr. George serious operation at the A. S. O. hospital yesterday.

Her sister, Mrs. Emma Berry, of Columbia, Mo., who was Still, came up from Columbia to be with her.

Mr. Quincy Matlock, of College Mound, Mo., underwent a complicated operation at the A. S. O. hospital yesterday.

Mrs. George Matlock, of Sweet Springs, Mo., was operated on for a stiff shoulder and wrist Tuesday morning.

The condition for which she was operated on was caused by a serious injury several months ago.

Mrs. Cornelia Leeper, of Brighton, Iowa, from whom Dr. George Still removed twenty-five gall stones April first, in convalescing in a very satisfactory manner and will probably be able to leave the hospital next week.

Mrs. Pearl Robinson, of Maron, Ill., who underwent an operation for a tumor complicated with appendicitis a week ago, is well on the way to recovery.

Mrs. Ida B. Scott, a trained nurse of Beatrice, Nebr., who was recently operated on by Dr. Geo. Still for a serious condition, is rapidly recovering.

Mrs. W. C. Drury, of Fulton, Ill., entered the hospital recently for treatment by Dr. George Still.

Mrs. J. F. Blankenship, of Murfeesboro, Tennessee, who underwent a minor operation last week has left the hospital.

Mrs. Paul Buckler, of Novinger, Mo., who was operated on last week by Dr. George Still, is reported as doing nicely.

Mrs. Alice G. Warrick, of Morgantown, W. Va., entered the hospital recently for treatment by Dr. George Still.

Mrs. Matilda Bradley, of Greensburg, Mo., who underwent an operation recently, is doing nicely.

Mr. Chas. Folkel, of Herrin, Ill., who underwent a complicated operation ten days ago at the A. S. O. hospital left for his home yesterday.

Mrs. John Clark, of Goshen, Indiana, who underwent a very extensive operation two weeks ago is much improved.

The operation which was a most unusual one necessitated the removal of a part of the larnyx and vocal cords and about a third of the collar bone.

It was an operation of such magnitude that very few surgeons attempt.

Miss Ida Lewis, of Leon, Ia., who underwent a difficult operation for the removal of an abdominal tumor recently is able to sit up.

Mr. E. N. Evans, of Oklahoma City, Okla., who was operated on recently for a malignant growth by Dr. George Still, has recovered so rapidly that she is walking about the hospital and will leave the hospital next week for Macon, where she will visit her sister, Mrs. E. J. Demelter, for a few weeks before returning home. At the time of the operation it was so complicated and extensive that grave fears were entertained for the recovery of Mrs. Evans.

Patient lying on convex frame is shown in Figure V. Once daily

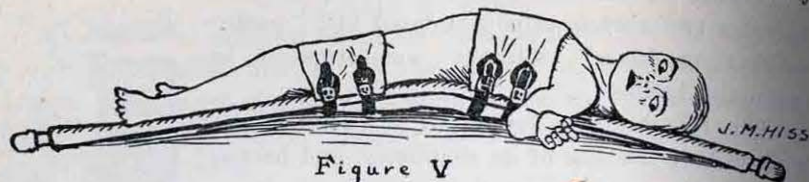

Figure V

he is removed, given gentle spinal treatment and allowed to rest, lying face downward, for half an hour. No attempt should be made to get movement between the involved vertebrae, or focefully or too rapidly reduce the deformity. The object of this treatment is fixation and not motion. The urinal should be used and the patient taken off for the purpose of defecation. To prevent pressure sores it is a good idea to put a soft undershirt on, of sufficient length to cover the pelvis.

An admirable feature of this treatment is that the frame can be conveniently moved about without lessening the pressure on the spine. Patient can be taken out in the sunshine while on the frame which is very beneficial in combatting tuberculosis processes. The frame can also be used on a bed, and in small children adapted to a baby carriage.

In upper spinal involvement it is often desirable to use traction on the head, which can be easily done, with patient still on the frame.

This frame, in conjunction with proper osteopathic treatment, gives good results and should be continued for from six to eighteen months, and then followed by some spinal support when patient assumes the erect position. The lenght of time is governed by the rapidity of reduction and constitutional conditions. Some individuals cannot stand the confinement necessary in this treatment and often undergo marked emaciation. In these instances the treatment should be discontinued and other methods tried. Abscess formation is treated in the usual manner, and in severe cases also necessitates a change of treatment.

THE CHEMICAL EFFECTS OF MECHANICAL LESIONS.

*By DR. E. H. HENRY, D. O.,
Professor of Chemistry, Nervous Physiology and Toxicology at A. S. O.

The value of the laboratory in our treatment of pathological conditions is greater than most of us appreciate. We can show absolutely that any mechanical disturbances of the body mechanism will result in a disturbance of the body chemistry.

Life is merely the result of all of the chemical changes which take place in the cells of the body, and when we have any disturbances in the innervation of the blood supply of these same little cells, we have an interference with their activity. It is either increased or diminished, so that we may have increased chemical changes or diminished chemical changes. The value of urinalysis nobody disputes, as an aid to diagnosis, but its value to us in our treatment is something that we don't all thoroughly appreciate. Routine examinations, from time to time, of all the patients under treatment will keep us in touch with the activity of the kidney and will tell us whether we are beginning to get a disturbance in renal function before it is shown by any physical symptoms.

The things that we are expecting to do in our end of the laboratory work, here, applied to chemical diagnosis in particular, is to show from a scientific basis, the value of osteopathic treatment in stomach conditions. Physiological symptoms in themselves are not always the best index to the patient's condition. A patient is not always able to answer, intelligently quesions which are put to him, and if we base our diagnosis and our prognosis of the pathological condition entirely upon the answers to questions asked the patient, there is more than a mere liability that we will make a mistake, because of the symptoms having been wrongly told us by the patient.

*Dr. Henry was born in Geneva county, New York. He graduated from the high school there and then spent three (3) years at Cornell University. He became interested in Osteopathy on account of benefits derived by his relatives from treatment. He graduated from the A. S. O. in January 1902 and started practising in New York City, returning to Kirksville in the Summer of 1908 to take a post-graduate course. The following Spring he sailed for Germany to take special work in the German University, particularily, in Heidelberg, where he specialized in chemistry, particularily, organic and physiological, under the instruction of the fore-most physiological chemistry. Returning from Germany he took up the work in the A. S O. which he has followed ever since, omitting the Summer of 1913 which he spent at John Hopkins perfecting himself in the technique of the Wasserman Re-action. He leaves this month, accompanied by his famiy for six months sojourn in the universities of Munich, Vienna and Berlin. He will resume his work in the fall at the A. S. O. During his years of instruction at the A. S. O. he has published several laboratory manuals in chemistry, physiology and clinical diagnosis. We wish Dr. Henry and his family a pleasant trip and shall look forward with pleasure to their return in the fall.—(Ed.)

Gastric conditions are indicated very readily by laboratory examinations. It is a very simple matter to remove the contents of the stomach and if the analysis is made in the proper way, the apparatus and the technique required, is not great. The value of hydrochloric acid in the gastric cavity is four fold. It is the substance which acts as the gastric antiseptic and it is not present in sufficient quantities to cause any erosion of the mucous membrane of the stomach wall, but it is present, normally, in sufficient quantities, to inhibit the action of certain organic ferments and to kill certain other fer-

DR. E. H. HENRY.

ments which, if they were not killed, would carse a considerable amount of distress. Hydrochloric acid is the agent which furnishes the best medium for the proteolytic enzyme, pepsin, to act in. Not only, does it furnish the acidity of the medium in which the pepsin acts but it also acts as the specific activater of pepsinogen, the form in which pepsin is first secreted by the gastric cells. It, also, has a certain amount of enzymic action of its own. It possesses the ability when present in normal amounts to invert cane sugar. If

we have any interference with the innervation of the gastric cells which secrete hydrochloric acid from the clorides of the blood stream, so that we have a decreased amount of hydrochloric acid present, then we have an interference with these various things which the acid has to do in normal food digestion. Not only is the formation of hydrochloric acid interfered with, in this condition which acts upon the mucous cells of the gastric mucosa, but we have the other substances which are present in the gastric juice, also diminished in amount.. Now, the enzymes which are secreted by the gastric cells, are pepsin which acts upon the proteins, rennin, which has the property of curdling milk, and the third enzyme, gastric lipase, which in normal conditions, has the ability of spliting up fats. If we simply go over the steps in normal digestion of food in the stomach, we can better appreciate the compounds which are formed when there is an interference with normal digestion. The food enters the stomach after being acted upon by the enzymes of the saliva, and then comes in contact with an acid medium. The first step in protein digestion, is the combination of a protein molecule with a molecule of hydrochloric acid, then it is acted upon by pepsin and split up into proteoses and peptones. Milk is acted upon by rennin which splits the soluable caseinogen of the milk into soluble caesin and a peptone-like body. The soluble casein then combines with the calcium salts and forms an insoluble calcium casein which is the curd. This curd then combines with hydrochloric acid and then, is acted upon by pepsin and goes through the same steps of digestion as any other protein. The carbohydrates whose digestion began in the mouth, continues to be acted upon by the salivary enzymes until we have present in the gastric cavity free hydrochloric acid. This commonly occurs from thirty to forty minutes after the food enters the stomach, and this free hydrochloric acid then kills the salivary enzymes so that salivary digestion then ceases. Normally, at this stage of carbohydrate digestion we have had part of the starch broken down by the action of ptyalin of the saliva into maltose. This maltose is then acted upon by maltase, a salivary enzyme which splits it up into glucose. In practically all food stuffs containing starch, bread in particular, there are more or less of lactic acid bacilli. These act upon the glucose, splitting it up, in its turn, into lactic acid. Normally we have then a certain amount of lactic acid present in the stomach, formed directly from the carbohydrates

of the food. Abnormally, when we have a decreased amount of hydrochloric acid, we do not have sufficient secretion to inhibit the action of these lactic acid bacilli, so that we have an enormous increase in the amount of lactic acid formed, and further, unless these bacilli are inhibited in their action they then break down the lactic acid into butyric acid, at the same time setting free carbon dioxide and nascent hydrogen.

This is the one common condition which we find in chronic catarrhal gastritis. In our next month's article, we will take up the chemical tests by which these organic acids can be determined and the tests to determine the amount of free hydrochloric acid present in the stomach.

INTERCOSTAL NEURALGIA. *(Illustrated)

By F. P. MILLARD, D. O., Toronto, Canada.

There is but one satisfactory way of discussing a subject in therapeutics, and that is by injecting anatomical facts from an applied standpoint. The region included in this discussion covers nerves the ramifications of which are extensive, functions quite varied, and communications among the most specific, from a technique standpoint of any in the spinal region.

Here we have to do with the fine rami, gray and white, as this region is almost exclusively and inclusively the double rami region. We have a few peculiarities in the way of connections and distributions of these twenty-four nerves, but the majority are similar in almost every respect.

The first thoracic nerve is in part the first intercostal. (Plate I.). It leaves the intervertebral foramen, formed by the first and second thoracic vertebrae. This places the intercostal nerve in a position to follow the neck and lower border of the first rib and costal cartilage to its termination near the manubrium. (Plate II.). As a rule this nerve gives off no lateral cutaneous branch, and its muscular branches are small, but the most characteristic feature of

PLATE I. (F. P. Millard.) See insert showing relation of the intercostal nerves to ribs, lung tissue, kidneys, etc. The intercostal vessels are also shown in part.

The first thoracic nerve is seen dividing into an anterior branch, the first intercostal and a larger branch passing upward to join the brachial plexus.

The Scalenii muscles are shown with the Cervical nerves which supply them.

this nerve is the large branch which passes upward over the neck of the first rib to join the brachial plexus extending downward and outward under the clavicle to the arm.

The second intercostal nerve is peculiar in that it sends off the well-known intercosto-humeral branch, which also connects with the nerves coming from the brachial plexus. This second intercostal nerve, however, has a lateral cutaneous branch, as well as sufficient muscular branches to supply some of the adjacent muscles, and its communication with the first is sometimes quite distinct.

The third intercostal is peculiar only in that it connects with a small branch the intercosto-humeral, and supplies a small portion of the axillary region. Otherwise this nerve is quite typical of the true thoracic intercostal type.

We have a distribution in these thoracic nerves which covers in a remarkable manner the cutaneous area from the axilla to the mid-sternal line, as each intercostal nerve has posterior, lateral, and anterior cutaneous branches.

The peculiar distribution and division of the intercostal nerves is such that the posterior division is almost entirely muscular in function, supplying the deep muscles of the spinal region, while the anterior division is sensory as well as muscular, supplying a vast area of cutaneous tissue in the lateral half of the thorax.

The twelfth thoracic nerve is sub-costal, (Plate I.) as it does not lie between two ribs, but beneath the last rib, and its distribution is somewhat changeable, as it often communicates with the ileo-hypogastric, extending down over the abdominal area to the region of the rectus. The various muscles supplied by the thoracic nerves, while great in number, are less in some respects, than one would imagine, as many of the spinal muscles are supplied by cervical nerves.

As a rule intercostal neuralgia is more common on the LEFT SIDE. It is difficult to explain, but from an anatomical standpoint we know that the intercostal veins of the left side empty into the superior intercostal or left vena azygos. From this it will be observed that the blood reaches the vena cava in an indirect manner and the possibility of stagnation is made more probable than that on the right side.

Dana, in referring to neuralgia, states that IN RARE CASES THERE IS TENDERNESS OVER THE SPINE CORRESPONDING TO A POINT WHERE

THE AFFECTED NERVE ARISES. We know that deep inhibition along the spinal region lessens pain, while in the peripheral region the trouble may not be lessened, but may be even aggravated.

Neuralgia being a symptom rather than a disease, corrective measures include the removal of causes, which should always follow accurate diagnoses. The cause may be direct, as a specific spinal lesion or a sub-luxated rib, with associated contracted musculature, involving sensory nerves; or the cause may be indirect, produced by the irritation of remote organs and tissues and referred indirectly by the reflexes.

Reflex and systematic neuralgias are not as readily located as those in which the cause is primary and in which a specific lesion is easily found.

Neuralgia of the various nerve terminals in the face is usually a reflex from lesions and contracted muscles in the cervical region. If anaemia exists to a marked extent, as is often found in systematic neuralgias, the general system must be toned up as well as the correcting of lesions and removal of irritation to the nerves involved. A poorly nourished nerve is difficult to handle, even though the pressure be removed.

Reflex irritation from pelvic disorders is sometimes the cause of sever neuralgic symptoms at remote points, especially around the eyes. The majority of cephalic neuralgias are, in fact due to troubles of a reflex nature.

The nerves must be supplied with pure blood, for neuralgia may exist in any nerve, and, should the nutrition become disturbed to the point of impairing the sensory neurons the toxic products affect the nervi nervorum, and a general neuralgia may spring up at more than one point.

In a condition like this when the neuralgia presents itself in several nerves at one time, or apears in one location and then in another, we may be justified in stating that more than one nutritional centre is affected, and that possibly more than one lesion exists, as the irritating effects of the toxic material is rendering the entire system more subject to outbreaks of a neuralgic nature. A NORMAL CELL CAN ONLY REMAIN NORMAL WHEN THE BLOOD SUPPLY IS ALSO NORMAL.

Toxic agents invariably cause disturbance either in the way

of stimulation of the sensory nerves, or producing remote symptoms by way of reflex communications.

The metabolism of the body must not be reduced, or systemic neuralgia will likewise follow. Periodical neuralgias are often accompanied by malaria chills, and a debilitated state, where anaemia is frequently found.

In any condition of the system where the quality of the blood is below normal, and where toxic products exist, we cannot expect the patient to be free from neuralgic symptoms.

Referring to the direct causes, osseous lesions are considered from a mechanical standpoint in the way of indirect pressure on the sensory nerve trunks. This may be circuitous in the way of ligamentous or musculature disturbances, with contractions through exposure to cold, or possibly direct irritation of the motor nerves, but any pressure or disturbance of these nerves will result in pain through irritation of the sensory fibres.

The reflex and systematic neuralgias referred to are brought about by irritation of the afferent stimuli from remote organs, as referred to in the eye trouble from pelvic disarrangement, or scapular pain in hepatic disease, or tympanitis from carious teeth.

The predisposing causes include susceptibility in certain cases, as well as climate, age, humidity and heredity especially from a neurotic standpoint where nervous instability is observed.

In considering the various chest symptoms simulating intercostal neuralgia, care must be taken in differentiating cardiac diseases, as well as those of the lungs and pleura. Angina pectoris is conceded to be sclerosis of the coronary vessels, with the possibility of disturbance of the cardiac musculature and the delicate valves.

The difficulty in breathing may be serious or trifling. If the pain is unilateral, a specific costal sub-luxation may exist, while if bilateral there is a possibility of the cord segment being involved.

Comparing neuralgia with rheumatism, THE PAIN IN NEURALGIA ALMOST INVARIABLY RADIATES, FOLLOWING THE NERVE COURSE, WHILE IN RHEUMATISM (WITH WHICH IT IS USUALLY COMPARED) THE PAIN SHIFTS OR SPREADS MORE OVER THE SURFACE OF THE MUSCLE. Neuralgia may attack any tissue of the body, but there are certain points more commonly affected—the head, face, back of the neck, arm, shoulder, intercostal muscles, spine and joints of the lower extremity.

The Greeks named neuralgia, signifying nerve pain, but all pain

is nerve pain, and in neuralgia no structural changes are noticed, although the paroxysm courses along the nerve. The suffix "algia" or "dynia," meaning pain, applies to almost every organ in every part of the body. To find the cause or causes is the scientific way of going into the trouble.

TO SUBDUE A NEURALGIC PAIN WITH A HYPODERMIC SEEMS NOT ONLY CARELESS, BUT UNBECOMING, IN THIS SCIENTIFIC DAY AND AGE, WHEN WE KNOW FOR A CERTAINTY THAT NEURALGIA IS DUE TO LACK OF BLOOD EITHER IN QUALITY OR QUANTITY.

Referring to the first rib, which in a way would interfere with the first intercostal nerve if disturbed in its normal position, we will refer to a few anatomical points from an applied standpoint.

The absence of an intra-articular ligament in the first rib allows vertical gliding, at the vertebral end, and the action of the scaleni muscles, if sufficient irritation is existing to offset the conteracting intercostal and serrati muscles, produces sub-luxation which disturbes not only the nerves but the vessels.

Contraction of the scaleni muscles will not take place without a cervical lesion, as a rule. The upper attachment of these muscles is to the cervical vertebrae, and the innervation of the scaleni is from the cervical cord.

Upward sub-luxation is usually of a posterior nature, allowing the sternum to become depressed, lessening the antero-posterior chest wall diameter, and subjecting the structures passing through this opening to more or less pressure. Following out this chain of reasoning, we, of course, find the sympathetics disturbed in their relation to the lower cervical and upper dorsal vertebrae, and as this region is a particularly active one, especially in its relation to cephalic structures as well as cardiac, the position of the first ribs is almost strategic. The lessening of the antero-posterior thoracic opening superiorally, even the fraction of an inch, means just that much undue pressure on the numerous tissues and structures passing through this narrow opening.

The floating ribs likewise have but one vertebral articulation and, like the first ribs, lack intra-articular ligaments. The great range of motion allotted the floating ribs for lessening the crowding of tissues in the flexions of the body allows extreme sub-luxation to take place at times, which may be serious, as interfering with

POST. SPINAL ART.
VERT. VESSELS.
CERV. PLEXUS
BRACHIAL PLEXUS
SCALENUS POSTICUS
1ST. INTER. NERVE
SUP. LOBE OF L. LUNG
INF. LOBE OF L. LUNG
DIAPHRAGM
SPLEEN
L. KIDNEY
DECENDING COLON
LUMBAR NERVES
L. INNOMINATE
POST. SACREAL NERVES
GLUTEAL VESSELS
SCIATIC VESSELS
SCIATIC NERVE
ART. BRANCH
FEMORAL VEIN
PROFUNDA ART.
ANT. CRURAL NERVE
FEMORAL ART.
MEDULLA OBLONGATA
VERT. ART.
1ST. CERV. NERVE
2ND. CERV. NERVE
SCALENUS MEDIUS
SCALENUS ANTICUS
BRACHIAL PLEXUS
1ST. THOR. NERVE
INTERCOSTAL NERVE AND VESSELS
SUP. LOBE OF R. LUNG
INF. LOBE OF R. LUNG
DIAPHRAGM
SUBCOSTAL NERVE
LIVER
R. KIDNEY
ASCENDING COLON
LUMBAR VESSELS
R. INNOMINATE
CAECUM
GLUTEAL VESSELS
R. EXT. ILLIAC
G. SCIATIC
COMES NERVI ISCHIADICI
ANT. CRURAL NERVE
FEMORAL ART.
FEMORAL VEIN
FEMOR.

Plate I.

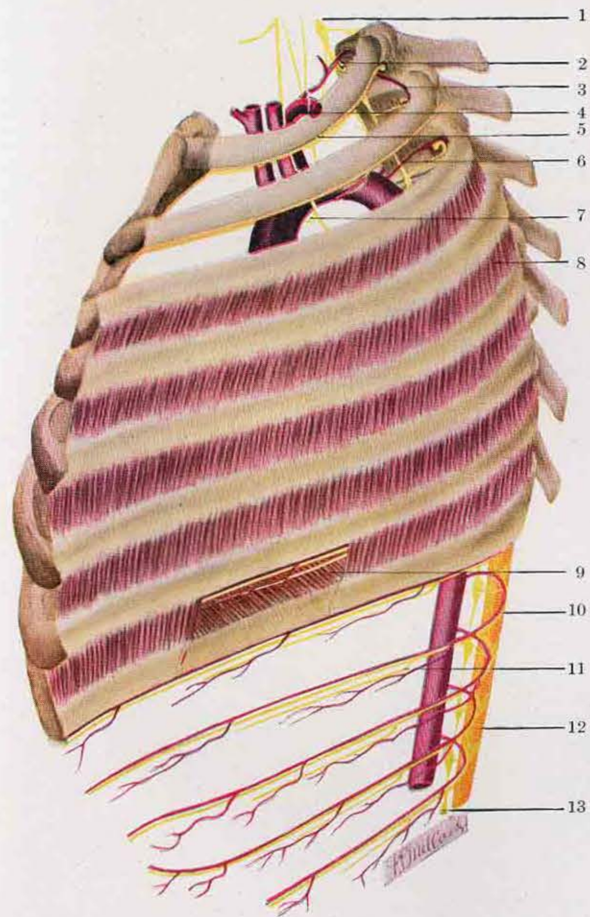

Plate II. (F. P. Millard). INTERCOSTAL MUSCLES, NERVES AND VESSELS.
I, Inferior Cervical Ganglion; 2, Stellate Ganglion; 3, 2nd Intercostal artery; 4, Ansa of Vieussens; 5, 1st Intercostal Nerve; 6, 1st Aortic Intercostal; 7, Recurrent Laryngeal; 8, Ext. Intercostal Muscle; 9, Int. Intercostal Muscle; 10, Intercostal Artery; 11, Lat. Cutaneous Branch; 12, Spinal Cord; 13, Sympathetic Chain.

the aortic opening in the diaphragm, or interfering directly with the nephritic tissues.

As a rule, the downward subluxation of the floating ribs involves the other lower ribs to a certain extent, causing a depressed condition of the lower part of the chest.

The anterior branches of the thoracic nerves are distributed over the chest and a portion of the abdomen, as the intercostal nerves.

The exceptions referred to in the first part of this article aid in the formation of the brachial plexus, and supplies in part the cutaneous tissues of the arm and those overlying the hip region.

Neuralgia of the intercostal nerves is very common, more so than angina-pectoris. A central disorder is indicated when a pair of intercostals are involved, as a segment of the cord must be affected. In uni-lateral instances the nerve or its ganglionic connection is at fault. In some instances, the motor organs may be implicated, especially where **ptosis** exists from corset constrictions and where gastro-intestinal disturbances are present, making an atonic condition of the walls of the abdomen. The thoracic viscera may be involved from the condition of the intercostals, either through reflex mechanism or disturbance of the chest wall itself, and possibly through the nerve terminals, which may be traced across the space between the intercostal wall and the thoracic viscera. This will readily explain how spinal nerve irritations may produce pleuritic disorders.

Stimulation of the sensory fibres contained in the intercostals affects the medulla respiratory centre, as noticed in the affect produced almost spasmodically on the respiratory apparatus by the cooling suddely of the cutaneous tissues of the chest.

PERSONALS

Charge Death Due to Vaccination. The charge is being made that little Evelyn Hall of Lackawanna, N. Y. who died the last of March, met death as a result of vaccination reported to have been administered in the Lackawanna public schools.

Dr. Tucker Addresses Y. M. C. A. Dr. Ernest E. Tucker of Trenton, N. J., delivered a lecture on the evening of Mar. 25th at the Pennsylvania R. R. Y. M. C. A., Exchange Place, on "The Human Body, the Tree of Life".

Dr. Charley Still Again Honored. One of the most exciting political campaigns Kirksville has ever seen came to a close Tuesday April 7th. Kirksville recently adopted the Commission Plan of Government. Dr. C. E. Still lead his ticket winning by a majority of but three less than five hundred votes. This honor Dr Charley has richly merited and we are sure that he will administer the affairs of Kirksville in the same efficient way that he administers those of the A. S. O.

Sent Patient To Hospital. Dr. Anna Stoltenberg, of Brunswick, Mo., sent a patient to the A. S. O. Hospital February 12th for a major operation.

Locates in Iowa. Dr. R. T. Quick, who graduated from the A. S. O. in 1910, has taken the practice of Dr. Chas. E. Clark. Dr. Clark having gone to Claremont, Calif.

Has Been Elected President. Dr. Allie Bell Schils of Butte, Mont., was elected president of the Anti-Vaccination League, which has a membership of several hundred. Heretofore, this city was nearly absolutely under the control of the M. D's but the D. O's are getting a foothold and intend educating the people along saner lines.

Examined At A. S. O. Hospital. Dr. Wm. Stryker of Newton, Ia., met with an accident, the last of February, by slipping on the ice and severely injuring his shoulders. He immediately came to Kirksville and was examined by Dr. Geo. Still but fortunately there were no bones broken. There was a subperiosteal exudation which will eventually be absorbed. Dr. Stryker was a graduate of the June 1910 class. He reports an excellent practice. Since June 1912 he has been located at Newton, Ia.

Gave An Address. Dr. W. W. Stewart of Detroit, Mich., recently addressed the city Osteopathic Society of Chicago, on Cervical Lesions.

Called On Journal Office. Dr. I. D. Taylor, while enroute from Grand Junction, Colo., to Beaver Dam, Wis., stopped off at Kirksville and made the Journal Office a very pleasant call. Dr. Taylor expects to locate in Beaver Dam, Wis.

Makes Highest Grade Before Examining Board. Dr. Jos. Marple, a recent graduate of the Los Angeles College of Osteopathy, and who took the recent State Medical Board examinations in San Francisco, has the honor of receiving the highest general average of the 25 physicians who took the examinations of this meeting of the board.

Brought Patient To Hospital. Dr. Chas. Chandler of Cherryvale, Kans., called on the Journal Office while in Kirksville, he having brought a patient to the hospital. The Doctor reports a good practice and expressed his opinion in that there is plenty of room for good Osteopaths.

Called on Journal Office. Dr . Homer F. Bailey of Columbia, Mo., brought a patient to the A. S. O. Hospital to be examined by Dr. Geo. Still. While the doctor was in Kirksville he made the Journal Office a very pleasant call. He reported a good practice.

To Open Offices in Kirksville. Dr. J. N. Waggoner and Dr. F. L. Bigsby, members of the A. S. O. faculty have opened new offices in the business section of Kirksville. Dr. Waggoner will do special work in eye, ear, nose and throat diseaes. Dr. Bigsby will specialize in rectal diseases. This will make it more convenient for patients who wish treatment along these respective lines. Drs. Waggoner and Bisby will continue to teach at the A. S. O.

Elected President. Dr. H. E. Bean of Columbus, O., was recently elected president of the Columbus Anti-Cumpulsory Vaccination Society.

Birthday Party. Dr. L. Ludlow Haight of Los Angeles, Calif., announces the arrival of his 10 1-4 pound son (Horace Roderick) at 8 a. m. March 9th. Those present on the reception committee were Dr. Lillian M. Whiting, D. O., Dr. Nettie Haight, D. O., Dr. L. Ludlow Haight, D. O. and his mother, Dr. Elsie Fletcher Haight, D. O. Dr. Haight now has three splendid Osteopathic boys.

Visits the A. S. O.—Dr. Edythe Ashmore of Pasadena, Calif., visited Kirksville recently looking over the situation relative to her connection with the A. S. O. for the coming year.

Proud Parents. Dr. and Mrs. Paschal Morris of Philadelphia, Pa., are receiving congratulations on the birth of a daughter, Olive Deane Morris, born on March 18th. weight 8 1-2 pounds.

Called on Journal Office. Dr. H. E. Thompson of McAlester, Okla., brought a patient to the Hospital to be operated upon by Dr. George Still. While the doctor was in Kirksville he made the Journal Office a very pleasant call.

Takes Charge of Practice. Dr. H. E. Pearl who graduated from the A. S. O. in 1912 is now taking charge of Dr W. R. Bairstow's practice at Anaconda, Mont. Dr. Bairstow having gone to his home in Warren, Pa. for an unlimited time.

Passed Away. Notice has been received advising us of the death of Dr. A. J. Snapp of Roanoke, Va. Dr. Snapp graduated from the A. S. O. in June 1910. He immediately located in Roanoke and during his practice there he made many friends and stood high in his chosen profession. He was during the year of 1911, president of the Virginia Osteopathic Society and was very popular among the members of his profession in

the state. He was a member of the Iota Tau Sigma Fraternity, and Osceola Lodge No. 47, Knights of Pythias of Roanoke. Dr. Snapp was operated upon about three weeks prior to his death, and while his struggle for life was watched very closely by his friends, his death did not come unexpectedly.

Osteopath Weds. Dr. Albert Van Vleck of Paw Paw, Mich., and Miss Ina M. Hildreth of Webster Groves, Mo., were united in marriage on Tuesday afternoon, March 31, at 5 o'clock in the Presbyterian Church at Webster Groves, Mo. The ceremony was performed by the Rev. David M. Skilling D. D. in the presence of relatives and intimate friends. A beautiful appointed wedding dinner was served at Dr. Hildreth's residence on Gore Ave. at 6 o'clock after which Dr. and Mrs. Van Vleck left for a wedding journey. They will reside in Paw Paw, Mich., where Dr. Van Vleck is a prominent osteopathic physician.

Diversions of Some Seattle Physicians Outside of Office Hours. Dr. Henrietta Crofton is a most active member of the Progressive Thought Club.

Dr. C. N. Maxey and wife, in his touring car, explores all the highways and byways of Western Washington.

Dr. Arthur B. Cunningham, in the Seattle Commercial Club, comes face to face with big problems.

Dr. Grace Stott Wilkes revels in her big garden of prize winning roses.

Dr. William E. Waldo with the Rotary Club visits neighborng towns.

Dr. Minnie Potter finds her recreation in musical and social clubs.

Dr. James T. Slaughter brings home the largest fish and fiercest bears of any local Nimrod and plays on the Church Ball Team.

Dr. W. J. Ford has been very busy with his committee drawing up rules for the regulation of the new $300,000 Elks' Home which is nearing completion.

Dr. Hattie Slaughter as President of the Woman's Business Association and a member of the Canadian Womens' Club, finds herself with little leisure.

Dr. Ida M. Payne Weaver in the Woman's Commercial Club keeps in touch with the city's progress.

Dr. Roberta Wimer-Ford frequently talks before local clubs and soieties and is also very active in the Big Sister movement.

Dr. Claude Snyder's fancy poultry affords enough surprises to prevent life becoming monotonous to him.

Dr. A. B. Ford, as a mountaineer, hikes frequently and far.

Dr. Frank W. Winter collects botanical specimens, in his walks and rambles through the woods.

Seattle with its numerous lakes and Puget Sound, affords ample opportunity for Dr. Park A. Morse to indulge in his favorite diversion of boating. ROBERTA WIMER-FORD, D. O. Sec'y.

ASSOCIATIONS

Maine Osteopatric Association. The meeting was held at the Eagle Hotel, Brunswick, Me., Saturday March 28th, 1914. Dinner was served at 12.30. At 2 p. m. Dr. E. C. Link of Staomford, Conn., talked on Gynecology. F. M. Opdycke, D. O. Sec'y.

King County Osteopathic Association.— The meeting was held on March 17th in the offices of Dr. Ida Jayne Weaver. Several committees reported relative to preparations for the coming state convention to be held in Seattle May 22 and 23. Dr. Waldo read Dr. Teale's paper on "The Menaces To Our Profession" supplementing it by remarks of his own. Roberta Wimer-Ford, D. O. Sec'y.

Rochester District Osteopathic Society. The March meeting was held at the Rochester Club March 14th. Dr. Shirley R. Snow, senior surgeon of the Rochester Homeopathic Hospital, delivered an address on "The Value of an Early Diagnosis." Plans were discussed for the annual banquet in May 1914. Dr. Frank Farmer of Chicago will be the speaker. It is planned to have Dr. Deason of the A. T. Still Research Institute, deliver a lecture in the afternon preceding the banquet.

St. Louis Osteopathic Association. On Tuesday evening, March 17th at 7. p. m., the asoociation held a very interesting meeting. Considerable attention was given to publicity.

Chicago A. S. O. Alumni Association. Th regular meeting of the Chicago A. S. O. Alumni Association was held at Hotel Sherman, March 12, 1914. There was a large attendance, and after a delightful dinner the regular business session was transacted. Dr. Arthur Hildreth was present and addressed the meeting, giving an interesting account of the new Still-Hildreth Sanatorium, at Macon, Mo. Also giving some reminiscences of the days in Kirksville when Osteopathy was in its infancy.

The Hudson River North Osteopathic Association. Their regular meeting was held at the offices of Dr. Mae V. D. Hart in Albany, N. Y. on Saturday evening, March the 9th. Papers on tuberculosis of the spine and of the hip joint were read by Dr. Stearns of Schenectady and Dr. Owen of Mechanicsville, which proved very interesting. Those discussing the subject included Dr. Phillips of Schenectady, Drs. J. H. McDowell and Elizabeth Frink of Albany. The April meeting will be held at the office of Dr. McDowell in Troy. The midyear state meeting of the New York Osteopathic Society will be held at the Hotel Ten Eyck, Albany, Saturday Mar. 21.

The Western Massachusetts Osteopathic Society. This society was organized in the offices of Dr. W. J. Weitzel, of 374 Main Street, on Feb. 12. Those being elected as officers were as follows:—President, Dr. W. J. Weitzel of Springfield; vice-president, Dr. R. D Head of Pittsfield; secretary, Dr. Maude G. Williams of Northhampton; treasurer, Dr. Geo H. Reir of Worcester.

Osteopathic Association Incorporates.— Incorporation papers have been filed with the Cunty Clerk by the Essex County Osteopathic Association. The head-quarters of the organization are at 12, Roseville Avenue and those incorporated are as follows: Dr. Andrew Victory, Dr. Geo. Harley, Dr. Sam'l A. Hipple, Dr. John E. Hipple, Dr. F. W. Collins and Dr. C. F. Haverin.

Southwestern Michigan Osteopathic Association. The regular meeting of this organization was held in the office of Dr. R. A. Glezen in Kalamazoo, Mich., on March 7th, 1914. After the business session the following program was rendered: Paper on Neurititis by David A. Mills, of Holland, Mich., which was followed by a demonstration of technique by Dr. Mills. The next was a case report on Acute Poliomyelitis by Dr. Beatrice N. Phillips. It was announced that the next meeting would be held in the office of Dr. J. S. Blair in Battle Creek, Mich.

King County Osteopathic Association. The regular meeting was held in Dr. A. B. Cunningham's office at Seattle, Washington, on Feb. 17th. Dr. J. W. Murphy gave a splendid talk on Constipation—its cause and results. Drs. Cunningham and Hattie Slaughter led the general discussion which followed.

The Minnesota Osteopathic Association. It has been announced that this association will meet in the offices of Drs. Alberston & Albertson of Austin, Minn., on Saturday, April 4th, 1914. The following program is to be delivered: Acute Diseases by Dr. C. W. Young of St. Paul; Urinalysis by Dr. A. E. Allen of Minneapolis; Technique by Dr. C. N. Clark, Fairbault Obstetrics by Dr. A. D. Becker of Preston; a Paper entitled "Are we physicians in the Public Mind, if not why not," by Dr O. W. La Plount of Albert Lea. Dinner at Fox Hotel.

Cincinnati Osteopathic Society.—The osteopaths of Cincinnati and vicinity met the evening of February 20th in regular monthly session, and listened to an address on "Elimination and Blood Pressure" by Dr. E. H. Cosner of Dayton, O.

Northeast Ohio Osteopathic Society. The society met Mar. 1st. at Hotel Statler, Cleveland. 35 physicians were present, from Cleveland, Akron, Canton, Norwalk and Lorraine. Dr. P. E. Roscoe, President of the Society, conducted a clinic on insomnia.

BOOK REVIEW

A Reference Handbook of the Medical Sciences.—Embracing the entire range of Scientific and Practical Medicine and Allied Science. By various writers. Third Editon Completely Revised and Re-written. Edited by Thomas Lathrop Stedman, A. M., M. D. Complete in eight imperial quarto volumes. Volume III. 934 double-column pages, illustrated by 659 engravings and 7 full-page plates in colors. Wm. Wood & Co., New York.

The third edition of the "Reference Handbook", which has been called "the most popular medical book ever published," bids fair to gain even greater popularity than was enjoyed by the first and second editions. The third volume, just issued, is, if anything, superior to Volumes I and II. Of the 539 individual articles contained in Volume III, it is manifestly impossible to mention more than a few, but several of these are conspicuous for their especial excellence, such as: Dislocations; Embryological articles; Criminology; Asexualization of Criminals and Defectives; Cranial Nerves; Surgery of the Colon; Colon Bacillus Infections; Diseases of the Eye, Huntington's Chorea; Color Perception and Tests for Color Blindness; Diabetes; ElectroCoagulation; Electrodiagnosis; Diathermy; Dysentery; Dermatitis; Disinfection; Articles on Materia Medica, Health Resorts and Mineral Springs; Biographies of Ancient and Modern Times. A great number of very short definitions of terms more exhaustively treated in other articles, is a feature of great usefulness.

In mechanical make-up, the book would be hard to excel. The paper is excellent, the illustrations of high grade, both the cuts in the text and the colored plates.

A Treatise on Diseases of the Skin.—For the use of advanced Students and Practitioners. By Henry W. Stelwagon, M. D., Professor of Dermatology, Jefferson Medical College, Philadelphia. Seventh edition, thoroughly revised. Octavo of 1250 pages, with 334 text-illustrations, and 33 full-page colored and half-tone plates. Philadelphia and London: W. B. Saunders Company, 1914 Cloth, $6.00 net; Half Morocco, $7.50 net.

There is no more standard authority on dermatology than this work by Dr. Stelwagon. One of the greatest endorsements any

book can have is to be so popular that it runs through several editions. This work is now running in its seventh edition and each edition has been large. Dr. Isadore Dyer, Tulane University, says: "Dr. Stelwagon's book occupies a distinct position as the exponent of American dermatology. It is written so that it is distinctly efficient as both reference work and text book." This work is highly endorsed by the Department of Dermatology at the American School of Osteopathy.

Medical Gynecology.—By S. Wyllis Bandler, M. D., Adjunct Professor of Diseases of Women, New York Post-Graduate Medical School and Hospital. Third Thoroughly Revised Edition. Octavo of 790 pages, with 150 original illustrations. Cloth, $5.00 net; Half Morocco, $6.50 net.

This is one of the best gynecology's published. The chapter on the breast, covering 100 pages, is especially good. There are 123 illustrations which are original; six illustrations are in colors. One large chapter is devoted entirely to medicinal gynecology. This book is valuable to students and practitioners alike.

The author points out the close interrelations existing between the genital tract of women and the various internal glands, hence the relation of internal secretions to pathologic and normal states in women receives careful attention.

Rochester and the Mayo Clinic.—A Fair and Unbiased Story Calculated to Aid Other, Physicians to Greater Cures and Larger Incomes.—By G. Wiley Broome, M. D. 12 mo., 160 pages, 3 illus., bound in cloth. Price, $1.10 postpaid, 1914. The Shakespeare Press 114-166 E. 28th St., New York.

The Mayo Clinic is to Rochester what the Still Clinic is to Kirksville. In the same way that some leading osteopathic physician would write about the Still Clinic thereby aiding practitioners to more efficient work and greater returns for the work so has Dr. Broome written about the Mayo Clinic. Of course the book is interesting because it deals with an interesting subject.

Diagnostic Symtoms in Nervous Diseases.—By Edward L. Hunt, M. D., Intructor in Neurology and Assistant Chief of Clinic, College of Physicians and Surgeons, New York City. 12 mo. of 229 pages illustrated. Philadelphia and London: W. B. Saunders Company, 1914. Cloth, $1.50 net.

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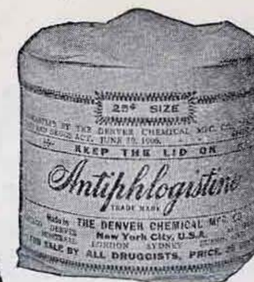

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This is a book in which the student may find the salient points and leading symptoms of the principal nervous diseases without the laborious search involved in consulting the larger texts. This book is intended for student, intern, and for general practitioner.

Text-Book of Anatomy and Physiology for Nurses.—By Amy E. Pope; Author, with Anna Caroline Maxwell, of "Practical Nursing", and Instructor in the School of Nursing of the Presbyterian Hospital in the City of New York. With 135 Illustrations. G. P. Putnam's Sons, New York and London. The Knickerbocker Press. Price, $1.75. 1913.

This is a book of 554 pages. It is well bound, well printed, well illustrated and contains many colored plates. The Author has collected from the latest authorities on physiology, those points a nurse should know and put them into this book. While anatomy is not given the attention once given in books of this type, yet nothing of value has been omited. Every page of his book impresses one as having been written by a person with a large experience. From cover to cover it is filled with good things.

ANOUNCEMENTS

Dr. O. W. Messick announces the opening of his new offices at 4301 Ellis Ave., Chicago, Ill. He has a beautifully suite of rooms in the Turck Building with all new equipment. The Doctor is specializing on eye troubles and finds that the demand for an osteopath in that, as well as other lines. is very great.

Dr. Harry M. Goshring of Pittsburg, Pa., announces that he has taken up the specialty of Ear, Nose and Throat with special attention to the correction of Catarrhal Deafness and the removal of Adenoids. He has devoted considerable time to study along this line, both at home and in St. Louis with Dr. Edwards.

Dr. Geo. J. Gooch formerly of Tittsworth Gooch and Tittsworth, osteopathic physicians, announces the opening of a separate office April the 1st, 1914, in the Althea Bldg. cor. West Clinch Ave. and Walnut St. opposite the Cumberland Club.

The Wisconsin State Osteopathic Association announces a most excellent program to be given May 20th and 21st, 1914, at Fon du Lac, Wis.

The Missouri Osteopathic Association announces that the next meeting will be held May 1st and 2nd at the Springfield Club Auditorium in Springfield, Mo. It is expected that many leading osteopaths will be present.

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Partner Wanted.—The right gentleman, or preferably, lady and gentleman practitioners, with $3000 cash or negotiable security, can purchase a half interest in Dr. F. D. Parker's practice, 304 N. Y. Life Bldg., St. Paul, Minn. Must be capable and of good presence and able to meet the best people. Established 19 years. Unless able to meet financial and other requirements, it will be useless to correspond. Preparing to retire. Getting old and must have help. Address Dr. F. D. Parker, 304 N. Y. Life Bldg., St. Paul.

For Sale—Have old established practice in Northern Penn. Will sell for cost of equiment; accept lady partner or exchange for practice in warmer climate. Must get away for a while. Address "M. A." care of the Journal.

Situation Wanted.—A senior student (June '14) would like a position as assistant during summer. Has Illinois license and has practised three years. Address "18" care of the Journal.

For Sale.—Practice in Northern Illinois. Good Collections. Wealthy community. Practice established five years. Good reasons for selling. Investigate if interested. Address "D" care of the Journal.

MARRIED

Dr. Charlotte Winger Weaver and Mr. Walter Edward Wingerter, both both of Akron, Ohio. Dr. Weaver-Wingerter is a graduate of the June 1912 class of the A. S. O. Mr. and Mrs. Wingerter will reside at the Harwin, opposite the City University, in Akron, O.

BORN

To Dr. and Mrs. Pascall Morris, at Philadelphia, Pa., on March 18th, a daughter.

To Dr. and Mrs. H. S. Bunting, at Chicago, Ill., on March 11th, a daughter.

DIED

Dr. Alfred Jackson Snapp, at Roanoke, Va., March 18, 1914.

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LOCATIONS AND REMOVALS

Allen, H. J., from Alexandria, Ia., to Marianna, Ark.

Bairstow, W. P. at Anaconda, Mont.

Bueler, C. Merwin at Cumcumcari, N. Mex.

Burton, Ben O. at Harlan, Iowa.

Clark, Edward K. at Washington, Mo.

Ferguson, R. B., from Washta to LeMars, Iowa.

Foster, May, from Zaragoza 27 (Altos), Mexico, to Cotulla, Tex.

Goodpasture, W. C. at Festus, Mo.

Grothaus, Edmund at 1340 Wash. Blvd., Chicago, Ill.

Handy, Annie Prince Thompson, from the Olivia to 508 No., Sergeant Ave., Joplin, Mo.

Ingraham, Elizabeth M. from 121 Bayard Place to 455 St. James Bldg., Jacksonville, Fla.

Jones, Louise M., at 737 Congress St., Portland, Me.

Kincaid, Abbie E. at 420 Park Place, Brooklyn, N. Y.

Messick, O. W. at 4301 Ellis Ave., Chicago, Ill.

Miller, Mitchel from the Com'l Bldg., to Suite 403 to 405 Victoria Bldg., N. W. Cor. 8th and Locust Sts., Kansas City, Mo.

Pocock, H., from Beresford Apartments to C. P. R. Bldg., Rooms 401-2, Toronto, Ont., Canada.

Ward, Harriet, from Watonga to Waukomis, Okla.

Watson, R. E. from 16 Matheson Blk., to First Nat'l Bk. Bldg., Virginia, Minn.

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VIENNA HEIDELBERG

Authorized translation by

JOHN TAYLOR HALSEY, M. D.

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Octavo, 604 pages, 65 illustrations, 7 in color. Cloth, $6.00.

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Scientific drug therapy forms a theoretical basis of all drug treatment, and if it is to serve its full usefulness in learning the ways and means by which pathological conditions may be influenced by drugs it must keep constantly in closest relations with general pathology, i. e., the study of the various disturbances which cause disease.

These two sciences working together must endeavor to explain how pathologically disturbed function of the different organs can be influenced by drugs and be brought back to the normal. Herein lies their significance for clinical teaching and medical practice, and they are so handled in this work, in which is taken pharmacology of the motor nerve endings, nervous system, the eye, the digestion, the reproductive organs, circulation, respiratory system, the renal function, secretion of sweat, metabolism, muscles, blood, heat regulation, inflammation, etiotropic pharmacological relations and factors influencing pharmacological reactions.

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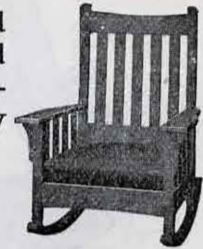

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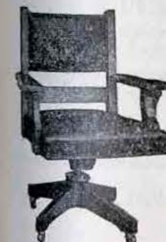

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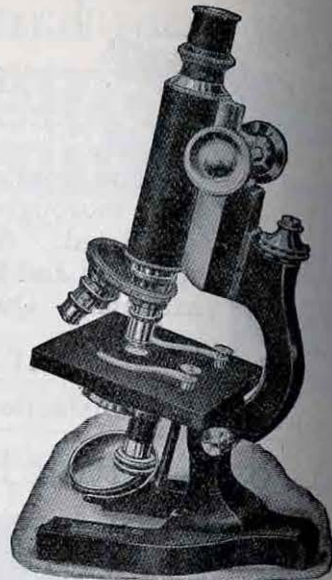

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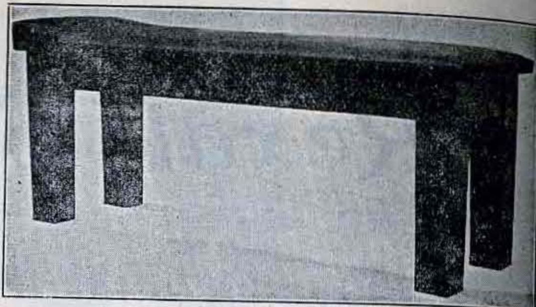

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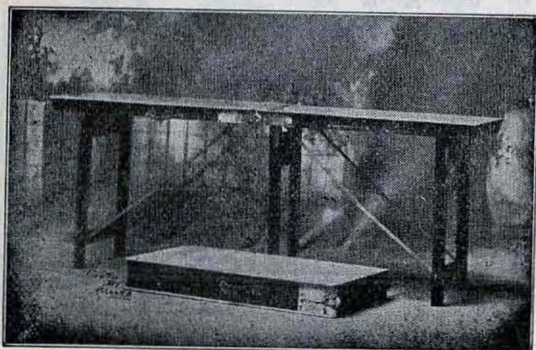

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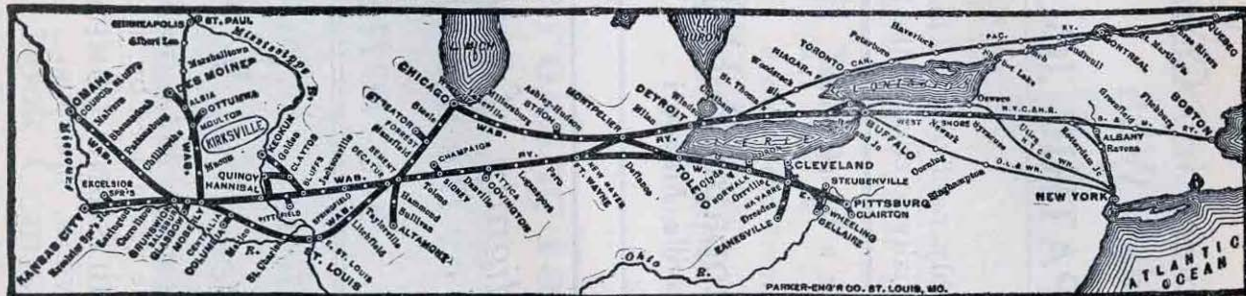

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