

# **The Journal of Osteopathy**

**February 1914**

**Vol. 21, No. 2**

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FEBRUARY, 1914

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# The Journal of Osteopathy

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

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A. S. Hollis, A. B., D. O., ..... Staff Writer Frank Farmer, D. O., ..... Practice

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# The Journal of Osteopathy

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

Vol. XXI

FEBRUARY, 1914

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## EDITORIALS

**Announcement** Beginning with the February issue of this Journal, The American School of Osteopathy will furnish to the graduates in the field at least two articles each month by the teachers in their respective departments of work being carried on by them, and the results obtained. It has been the intention a long time to bring this about, but never before have we felt we were in a position to do so. It is not the intention to call this a Research Department, but the findings each teacher may make along original lines that are applicable to the teaching of Osteopathy will be reported. This will be a splendid thing for the young practitioner in the field. It will mean he will almost be able to take a Post Graduate course every year by keeping up on the articles published from month to month, and these articles will be the experience of each teacher, and not the experiences of some young, unqualified assistant in the laboratory, who is getting his experience by the mistakes he makes. There will be no such thing as embarrassment coming from the published results, as these articles will be written by heads of departments and men and women who have had experience, and not assistants in this case.

**The Abbott Operation.**

In the next issue (March) of The Journal of Osteopathy will appear Dr. George M. Laughlin's article on the Abbott operation. This article will be well illustrated and very complete. If you desire extra copies of this article send in your order now.

**Class of 1917.** The class of 1917 of the American School of Osteopathy was enrolled Monday, February 2. About 70 have enrolled. One very noticeable feature is that the average age of the members of this class is lower than of former classes while the average of preliminary educational attainments is higher. This would indicate that more students are passing directly from the high schools into Osteopathy than ever before. In fact statistics taken for the last ten years show that the students now studying Osteopathy are much younger than formerly.

This class was no exception to the rule with respect to initiation into the osteopathic fold. About 300 students took part in the initiation and conferred the degrees in the most approved manner. The gentlemen of the class were required to run the gauntlet while the ladies were entertained with Indian war whoops.

The members of the class come not only from different parts of the United States but also from several foreign countries. One member says in his native accent: "I can still hear the breakers roar, don't you know." Another speaks of "the perfume of the fragrant flowers of my own dear South land" while another tells of "iceles a mile long with the thermometer 40 below zero up at my home in North Dakota."

After all we believe Kirksville, Missouri is hard to beat.

**Will Drill For Artesian Water** E. C. Brott and Dr. George A. Still let a contract recently to G. W. York to drill for artesian water on the land controlled by the American Manufacturing and Therapeutic Supply Company.

Mr. Brott and Dr. Still will require a large amount of pure water in the cleaning and re-scouring of the grains and other products to be used in the preparation of the cereal foods which they are to manufacture in the factory they have under construction. They have been unable to find any possible economical source of pure water supply unless they can get the same from such a source as this.

Mr. York has often stated that at some places under the crum-taceous lime sandstone there is water of exceptional purity and in large quantities near Kirksville. Everything in the local geological formations point to this neighborhood as a natural water basin at one time and most likely the condition still exists under the surface

**Visits Kings Park State Hospital, N. Y.** A delegation of twelve practitioners from New York visited Kings Park State Hospital, Long Island, one of the largest institutions for the insane in the State, on December 13th. This hospital has over 4000 inmates, and the many phases of mental derangement were studied with much interest and benefit.

Under the direction of Dr. Rosanoff, and one of his associates, the party was taken through the numerous buildings making up this large institution. The case record section of the library furnished a study of thoroughness in this part of the hospital work. A detailed history of every case admitted is taken, supplemented by a report of the thorough physical examination, together with the papers of commitment, and this is further added to by reports of supplementary examinations every month during the first year, and every three months for subsequent years.

The various buildings were next visited, and interesting demonstrations were made of cases of the various mental diseases. The hospital care for the insane was a revelation in its completeness, special emphasis being placed on proper diet and hygiene and of suitable occupation for the inmates. This latter factor is an important one, bringing the maintenance expenditures down to the remarkable figures of about \$200 per capita a year. The estimated value of farm products raised by the inmates during the past year was about \$19,000, and of the articles made or manufactured by the patients about \$40,000.

Inspection was also made of the new tuberculosis ward, and of the various operating plants, such as the laundry, bakery, workshops for shoes, brooms, cabinet work, etc., in which latter places some of the inmates do much of the work.

Those composing the party were Drs. T. A. Spence, C. A. Walker, H. W. Barnard, E. W. Robson, Mrs. Robson, and Dr. N. D. Mattison, of New York; Drs. M. M. Henny, E. F. Gair, W. A. Merkley, F. W. Treshman, of Brooklyn; Dr. A. Ussing, of Cranford, and Dr. E. E. Beeman, of Northport. The members of the party were enthusiastic as the result of their visit, and all felt well repaid for their day away from practice for a study of modern hospital methods in the care of mental cases.

The invitation was extended through the courtesy of Dr. Beeman and Mrs. Ashley, and all the details of arrangements for the trip were made by Dr. Mattison.

**Osteopathic  
Technique.**

So much interest has recently been taken in the subject of technique, and so much stress has been laid on the importance of review of basic osteopathic principles, that a number of practitioners in New York have joined together for a scientific review and further study of this subject. Dr. L. L. Draper, of Huntington, who has appeared before a number of the large societies in the East, within the past year, and whose articles on technique have appeared in recent numbers of the "Journal of the A. O. A." is giving the lectures and demonstrations.

Those composing the group are Drs. J. B. Banker, E. A. Follette, E. W. S. Howard, D. G. Knight, N. D. Mattison, E. A. Wardell, J. A. West, C. F. Wetcher, of New York; Drs. A. S. Bean, E. F. Gair, G. P. Long of Brooklyn; Dr. L. R. Bensen, of New Rochelle, and Dr. L. deLong, of Englewood, N. J.

Dr. Draper is giving his lectures in the office of Dr. Mattison, who is much interested in this post-graduate movement, and who has placed his office at Dr. Draper's disposal for his series of twelve demonstrations and lectures.

Following is a synopsis of the course:

- No. 1. Spinal function, Complete, Regional and Individual. Gross malpositions and malformations. Individual Subluxations revealed as types of function. Deductions to be made from these observations.
- No. 2. The Occipito-Atlantal Articulation.
  - a. Function reviewed.
  - b. Subluxations.
    1. Bilaterally Posterior Occiput.
    2. Bilaterally Anterior Occiput.
    3. Rotated Occiput.
    4. Lateral Occiput.
    5. One combined with any of the others.
- No. 3. The Atlanto-Axial articulation.
  - a. Function reviewed.
  - b. Subluxations.
    1. Rotated Atlas (right or left).
    2. Lateral Atlas (right or left).
- No. 4. Methods of Reduction of Occipital and Atlas Subluxations.

- No. 5. The Axis—Third Cervical articulation.
  - a. Function reviewed.
  - b. Subluxations.
    1. Right side-bending combined with rotation.
    2. Left side-bending combined with rotation.
    3. Approximation.
- No. 6. Other cervical subluxations (one articulation taken as a type).
  - a. Function reviewed.
  - b. Subluxations.
    1. Right side-bending combined with rotation.
    2. Left side-bending combined with rotation.
    3. Approximation.
- No. 7. Reduction of cervical subluxations.
- No. 8. Upper dorsal articulations.
  - a. Function reviewed.
  - b. Subluxations.
    1. Rotation combined with side-bending.
    2. Side-bending without rotation.
      - x. Differentiation between the two.
    3. Posterior deviations.
    4. Anterior deviations.
    5. Approximation.
- No. 9. Lower dorsal articulations.
  - a. Function reviewed.
  - b. Subluxations.
    1. Side-bending. No. 2. Posterior. No. 3. Anterior. No. 4. Approximation.
- No. 10. Lumbar articulations.
  - a. Function reviewed. b. All lesions.
- No. 11. Reduction of lower dorsal, upper dorsal, and lumbar lesions.
- No. 12. Innominate lesions. The function of the articulations, and the reduction of the lesions.
  - b. Rib technique.

**American National  
Assurance Company**

This young insurance company has been organized about a year. It has been in active operation a little over nine months. There has been \$1,338,000.00 of insurance written. The premiums on this



amount is \$46,150.89 of which the company set aside a reserve liability of \$9,076.00. There have been no death losses. Osteopathic physicians have received for examinations \$2,414.00. That the company has been ably and economically run is indicated by the report of the examiners to the Insurance Superintendent of Missouri which reads in part as follows:

"The disbursement schedule reveals conspicuous economy in management . . . . The management is in the hands of men of recognized high standing; it has reinsurance contracts with good companies, which may be taken as evidence of good selection of risks. The books are accurately and neatly kept."

The company has proceeded cautiously, has carefully selected its risks, and economy has been its watchword. Therefore the operations of the company entirely warrant the confidence and support of the entire osteopathic profession.

The company is now operating in Missouri, Illinois and Pennsylvania and it expects to soon enter other western states.

Osteopathic physicians and friends of Osteopathy everywhere are to be congratulated upon having such a company and we feel sure we voice the sentiments of all when we wish the company a prosperous year. On the third cover page of this Journal will be found an announcement of the company.

#### **A Historical Gavel**

A very interesting and pleasing feature of the meeting of the Colorado Osteopathic association during the week of February 8 was the presentation of a gavel to the society by Dr. Jenette H. Bolles. This gavel has quite a unique history. Some years ago Dr. A. T. Still, the founder of osteopathy, met with a slight accident which dislocated one of the vertebrae of his neck. He preferred to adjust his own lesions rather than call upon anyone else to do it. In order to accomplish this difficult task, he devised a means by which he could hold one joint stationary while moving the others. To do this he whittled out a small block of wood that just fitted the processes of the bones and in this way readjusted his own neck. Having served its purpose the little block was laid aside until last summer it was given to Dr. Bolles as a souvenir by the "Old Doctor." Being of appropriate shape and size, she had a handle inserted into it so it may be

used as a gavel, thus forming a souvenir which has no duplicate in all the wide world, and will ever serve as a reminder of the man whom all osteopaths delight to honor.

#### **Fire Threatens A. S. O.**

Fire which is thought to have started from a sterilizing apparatus in the bacteriology laboratory threatened the A. S. O. on the night of January 6. The prompt action of students living near the school saved the building from total destruction. As it was the damage amounted to about \$1500.00. The bacteriology laboratory is over the main office. Considerable damage was done to the main office by water. Students rushed into the building and with the fire hose of the building had the fire under control before the fire company arrived.

#### **PARTIAL DEAFNESS**

By DR. HARRY M. GOEHRING, Pittsburg, Pa.

Having read an article in the Journal some months ago, which appeared under the signature of Dr. J. D. Edwards of St. Louis, on partial deafness, I became interested and went back to my books. After considerable study, and following his advice and technique as best I understood it, I commenced to experiment and much to my surprise had several partial results in deafness. This satisfied me that Dr. Edwards was on the right track, so I delved deeper into the subject then finally decided to go to St. Louis and do some work or rather watch Dr. Edwards' work. His technique is original and his results wonderful. I watched Dr. Edwards give his treatments and then I interviewed the patients and all were boosters for the Doctor. Dr. Edwards is the only osteopath I have ever met who when showing me his technique and treatment did not use a reference, which point we think speaks well for the originality of his treatment for deafness. Most all papers read today before our meetings, are quotations, so when a person gives us an original idea let us give due credit, or at least don't knock until we have investigated. I want to be recorded as vouching for Dr. Edwards' method. He deserves encouragement.

## OSTEOPATHIC TECHNIQUE

By ARTHUR S. HOLLIS, A. B., D. O.  
Professor of Principles at the A. S. O.

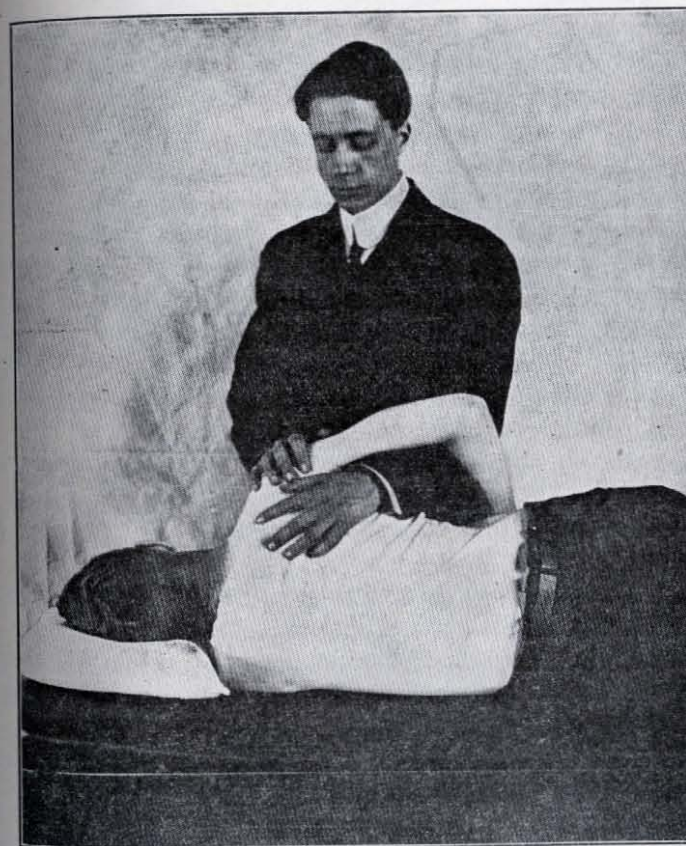
(Continued from January Issue)

### THE SCAPULAE

The Scapula is an important bone from the osteopathic view-point. This is because it is attached to a large number of muscles, any of which may become unduly contracted and thus prevent it from moving freely throughout its full range. There are no less than six important muscles attaching the scapula to the vertebrae or to the ribs. (See diagram). These are the Serratus Magnus, the Trapezius, the Levator Anguli Scapulae, the two Rhomboidei, major and minor, and the Latissimus Dorsi. The first of these muscles is inserted along the full length of the underside of the vertebral border of the scapula, taking its origin from the upper 8 or 9 ribs and is the great sling muscle of the body. In quadrupeds the two Serrati muscles serve as a hammock-like structure whereby the thorax is suspended from the shoulder-blades. The Trapezius may be considered for our present purpose as a muscle running from the ligamentum nuchae and the superior curved line of the occiput to the upper border of the spine of the scapula. The Levator Anguli Scapulae with the Rhomboideus Major and the Rhomboideus Minor are inserted into the vertebral border of the scapula. Of these the Levator takes its origin from the transverse processes of the Atlas and the two or three upper cervical vertebrae, while the Rhomboidei take their origin from the spinous processes of about the seventh cervical and the upper five dorsal vertebrae. The Latissimus Dorsi has a very extensive origin below and inserts into the bicipital groove of the humerus. Between the main origin and the insertion a slip is given off from the underside of the muscle as it passes over the inferior angle of the scapula and thus this angle is held firmly under the muscle and it is quite impossible for the scapula to slip out on top of the Latissimus. We mention this expressly to combat an idea at one time prevalent that a scapula could "jump" a Latissimus, that is, could slip from under it. This possibility from the anatomical facts present is out of the question. The actual condition when a scapula is prominent in such a manner as to lead

to this belief is practically always a paralysis or a certain degree of lost tone in the Serratus Magnus muscle, which causes the Scapula to protrude unduly. The insertion of these muscles with the directions of their pulls is shown in Fig. I.

As suggested above, it is extremely important to make sure that



Cut showing a method of correcting a rotary twist in the lumbar region. In this picture operator's right hand is pulling round and forward while his left hand is pressing the spines of the vertebrae toward the prominent side.

the scapulae are neither bound down tightly to the ribs, nor prevented from moving normally through a quite large range, and frequently we find one or the other of these conditions present. A

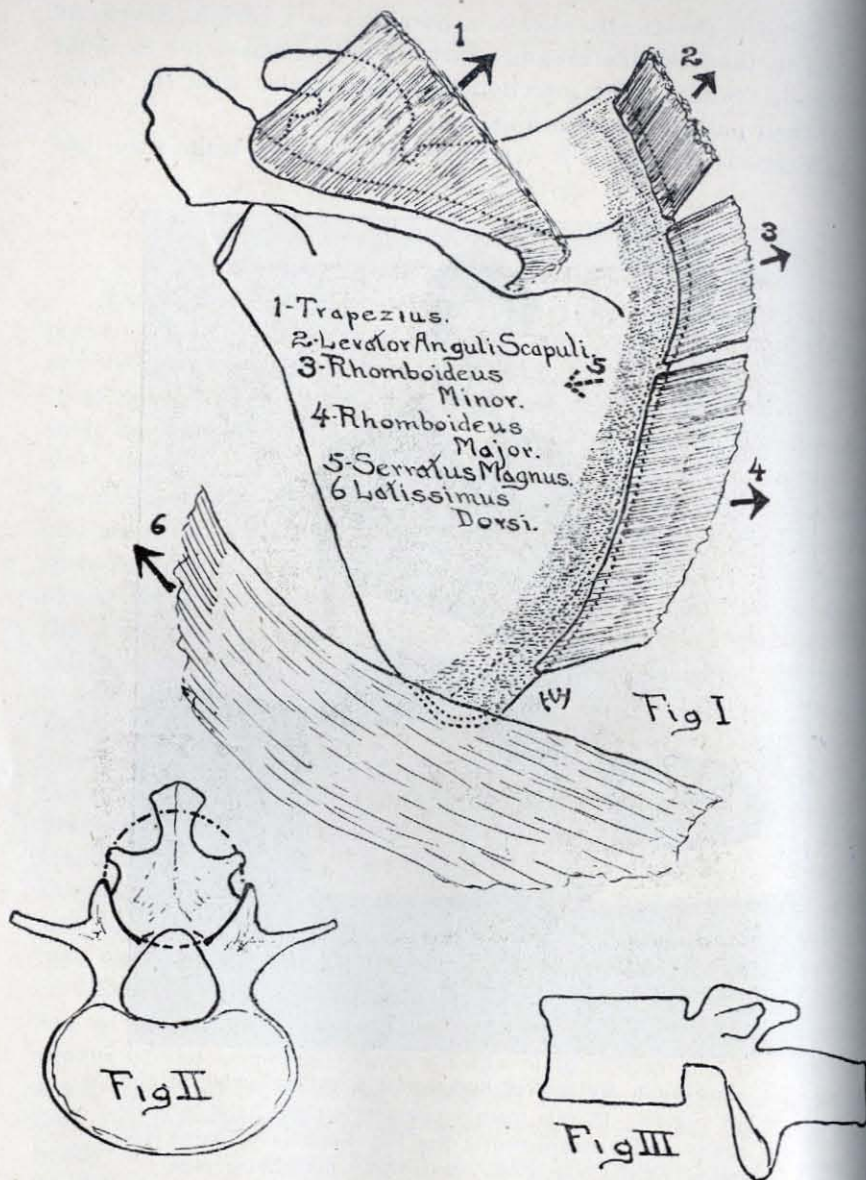


Fig. I. Diagram of the scapula showing the six muscles which attach it to the vertebrae and ribs.

Fig. II. Diagram showing the direction of the facets of a lumbar vertebra.

Fig. III. Diagram showing the relation of the spine to the body of a typical lumbar vertebra.

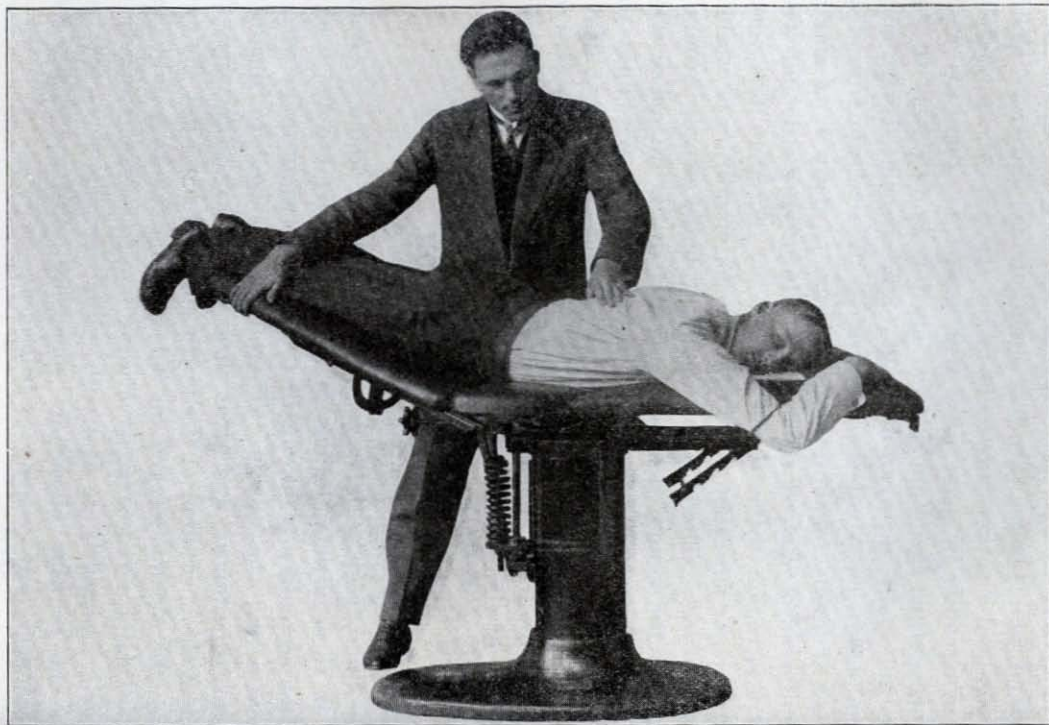
number of movements are employed to free up the scapulae and the following is but outlined as an example. As patient lies on right side, operator places patient's left arm over his own right forearm at the same time grasping the vertebral border of the scapula with his right hand and placing his left hand on the patient's shoulder. From this hold a rotary movement of the scapula can be established, and it can readily be determined whether or not there are contractures preventing the scapula from moving as freely as it should. Considerable tenderness can often be found associated with such an abnormal condition as is herein suggested. We refrain from describing other methods for obtaining the results desired as manipulations will readily suggest themselves. However we do not wish to dismiss this region without emphasizing the fact that it is very important to make sure that a perfectly normal condition is established in these tissues. There is an abundant blood supply around the scapula and the venous drainage undoubtedly is disturbed when a condition of abnormality is present in this region. We might almost say: Make sure that the scapulae are normal and a great deal will take care of itself. Sometimes a lot of treatment is required to obtain the condition aimed at, but results will amply justify the expenditure of time and energy.

### THE LUMBAR REGION.

The Lumbar spine is frequently involved in lesion. As stated earlier in these articles lesions in the upper part of the back are very often secondary to lesions in the lumbar region or between the innominates and the sacrum. Therefore it is well to spend time thoroughly to examine and treat these regions, as otherwise efforts directed to the correction of the upper spine may not get the results expected, the lesions worked on being secondary to trouble lower down. This is not necessarily always true; the fact however that it is fairly frequently so is worth while remembering, as therein may lie the solution of certain somewhat obstinate cases, which might otherwise not respond to treatment.

#### The Lumbar Vertebrae.

There are a few points of considerable interest in connection with the anatomical formation of the lumbar vertebrae. The bodies are very large, and kidney-shaped, and the intervertebral disks are

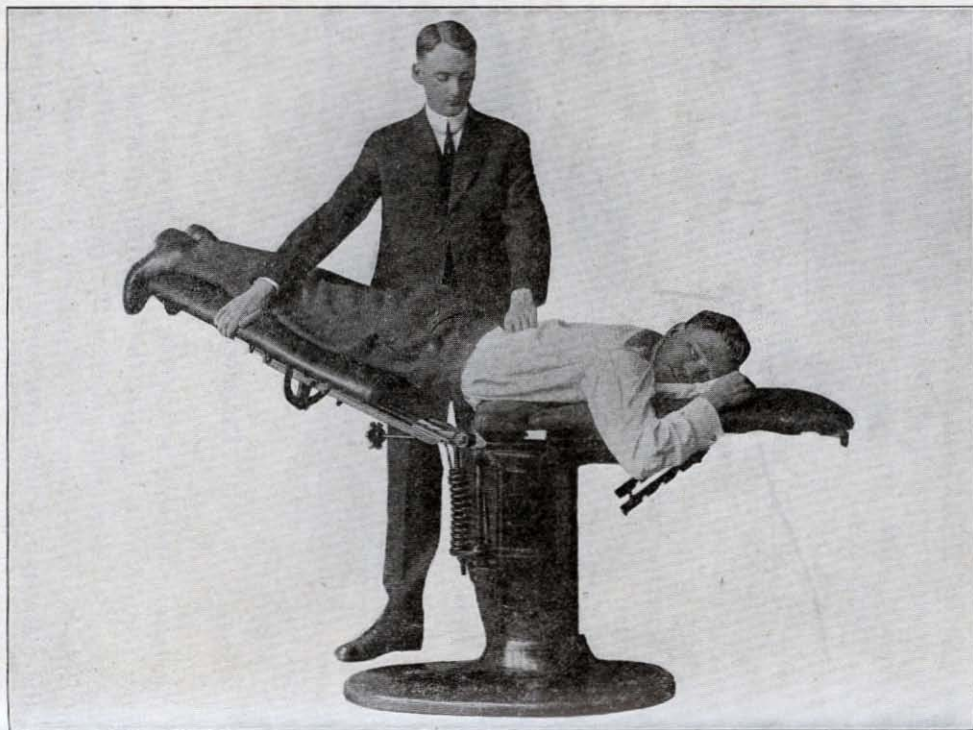


Cut showing a method of treating a posterior lumbar spine on a mechanical table.

the largest that are found in any part of the spine. The spinal foramen of the lower lumbar vertebrae does not contain any of the cord, as the 'Conus Medullaris' or terminal portion of the cord is found at the first or second lumbar vertebra. Instead, it contains the 'Filum Terminale' and the 'Cauda Equina,' accompanied by veins and arteries. The 'Filum Terminale' is the anchoring ligament which holds the cord down being itself attached to the coccyx, and the 'Cauda Equina' consists of a bundle of nerves which leave pair by pair through the lumbar and sacral foramina. The articular processes project markedly, and are placed in such a way that the inferior facets are grasped by the superior of the vertebra below. The plane of the articular facets is on the arc of a circle whose center is in the spinous process. We may describe this direction as being back and in. See Fig. II. It is obvious from but a cursory glance at the manner in which the inferior facets are clasped by the superior that direct rotation of the individual vertebrae is impossible in the lumbar region, for as soon as it is attempted the articular facets will clash. The spinous processes are club-shaped and project almost directly backwards so that a lumbar body and a lumbar spinous process are on the same plane. See Fig. III. This is strikingly different from the relationship existing between body and spinous process in the dorsal region. The transverse processes are long and slender being in reality lumbar ribs and occasionally it will be found that these processes on the first lumbar vertebra are not fused to the rest of the vertebra. The other processes are of little moment.

### Diagnosis.

In the lumbar region as elsewhere, the most prominent and noteworthy feature of a lesion is the fact that in some way there is a disturbance of movement between the vertebrae, either individually or collectively. From this standpoint it is very interesting to note the manner in which gross involvement manifests itself. A patient, for example, will move stiffly and complain that he cannot bend as easily as he used to, thinking that the reason of this lies in his muscles. As a matter of fact, much of the trouble is in the lumbar spine, stiffness and rigidity in which is preventing a normal amount of flexation from taking place. A simple experiment shows this point very readily, and it also gives an insight into many of



Cut showing an easy method of obtaining good movement in the lumbar region on a mechanical table.

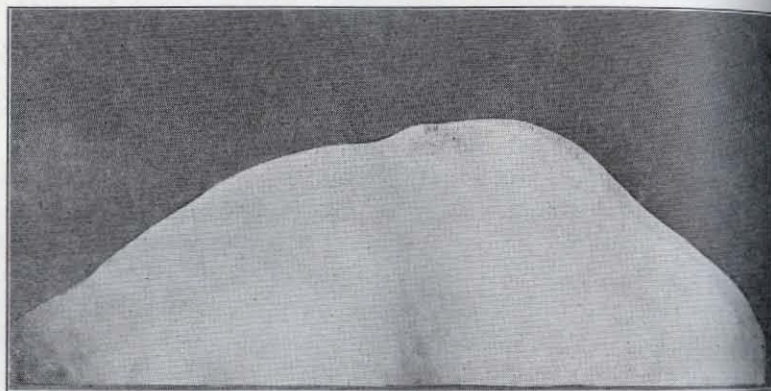
the results that are obtained by physical culture methods. For example if the attempt is made to touch the floor with the hands without bending the knees this perhaps is accomplished with difficulty; after some practice, however, it can be done readily. What has happened is this: The tightened ligaments and the thickened capsules and the congested muscles of the lumbar spine have been more or less normalized by a definite stretching along the plane of their natural movement, and by the time the patient has managed to accomplish his end aimed at he has automatically "set" some of the osteopathic lesions which were manifesting in rigidity. We believe that quite a number of the cures obtained under physical culture systems are due, not to the strengthening of the muscles of the trunk and extremities, as the patient believes, but to the limbering up of the spine which has gone along with this latter, owing to the fact that the patient employed twisting, stretching, bending, etc., in his physical culture movements. Herein is a line of thought that can be amplified to an almost unlimited degree, and undoubtedly a few simple exercises practised by patients daily and consisting of bendings and twistings of the various regions of the spine will often accelerate results obtained under osteopathic care.

ALWAYS REMEMBER THE GOAL AIMED AT IS THE COMPLETE NORMALIZATION OF THE SPINE, that is to say, the restoration of a normal degree of mobility and the re-establishment of the natural curves. In principle it matters very little what methods are actually employed, provided the end-result is obtained, and the various systems of spinal therapy that have sprung up since Osteopathy was instituted are all, more or less, crude attempts to bring about this ideal in one way or another, by a "thrust" or a "jarring" of the spine, trusting that Nature will produce a normal condition as a result of the recoil.

It should first be noted whether or not the lumbar spine is much posterior, because sometimes the entire spine appears almost straight, as mentioned earlier, the dorsal curve being obliterated and the lumbar spine unduly prominent. Also there may be a rotary twist of the lumbar vertebrae, of a similar nature to the twist spoken of in the dorsal region. We reproduce a cut showing a quite extreme example of such a rotary twist. In a case of this nature the twist of the vertebrae makes the long transverse processes very prominent and also carries the whole body of the musculature backwards on the side of the twist. Such a condition can be noticed by

looking down the back of the patient from above and in front, having flexed it strongly so as to put the entire back on tension.

In testing for "individual" lesions tenderness over the transverse and articular processes can often be found, and undue separation or approximation of the spinous processes should be looked for. That is to say, flexion and extension being normal movements in this region, the individual vertebrae may be held at the limit of their motion along these lines. Whenever such a condition is found, on testing for the movement between the vertebrae under consideration, as suggested below, a lessened amount will be noted. An impacted condition of the whole lumbar spine is sometimes met



Cut showing a bad rotary twist of the lumbar vertebrae with consequent prominence of the musculature. This picture is taken looking down a well flexed back.

with, in which there is a stiffness throughout the whole region, every articulation being involved.

A good method for testing the movement between the individual vertebrae is the following: Place the patient upon the side with legs raised to a right angle with the body. Support patient's knees in the abdominal wall and place both hands on the lumbar spinous process. From this position operator should flex and extend patient's legs by movement of his own body. See cut. Every such movement of his body will be felt by the hands on the spinous processes and it is simply a matter of practice before considerable skill can be gained in making a correct interpretation of what is felt by the hands. We would emphasize the fact that a great amount

of movement is not required when testing in this manner. Just a little lateral motion of the body, and the ability to interpret what is quite readily felt in this way, are the two necessary requisites. Some method similar to the one just explained will be found very valuable and quite trustworthy in the majority of cases. On a



Cut showing a good method of diagnosing and treating lesions in lumbar region.

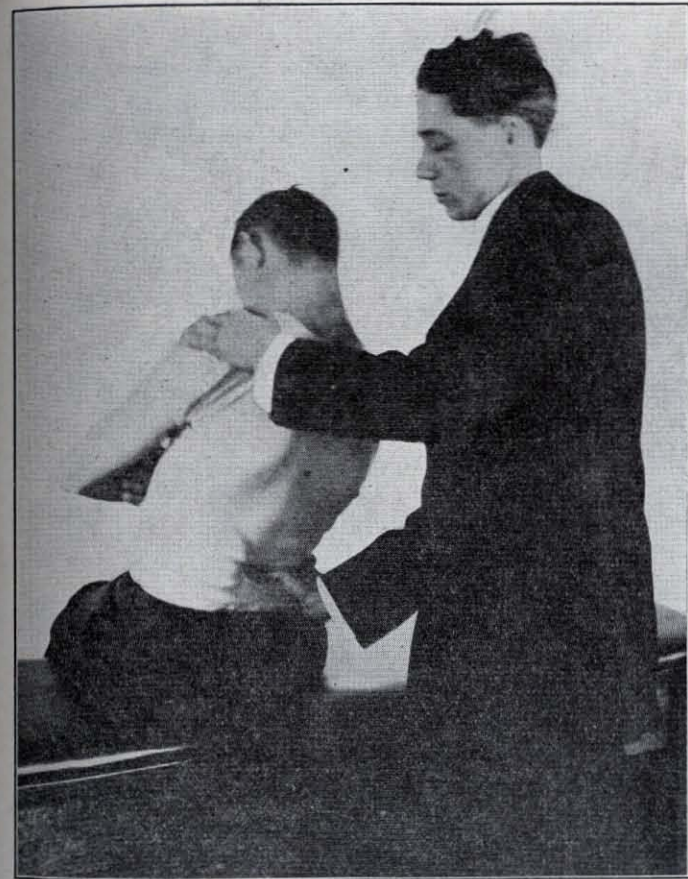
mechanical table, the principle we have outlined can be applied with less effort to the operator. This is especially true when the same principle is employed for corrective purposes as we will suggest later, the greatest drawback to the manipulation in that instance being that it is somewhat of a strain on the operator's own back.



### Correction.

The manipulations that are in common use for the lumbar region are many and varied. Some of them obtain separation between the vertebrae while some of them are designed simply to force movement along the plane of the normal movement of the region involved. We will outline a few of each kind, again urging our readers to remember that it is the principle and not the exact technique that we would especially emphasize. Most osteopathic physicians to a large extent adapt their movements both to the patient, and to the condition present, and in the end the success of attempts made to do this depends upon the mechanical instincts of the individual operator. For this reason the very best instruction that can be written down appears crude when read by an experienced operator and of course it is needless to say that no one can become skillful by merely reading such suggestions as may be offered in these pages. The great difficulty in compiling articles such as we are attempting in this series is that it is extremely hard to write in concrete terms instructions that shall be neither altogether too dogmatic to allow play for the individual application of skill nor too general to be of any real practical value. In this region perhaps more than in any other it is often permissible to give a general "breaking up," as the vertebrae are very firmly held to one another by the massive muscles and strong ligaments, and provided in general a full degree of free movement is obtained Nature will tend to restore normality where abnormality exists. As regards a general posterior lumbar spine, we would say that correction is a matter of growth and training of the vertebrae. Any movements that will tend to restore the normal contour are valuable, as, for example, when patient is seated on stool while operator sits on table and works with his knees in the lumbar region, trying to force the spine gradually to take up a more anterior position. Or again, with patient on face, the raising of the limbs from the table with one arm while with the other hand pressure is brought to bear upon the lumbar spine, is of value. Some operators are in the habit of raising the limbs in this way and while they are thus elevated, moving them from side to side. This is unwise and may do harm as the spinous processes can very easily be bruised by this procedure and the tissues damaged. The side to side movement is excellent provided the limbs are not unduly elevated, and on a mechanical table especially, where the

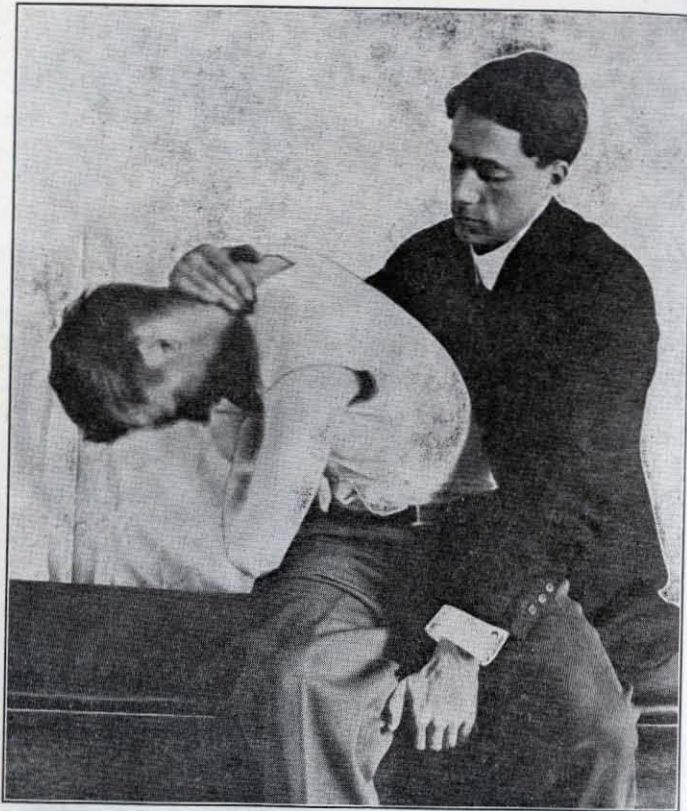
manipulation is not such a great effort to the operator, and where even some traction can be applied in addition, very good results may be obtained. We reproduce two cuts showing the exact application of this principle on a mechanical table and it will be readily seen



Cut showing an easy method of getting movement in the lumbar region.

that the movement thus easily obtained could not be obtained ordinarily without great strain and effort to the operator. For the general restoration of movement in the spine an excellent method is to have patient seated on table and to grasp one shoulder while

with the thumb of the other hand fixed points are made between the lumbar spinous processes as patient's body is thrown back and rotated from the lever of the shoulder. We reproduce a cut showing this method which will be found a valuable one. It is well for operator to support his elbow upon the anterior superior iliac spine. At first this method tires the thumb badly but soon this is not noticed.



Cut showing an effective method of "treating up" a stiff lumbar spine.

A good general "breaking up" manipulation for the lower dorsal and the lumbar regions is the following: With patient seated on table, operator passes right arm under patient's right axilla and clasps patient's neck with his hand. Operator then sits beside patient on his left side, and with his left hand grasps the front of the table, holding down patient's left leg strongly and with his

body firmly supporting patient's sacrum on left side. This technique may seem very cumbersome at the start; however it soon becomes easy and can be done without effort. From the position so far described patient can be thrown forward and rotated from the lever of the neck. It will be found that the further forward patient is thrown before being swung round the lower the force will be felt



Cut showing a good hold on the scapula for the purpose of normalizing the tissues all around it.

on the spine. The manipulation should be tried from both sides.

The amplification of the method suggested for diagnostic purposes will be found of great value as a manipulation designed to produce movement between the vertebrae. That is to say, with patient on side with his legs flexed and supported by operator, (see cut) increased flexion of the legs will produce movement in the lumbar spine while the two hands can be used to localise the move-

ment in the particular segment desired. In utilizing this principle as suggested above a mechanical table can be used to great advantage.

When a rotary twist exists in the lumbar region, either as a primary condition or as a secondary and compensatory twist to a similar one elsewhere, a method somewhat like the one suggested for the dorsal region may be employed, though it is harder in this region to get a good lever. It is well to place the ball of one hand on the spinous processes and while the other hand is pulling forward and round on the prominent side to attempt to push the spinous processes towards the prominent side. This will help to "untwist" the vertebrae, if we may use that expression. We reproduce a cut showing this principle in practice. As emphasized elsewhere some traction applied to the spine will often prove of value if judgment is employed in its use.

Some of the manipulations described in this article will produce a popping of the articulation, and some of them will not. It is by no means a safe guide to work for pops. If a manipulation produces a separation of the articular surfaces a pop will result unless there is considerable degree of rigidity present, when it will require sometimes weeks and months of treatment to normalize the spine sufficiently for the separation to occur. **WORK TO NORMALIZE THE SPINE**, and if the articular surfaces make a popping sound this is simply a point in passing, and not one to be taken a great amount of notice of. The Old Doctor in his "Osteopathy, Research and Practice" says:

"One asks, 'how must we pull a bone to replace it?' I reply, pull it to its proper place and leave it there. One man advises you to pull all bones you attempt to set until they 'pop.' That 'popping' is no criterion to go by. Bones do not always 'pop' when they go back to their proper places nor does it mean they are properly adjusted when they do 'pop.' If you pull you finger you will hear a sudden noise. The sudden and forceable separation of the ends of the bones that form the joint causes a vacuum and the air entering from about the joint to fill the vacuum causes the explosive noise. That is all there is to the 'popping' which is fraught with such significance to the patient who considers the attempts at adjustment have proven effectual. The osteopath should not encourage this idea in his patient as showing something accomplished."

(To be Continued)

## ANTE-VERSION AND ANTE-FLEXION

DR. ELLA D. STILL, Professor of Gynecology at the A. S. O.

I have been asked to write an article on ante-version and ante-flexion, giving from my experience, what may be done by osteopathic treatment, for such conditions.

I shall first take up the subject of ante-version, in which condition the organ is simply tipped forward, and the canals of both cervix and body are in the same straight line. This misplacement may be brought about in several ways, but perhaps the most common are enlargement of the body of the uterus, either by pathological or physiological causes, the increased weight causing it to drop forward, or the shortening of sacro-uterine ligaments which tend to draw cervix back and up thus tilting the body forward. The main symptom in ante-version being irritable bladder due to pressure, sometimes congestive dysmenorrhea, or menorrhagia, and in rare cases backache, which seems to be due to pulling on sacro-uterine ligaments. Time soon corrects the misplacement due to physiological enlargement. The pathological enlargement is usually a surgical case.

Where the trouble is due to short sacro-uterine ligaments, results are obtained by manipulations which tend to stretch them. My special treatment being to place the patient in a dorsal position, standing at right side of patient I use left hand to grasp tissues over body of uterus while with index finger of right hand in vagina I get back of cervix and draw it forward while I am drawing back on body with abdominal hand, thus giving a bi-manual treatment, which eventually tends to stretch out the sacro-uterine ligaments and the uterus assumes the normal position.

In some cases I resort to rectal treatment for the short ligaments, in which case I place patient on left side and having introduced index finger into the rectum, I **PUSH FORWARD** on cervix of uterus thereby tending to stretch the short tissues.

Realizing that in many cases these ligaments have been shortened by inflammatory processes which have passed from rectal tissues out to them, I make a thorough examination of the rectum to be sure there does not yet exist some trouble in that area, realizing that if such is the case, this cause must be removed before results will be obtained.

In regard to ante-flexion a much worse condition exists and the symptoms are much more marked. For descriptive purposes I like to divide flexions into three classes according to the amount of involvement.

First, a corporeal flexion where the cervix is in almost normal position but the body is bent forward. In these cases irritable bladder is the most common symptom; sometimes congestive dysmenorrhea is present.

A second class where the cervix alone seems to take part in the bend, and we speak of it as a cervical flexion. In extreme cases there may be obstructive dysmenorrhea, sterility and nervous symptoms.

Then, third, by far the worst condition where both body and cervix are at fault, termed a corporo-cervical flexion, both parts pointing forward. This latter condition is invariably accompanied by obstructive dysmenorrhea, nervous disturbances, sterility and headache, and sometimes bladder irritability depending upon the size of the uterus.

Not only must one diagnose the malposition of the organ, but also take into account the pathological changes as well, both of the uterus and any or all pelvic structures.

Realizing as we do that, in ante-flexion the posterior muscle fibres are elongated and the anterior ones shortened, we must determine the amount of pliability at point of bend, in order to give a prognosis in the case. For this I place my patient in Sims' position and with left hand steadying the body of the uterus, I introduce the index finger of the right hand into the vagina and getting in front of cervix I see how far I can draw it back. In some cases there has been so much dropping at the point of bend that satisfactory results cannot be obtained, but in the majority of cases of what are termed acquired flexion (not congenital) the manipulative treatment has been highly satisfactory.

The direct treatment is administered in the manner in which I make the examination, except that I repeat the stretching three or four times at one treatment.

In treating any form of misplacement I examine carefully for osteopathic lesions that would in any way interfere with nerve or blood supply to the involved area, also pay especial attention to condition of bowels, realizing that an impaction of either pelvic colon or rectum will tend to affect drainage from the pelvis.

It is very important to remember that when dealing with VERSIONS we have only to consider the pathology of the structures that produce a tipping of the organ, while in a FLEXION one has to deal with the deformity of the organ in addition.

But the fact remains that by the time one has reduced the flexion the uterus is usually in position. My experience has been that anti-positions of the uterus are much more easily handled than retro-positions because one can treat the offending organ more easily.

IT IS USELESS TO EXPECT RESULTS IF YOU ARE DEALING WITH CASES WHERE LACERATED PERINEUM COMPLICATES THE CONDITION. THE LACERATION MUST FIRST BE REPAIRED AND THEN THERE IS AN OPPORTUNITY TO CORRECT THE PATHOLOGY IN THE PELVIS.

The question as to how long it will take to cure cases is not easily answered, for each case is a law unto itself. But in cases of uterine flexion where I find mobility at point of bend, I give a good prognosis. The time then depending not only upon condition of uterus but upon other lesions present. I try to explain this to my patient, and as one by one the disagreeable symptoms disappear they are encouraged to continue treatment until cure is effected.

Frequency of treatment depends upon pelvic conditions. Usually two treatments a week can be directed to uterine conditions, but if I find that any irritation follows a treatment, I decrease the number, or length of time of the treatment. Other lesions receive treatment twice or three times a week according to the judgment of attending physician.

I am always sure of one thing, if a case is amenable to treatment and osteopathy is given a fair trial, the results obtained are extremely gratifying.

## STILL-HILDRETH SANATORIUM

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 The Still-Hildreth Osteopathic Sanatorium will open  
**MONDAY, MARCH 2nd**

## CANCER\*

By DR. EUGENE CHRISTIAN, 213 W. 79th St., New York City.

Cancer can be prevented, its progress can be arrested, and in its early stages it can be cured. These statements are corroborated by three of the ablest doctors in England—namely Dr. Robert Bell, Dr. Carlo Carillo and Dr. Rabagliati.



DR. EUGENE CHRISTIAN  
Who says radium will not  
cure cancer.

Bacteriologically." "It has taken 50 or 60 pages of my forthcoming book *Air, Food and Exercise* to say this and defend my views, but

\* The nation wide dispute over the use of radium as a cure for cancer has stirred the scientific world to its depths, and the testimony taken before the house committee on mines in Washington is expected to finally solve many of the perplexing problems that have arisen. One of the latest witnesses, Dr. W. H. Campbell, director of the radium clinic of Pennsylvania hospital, states that radium as a cure for cancer is still in an experimental

I am fully determined to justify the ways of God to man in this matter if I live and to show that it is not the dispensation of a mysterious providence that kills us of cancer but our own excesses and self indulgence."

From the laboratories and clinical experience of these sincere and scientific men, let us move to our own country and either verify or disprove these statements by reasoning from cause to effect.

First, let us find if we can, the true cause of cancer.

All true food is produced by the vegetable giving off oxygen, and absorbing carbonic acid, water and ammonia from the air and soil. When the animal eats these foods the process is reversed; it absorbs oxygen, burns up the food, and returns the carbonic acid, ammonia, etc., back to the earth and air, thus completing Nature's wonderful cycle of food and life.

When either animals or vegetables are deprived of pure food, pure air and sunlight, they each tend to revert back to Nature, that is, to die. The vegetable becomes fungus and diseased and the animal becomes tumorous, fungus, cancerous and tuberculous.

Cancer is a fungoid or a malignant tumorous growth which becomes a pseudoparasite and which preys upon the animal tissue. It is produced by lowly-organized nitrogenous matter just as the vegetable fungus (mushroom) comes from the decaying body of the tree. Cancer in its final analysis is merely one of Nature's methods of disposing of effete, decaying matter that cannot be passed through the anabolic or constructive process.

In one person Nature may create a tumor, cyst or cess-pool as it were, into which it empties all foreign, useless and poisonous matter,

stage and its use in the treatment of internal cancer results fatally in a large percentage of cases. A statement issued by Eugene Christian, the prominent New York food scientist, has caused considerable comment. Dr. Christian assails the alleged curative properties of radium in cancer cases and states the use of the costly mineral is merely an endeavor to cure an existing disease without eliminating the cause, and that such a procedure is palpably fallacious and unsound. He states that cancer arises primarily from improper foods and that proper foods and proper eating will not only prevent cancer from forming, but will actually arrest the growth when once started. This radical view has aroused a storm of criticism in the medical world, but Dr. Christian quotes some of the leading cancer experts in the world, who substantiate his views.

Dr. Howard A. Kelly, of Baltimore, a noted surgeon and radium expert, is one of the leading men who assert that radium will cure cancer, and he is urging congress to take control of all lands containing deposits of the mineral from which it is extracted. Mme. Curie, the well known French scientist, who discovered radium, was the first to claim that it would remove cancerous growths.

Congressman Bremer, of Passaic, N. J., who was treated for at least two months with radium for cancer, died on Feb. 5. He was in Dr. Kelly's Sanitarium and received the most scientific treatment they could administer with this so-called cure. (Ed.)

while in another case it may dispose of this matter in malignant tumorous form called carcinoma (cancer).

When one receives a cut, a burn or a bruise while the blood is laden with this decomposing matter, it is very apt to develop into cancer.

The logical inquiry now is, what causes the blood to become so charged with poisons that Nature takes these desperate steps to eliminate them? Named in the order of their importance they are as follows:

1st: Overeating.

2nd: Flesh eating.

3rd: The consumption of alcoholic stimulants, tobacco, tea and coffee.

4th: The overconsumption of sweets.

5th: The overconsumption of salt.

6th: Inactivity, and lack of fresh air.

**OVER-EATING**—Every atom of food that is digested and assimilated that cannot be appropriated by the body, must be decomposed in order to be eliminated. The decomposing process poisons the blood and creates conditions favorable to tuberculosis, tumors and cancer.

**FLESH-EATING**—The animals whose flesh we eat know nor observe no laws of cleanliness or hygiene. The blood is impure and they are often afflicted with disease. Even the flesh of the healthiest animals is charged with the ordinary toxic substances that are always in process of elimination. When we add these to the poisons constantly being produced in our own body it creates conditions extremely favorable to tumorous and cancerous growths.

All alcoholic stimulants, coffee, tobacco, etc., belong to the group of alkaloid poisons. They do not contain an atom of structural material but they all destroy tissue and load the blood with effete matter which is conducive to cancer and all zymotic diseases.

**SUGARS**—Sugar in its commercial or concentrated form is not only unnecessary as an article of diet but in many popular forms such as desserts and confections it is exceedingly harmful. Nature supplies an abundance of sugar in natural foods as in grains, sweet fruits, potatoes, bananas and many vegetables, to give the blood all the carbon it needs and an excess in the form of cane sugar frequently charges the blood with waste matter that may be cast out of the body in the form of malignant tumor or cancer.

**SALT**—The blood is saline in character and will appropriate a certain amount of common salt. An excess of salt, however, is very difficult to decompose and when it is not eliminated it retards cell metabolism and causes congestion throughout the capillary system. Congestion is followed by rapid decomposition of nitrogenous matter of which cancer is an example.

**INACTIVITY**—Activity is Nature's method of forcing the blood to the lungs and fresh air (oxygen) is Her method of making it pure. When one habitually consumes more food than they need including the flesh of other animals and a liberal amount of sweets, salt, liquor, tobacco and coffee, and lives an inactive indoor life, we can readily account for the fearful increase in both cancer and tuberculosis.

The history of all civilized countries shows that the increase in tuberculosis and cancer has kept pace with the growth of civilization, indoor life and self indulgence.

In the light of these facts, every one of which can be verified by the ablest and most experienced physicians in the world, cancer is merely a result of disobeying the three great fundamental laws that govern all animal life viz; Food, Air and Activity.

If the causes herin given are true then cancer can be prevented, its progress can be arrested and in its early stages it can be cured by Scientific Eating and strict conformity to the laws of hygiene.

## HEALER VS. BACTERIOLOGIST

By DR. JOSEPH HENRY SULLIVAN, Goddard Bldg., Chicago.

James A. Garfield in one of his great congressional speeches used these words:

"Mankind have been slow to believe that order reigns in the universe; that the world is a cosmos and not a chaos. The assertion of the reign of law has been stubbornly resisted at every step."

It is twenty odd years since Dr. Still's school of Osteopathy first instructed those attending, that whatsoever interferes with the artery causes disease; also normal structure pre-supposes normal health.

A quotation often noted in the old days was one by Professor Rosenbach in his work, "Physician vs Bacteriologist."

"The advent of fear of infection has transformed love for the

patient into fear of the patient, as in the days when disease was looked upon as the working of mysterious demons, and the patient as an enemy of divinity and of man.

"If we seek for the exclusive cause for disease and pest in so-called source of infection, instead of in general and individual effective conditions; among which microbe activity plays a comparatively unimportant part, we shall naturally arrive at a complete misjudgment of the significance and manifoldness of causes of disease, of the nature of the epidemics and of the part played by social and hygienic factors."

Sentiments like these just quoted were readily assimilated by those in the osteopathic schools twenty years ago: Not only so, but the bacteriologist, while respected for his learning and allowed his proper place, was not seriously considered as a really necessary factor in an osteopathic mind, convinced that by adjustment of structure one could change bacteriological findings.

The bacteriologist was allowed to follow his research pathway, but the new system established a new and potent regime along manipulative lines.

Antitoxins, serumtherapy and their train of superstitious satellites were superseded by osteopathic practice—braces, casts and calomel, etc. were tabooed by Dr. Still's new gospel.

Dr. Still sent his followers abroad to heal all nations, told them to preach the wisdom of the divine architect, to adjust structure which they found wrongly adjusted, and health would follow as the day follows the night.

Nothing bacteriological was allowed to muddy the early osteopathic stream, no one was cautioned to tie a sponge on one's nostrils when treating a cold, but simply find it and fix it was the slogan.

The advance guard left their alma mater and won renown through their knowledge of osteopathy, and if we may rightly interpret one criticism, won success through their ignorance of things bacteriological; or, as Dr. Bunting aptly puts it, "The man who succeeds is the fellow who doesn't know a certain thing can't be done: You see the darn fool doesn't know that it can't be done, so he goes ahead and does it."

To resume, Dr. Still sent his disciples to success and prosperity, some of them to real affluence. He promised to perpetuate their alma mater and its curriculum, to send many to reenforce the vanguard.

The battle opened and no power seemed to halt the army practicing osteopathic tenets. The microbe devotee, the bacteria enthusiast, the calomel exponent, the orthopedic appliance advocate, fell under osteopathic influence and were healed. Twenty short years of this has been the happy lot of the vanguard. It has seemed a delicious dream (Yes, a Rip Van Winkle dream our bacteriological reenforcements tell us). If so, in all mercy, let us dream again. The thousands of healed men, women and children will gladly croon for us our lullaby.

A dream indeed it may be after all, on that hypothesis perhaps one may reconcile one's self, for twenty years it is since we imagined we had distanced Old Doc Microbe and his bacteria friends. It may be someone put us in a hypnotic trance for twenty years, on awakening from which, lo, we behold the old supposed mummies have taken life and stand grinning at us like a ghost in the fairy tales of childhood.

But take heart, genuine osteopathic healers, your course is clear; advanced thinkers in the regular schools decry drugs, suggest less serum and more golf—in truth even suggest osteopathy on occasion.

What of the future? If our schools lose proper concept of osteopathy, if they fail to heed the warnings of the present situation, Chiropractic Schools will be the thrifty institutions of the future. The public are growing wise and discriminating.

The simple gospel, essentially osteopathic, is blooming and calls for cultivation. We do not need the bacteriologist with his scareheads,—his ally is the serumtherapist.

We need worthy successors to the osteopathic healer of the past. The old schools are in despair over the outlook; they gloomily discuss the advance of non-drugging, non-serum schools; their helplessness would appear pathetic if it were not deserved, a natural process in evolution.

In this crisis, why deviate from the proven worth of true osteopathic practice? Why dare to assert that we must re-adjust Dr. Still's theories, as we have recently heard stated?

Kirksville homes twenty years ago housed dozens of bedridden patients of Dr. Still's, cases of tubercular spines, hips, knees, etc. were allotted to even senior students to treat under Dr. Still's direction.

Almost all cases, though called incurable, were benefitted and a small per cent absolutely cured.

None of the rough work we hear of today was heard of then,—gentle, judicious, painstaking bedside technique was practised, the patient eased while being treated, and anxiously awaited the doctor's next visit instead of dreading same as often occurs today.

The schools might poll their alumni in the field as to the greatest impediment to the advance of osteopathy. They would be amazed at the widespread impression prevailing that osteopathy is dangerous massage, something unsafe to undergo.

The idea that osteopathy heals the sick seems to have been eclipsed by the obsession that one has to be hurt when being treated.

Of course our medical opponents foster this idea to the fullest extent. The fact remains that the situation demands early correction if those now in our schools expect to have a clientele when in the field.

Recent discussion in one of the profession's publications, shows what bias, what false concepts possess those inoculated with medical ideas or too lazy to practise on certain cases. Those opposing the cast in spinal tubercular cases claim that they do not move tubercular joint in such cases, for the simple reason that such joint is immovable. You cannot move it, for nature has locked it up.

Nevertheless the cast man persists in representing his opponent as breaking up this adhesion, jumping upon it, ruthlessly tearing structure with the idea that he is doing good. This recalls the saying "One convinced against his will is of the same opinion still."

In Chicago, hardly a week passes without some new patient coming for attention, having all the appearance of a martyr, absolutely sure that osteopathy is most severe, even dangerous treatment.

Thousands throughout our land hold aloof from osteopathy through fear, what is the natural deduction? Hundreds of good osteopaths are more idle than they should be.

Let us hope for a Moses to lead us back to our father's house.

## DR. STILL REMOVES GROWTH ON SPINAL CORD

Although surgical operations of a difficult nature are of almost daily occurrence at the A. S. O. hospital as patients come there from all parts of the country, there have doubtless been few cases operated on at that institution which were more difficult or of more interest than the case of a young lady from Hagerstown, Maryland, who was operated on February 10th by Dr. George Still for a growth on the spinal cord of eleven years standing. The condition was caused by an injury in 1903 which resulted in complete paralysis of the lower limbs. An uncle of the young lady took her to Europe at that time but failing to find relief there, later took her to many American institutions, among them John Hopkins hospital at Baltimore where the surgeons refused to operate.

After she had gone home, however, they wrote her that if she would return they would take a chance. This she refused to do, and recently came under the care of Dr. R. J. Northern, a friend of Dr. George Still, who advised her to consult the Kirksville surgeon. After considerable correspondence Dr. Still requested them to come west and if after a thorough examination he thought there was the slightest chance, he would operate for a nominal sum and the opportunity it would give to add something to surgical knowledge.

The patient arrived in Kirksville Monday, February 9th and for the first time it was suggested that her injury might have caused a growth instead of directly crushing the spinal cord. It was decided that in either case the condition of the limbs were so absolutely and permanently hopeless without an operation that even though it offered only a slight chance it was worth while taking it.

Accordingly preparations were made and the operation was performed. A flap of skin shaped like the letter "U" was raised from the affected area over the spine. The back muscles were separated from three of the lumbar vertebrae and then with a very delicate saw the backs of two vertebrae were cut away and the naked nerves of the spinal cord were exposed. EXACTLY WHERE IT WAS SUSPECTED THERE WAS FOUND A CYSTIC TUMOR which, when punctured, spurted fluid nearly 18 inches high. This growth was dissected out and the nerves readjusted.



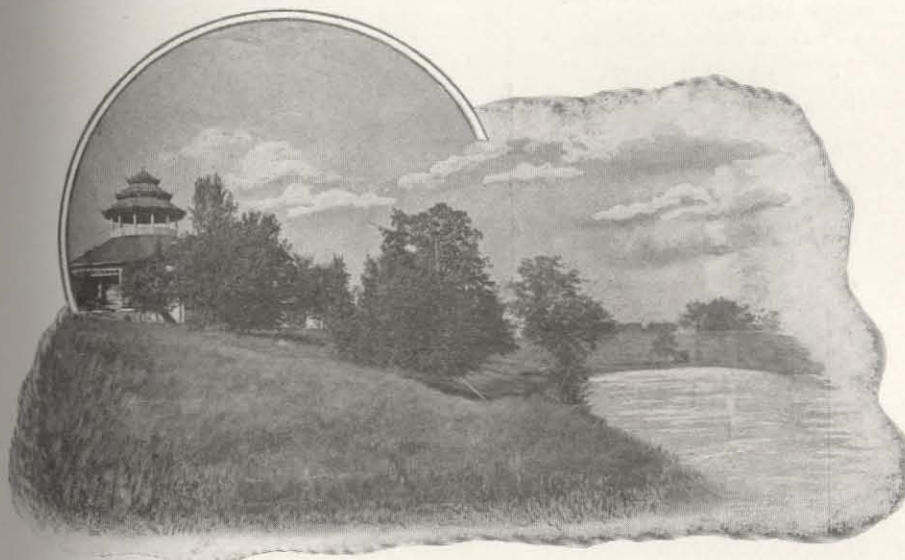
Although expected it was to the great disappointment of the operator that a very large amount of nerve tissue had been entirely destroyed by the growth. Nevertheless he had to make the best of things as they were found and it was a very gratifying interruption to the work when it was seen that the irritation of working on the nerves of the spinal cord was causing the toes and a foot to twitch, showing that there was at least some life in the nerves. The immediate effects of the operation will probably not be serious and the patient can doubtless go home within a month.

The final results as to the paralysis, however, cannot be told for from six months to a year.—Kirksville Morning News.

### THE GYNECOLOGY DEPARTMENT

By DR. ELLA D. STILL

The lectures on gynecology are given each day during the fourth semester. They are illustrated by charts and manikin. Eight hours a week are devoted to laboratory work. The class is divided into groups for this work. The students are here taught not only to diagnose malpositions of pelvic organs, but the manner of replacing. They are taught also to recognize anterior and posterior colpocele, cystocele, rectocele, urethral caruncle, pudendal hydrocele, all forms of inflammatory processes connected with both internal and external genitals, and the amount of cervical and perineal laceration. The use of such instruments as vaginal and rectal specula, proctoscope, catheter, etc., receive special attention as well as the technique of bladder and vaginal irrigation, vaginal packing to control hemorrhage etc. Special stress is put upon rectal diseases which so often accompany pelvic disorders, and the student is taught to recognize all forms of hemorrhoids and how to treat them. Also, how to care for fistulae, fissure, etc.



A VIEW OF ONE OF THE LAKES AND PAVILLION OF THE STILL-HILDRETH SANATORIUM

The Missouri State Board of Osteopathic Examination and Registration, Kirksville, Mo. January 26th to 28th. The following, excepting those starred, took the examinations. Those in picture graduated from the January 29th, 1914. The names are arranged according to their position in the accompanying picture, beginning with the first row from left to right.

Kirksville, Mo. January 26th to 28th. The following, excepting those starred, took the examinations. Those in picture graduated from the January 29th, 1914. The names are arranged according to their position in the accompanying picture, beginning with the first row from left to right.

**FIRST ROW**

- W. P. McPHEETERS,  
Baldwin, Kansas.
- \*H. A. SCOTT,  
Champaign, Illinois.
- E. RENE BASTEDO,  
Hamilton, Ontario, Can.
- \*D. M. STAHR,  
Elkhart, Indiana.
- \*E. C. HIATT,  
Payette, Idaho.
- MARY E. COMMERFORD,  
Shelton, Connecticut.
- G. F. PIERCY,  
Holdredge, Nebraska.

**SECOND ROW**

- L. L. CORNELL,  
St. Louis, Michigan.
- \*A. E. KINCAID,  
Brooklyn, New York.
- \*L. E. BUSH,  
Jacksonville, Florida.
- G. B. RADER,  
Fountain Inn, S. C.
- M. M. DICKEY, (Mrs.),  
North Manchester, Ind.
- \*G. B. RADER, (Mrs.),  
Fountain Inn, S. C.
- S. A. MOORE,  
Slippery Rock, Pa.
- MINNIE FAULK,  
Monroe, Louisiana.

**THIRD ROW**

- J. H. HALE,  
Natrone, Illinois.
- M. E. LANCASTER,  
LeGrande, Maine.
- K. A. PARKS,  
Huron, South Dakota.
- \*S. K. DOLL, (Mrs.),  
Garden City, Kansas.
- E. M. WILLIS,  
Kirksville, Missouri.
- C. J. CARRICO,  
Florissant, Missouri.
- F. B. F. HARDISON,  
Geneva, New York.
- C. M. BUELER,  
Ammond, Louisiana.
- C. J. SQUIRES,  
Galesburg, Illinois.



**FOURTH ROW**

- B. VonPERTZ,  
Spokane, Washington.
- W. P. BAIRSTOW,  
Warren, Pennsylvania.
- \*L. M. JONES,  
Portland, Maine.
- W. C. GOODPASTURE,  
Daleville, Indiana.
- E. M. SPICER,  
Minneapolis, Minnesota.
- J. W. CHURCH,  
Livingston, Montana.

**FIFTH ROW**

- \*M. C. JONES,  
South China, Maine.
- ELIZ. FRANKLIN,  
W. F. SAWYER,  
Augusta, Maine.
- H. S. HAIN,  
Elkhart, Indiana.
- H. C. GILCHRIST,  
Detroit, Michigan.
- DAISY B. GLASSCO,  
Urbana, Illinois.

**SIXTH ROW**

- H. S. DEAN,  
Syracuse, New York.
- M. D. SILER,  
Warren, Pennsylvania.
- R. A. BAGLEY,  
Moyock, N. C.
- S. C. GARTRELL,  
Speed, Kansas.
- E. W. LINHART,  
Browning, Missouri.
- \*T. R. MOORE,  
Kansas City, Missouri.
- H. I. MILLER,  
Morgantown, W. Va.
- JENNIE PHELAN,  
Cherokee, Iowa.

**SEVENTH ROW**

- BEN. H. McCLEARY,  
Cherokee, Iowa.
- IDA B. JOHNSON,  
Siloam Springs, Ark.
- W. M. CORY,  
Geneva, Illinois.
- EDMUND GROTHAUS,  
New Bremen, Ohio.
- ED. K. CLARK,  
Marion, Ohio.
- GEO. E. MICKLE,  
Red Oak, Iowa.
- O. L. DICKEY,  
North Manchester, Ind.

The following graduated from the A. S. O. prior to the year 1914.—Hester M. G. Lay, Kirksville. The following graduate of the Des Moines College:—R. E. Murrell.

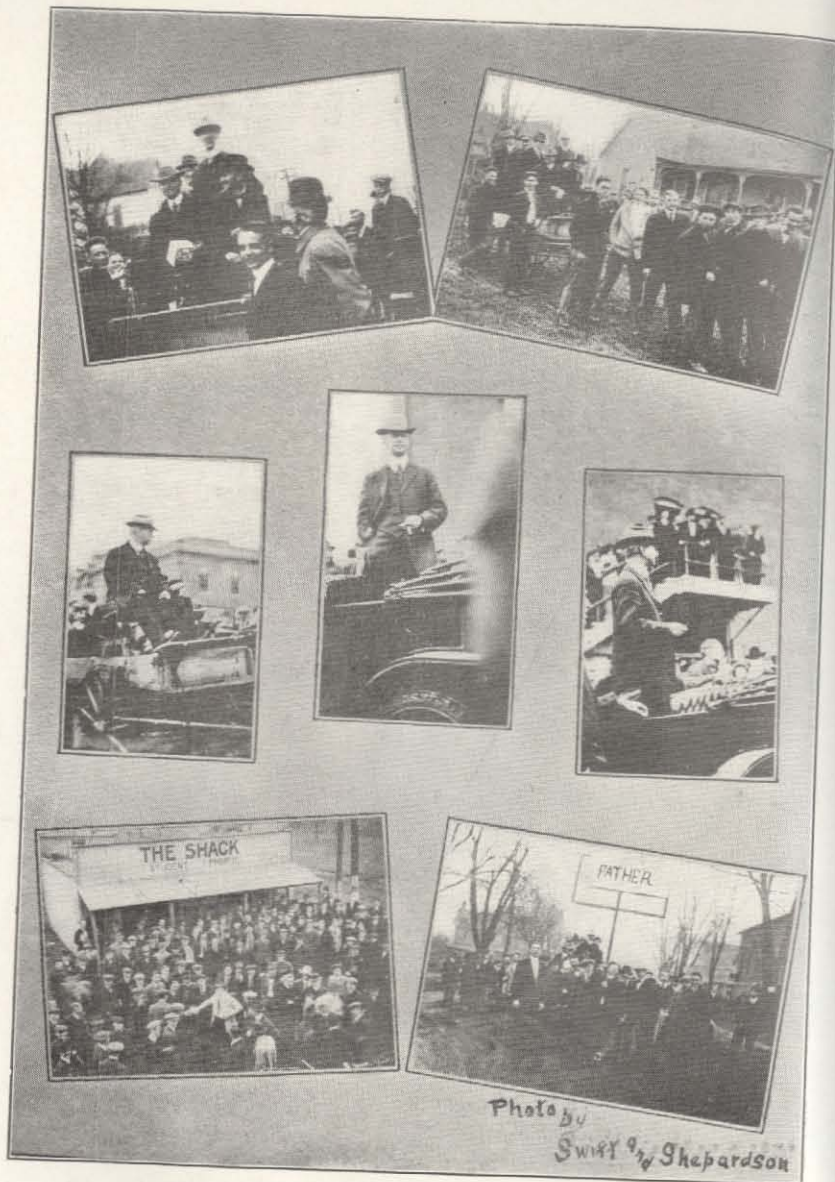
## FIELDS UNOCCUPIED.

The first need of our profession is ten thousand recruits. If we had twice as many practitioners each one of us would have much more practice. We should have at least twenty thousand practitioners in the field all of whom would be kept busy. Look again at the immense prestige that would give our profession. We should have pathologists and bacteriologists in at least every state, or better in every large city. We need specialists in nervous and mental diseases, diseases of the stomach, eye, ear, nose, and throat. In fact in every department. It is often necessary to refer cases to a specialist. It is not very gratifying to have the same person return and go under the care of a medical physician which is generally the case.

We need five thousand osteopathic physicians for acute work only. The practitioners in the field are not doing one half the acute work they should. There is where we get quicker results, where we can better demonstrate our ability and show to the thinking world what our science can do for the suffering humanity.

There are a number of literary colleges that would grasp at the opportunity for a man to take charge of their athletics and be the college physician. I know of one college that advertised for such a man with scarcely a favorable reply. Our colleges should turn out twice as many practitioners each year as they do at the present time. I am afraid one fault of not getting more recruits is that the men in the field are afraid of having more competition. I would much prefer to have five competitors who are legally qualified than one faker.

We need more osteopathic physicians in smaller towns, towns of five hundred or a thousand where they are willing to do a general practice. There are at least one thousand towns in the U. S. containing from two thousand to five thousand inhabitants and some even thirty thousand without a practitioner. Where there are five osteopathic physicians within easy reach of each other they can well maintain a hospital, where they could be independent, where they could show up their best work. One of the five should be able to do at least general surgery. One thousand osteopathic hospitals scattered over the United States would be few indeed. What better



WHAT HAPPENED TO FATHER.

advertisement would we need? Then again look at the broad field it would open for nurses.

Our profession is not making advances in procuring new students, nurses, establishing hospitals or taking up special lines of work as the demand requires. The writer of this article has been instrumental in sending fourteen students and three student nurses to osteopathic institutions. What would be the result if each practitioner should do the same? If you are afraid of competitors go back to college for a P. G. and you wont need to be afraid. Although you are good you might be better.

Again we as a profession need more systematic work and endeavor to pull together. Every five practitioners should keep one nurse busy. Five thousand practitioners means one thousand nurses. They would bring at least five thousand new patients each year making more demand for more practitioners. I generally have two and have had as many as seven busy at once, but sorry to say they were trained in an allopathic institution. I may add to their credit that all nurses who have nursed for me, except two, did our science justice and were in a measure boosters. Pages might be written but this may cause some of us to think and act.

#### New Arrangement for A. S. O. Students to Get Hospital Experience.

A new scheme for giving A. S. O. students hospital experience and at the same time getting good treatment for a large number of patients, who could not well afford to pay for faculty treatment and in whose cases indeed the better class of senior students would in every way be sufficient, has recently been inaugurated with the greatest success.

The new arrangement providing internes or house physicians was the one thing absolutely necessary to make this move possible. It was decided in order to get the best of the senior students to give examinations, which were of course optional, and from those taking and passing the examinations would be selected the ones who would treat under the instruction of the house physicians, Drs. Ashlock, Dickey, Hain and Von Pertz, and these in turn under the direction of the surgeon-in-chief.

Examinations were given to groups of ten and each of them

had to undergo a personal demonstration examination to show fitness to give bedside treatment, this later to be supplemented by personal instruction.

In addition written examinations were given each group, the following being a representative list of questions:

1. What is the normal pulse, temperature, respiration in the adult; also, R. B. C. and W. B. C.?
2. What are the dangers of operating on a patient with nephritis; T. B. of lung?
3. Where and how treat for post-operative diorrhoea, neuritis,



DR. H. T. ASHLOCK  
Interne A. S. O. Hospital



DR. BISMARCK VON PERTZ  
Interne A. S. O. Hospital.

saphenous phlebitis, conjunctivitis, laryngitis?

4. Treat sore throat following adenectomy?
5. Treat thirst in patient unable to swallow?
6. What two organs are most important to examine before any operation?
7. Where would you treat for weak heart following operation? What besides its own mechanism may cause it to show rapid, low-pressure beat?

8. Where treat following operations for tonsillitis, appendicitis, gall bladder obstruction?

9. What areas and structures would you treat following operations on the following structures; the eye, the conjunctiva, the naso-pharynx, the ovary, the uterus?

10. What areas would you treat for the following complications: pluerisy, nausea and vomiting, nephritis, enuresis, anuria, cystitis, pneumonia?

11. What five things may cause fever following an operation?

12. Give your own idea in your own words of what should be done for a patient in a general way in the first few hours following an anesthetic and a major operation?



DR. OTIS DICKEY  
Interne A. S. O. Hospital.



DR. H. S. HAIN  
Interne A. S. O. Hospital.

The enthusiasm shown by the classes for this work indicates that it is a very popular move. One section of upper seniors is yet to be examined, but so far the following have taken and passed the examinations: upper seniors; Long, Rossman, LaRue, Higgins, Brown, Cherrill, Wiebe, Jelks, Sammett, Calisch, Dakin, Parker, Dafter, Welch, Moore, Yung, Harrison, Bohnsack, Doron, Hiss, Nye, Russell, Schmidt, Rerucha, Hess, Dean, Busch, Rea, Giddons, Schildberg, McCord, Mosher, Hawley, Underwood, Broadbeck, Eddy, Shenefelt, Haines, Knight, Pollock, Lewis, Lewis, Pennoek, Doll, Richard-

son, Kalb, Hastings, Mills, Dixon, Warrens, Goodon, Irwin, Irwin, Tieman, Snapp, Thompson, Malone, Shook, Robinette and Hayward. Lower seniors: Willis, Alexander, Hicks, Mayo, Spitler, Glover, Hook, Snyder, Farren, Gardner, Scott, Schulz, Whitmore, Rifenburg, Kerr, Griffith, Fowler, Healy, Schafer, Ferguson, Kidder, Chappell, Giltner, Pauls, Pengra, Tunnell, Kane.

### NURSES TRAINING COURSE

The spring classes for the advanced students in the nurse's training course begin with indications favorable for a very successful semester's work.

In addition to the following regular schedule the work in the training course embraces much instruction work that can only be given individually and with little chance to follow any extended schedule.

### NURSES TRAINING SCHOOL SCHEDULE

Term beginning February 2, 1914.

#### SENIORS:

Mon. 4:00 to 5:00, Materia Medica, Dr. Turner.  
Tues. 5:00 to 6:00, Chemistry and Urinalysis, Dr. Dickey.  
Wed. 3:00 to 4:00, Dietetics, Miss Story.  
Sat. 4:00 to 5:00, Special Nursing, Miss Gottreu.

#### JUNIORS:

Mon. 4:00 to 5:00, Obstetrics, Dr. Dickey.  
Tues. 4:00 to 5:00, Anatomy and Physiology, Dr. Ashlock.  
Wed. 3:00 to 4:00, Dietetics, With Seniors.  
Thurs. 4:00 to 5:00, Infectious Diseases, Dr. VonPertz.  
Sat. 4:00 to 5:00, Special Nursing, With Seniors.

#### SOPHOMORES:

Mon. 3:00 to 4:00, Anatomy and Physiology, Dr. Ashlock.  
Tues. 3:00 to 4:00, Bacteriology, Sanitation and Hygiene, Dr. VonPertz.  
Wed. 4:00 to 5:00, Dietetics, Miss Story.  
Thurs. 3:00 to 4:00, Bacteriology, Sanitation and Hygiene, Dr. VonPertz.  
Fri. 3:00 to 4:00, Bandaging, Splints, Plaster Casts, Dr. Hain.  
Sat. 3:00 to 4:00, Nursing and Ethics, Miss Gottreu.

## BOOK REVIEW

**Gonorrhea and Syphilis.**—A Drugless Treatment of Venereal Diseases. By J. H. Tilden, M.D., Author of Diseases of Women, etc., and editor and publisher of A Stuffed Club. Denver, Colo.

This book of less than 200 pages is dedicated to those who are willing to be presented with a new point of view, and the sentiment so expressed is assuredly most appropriate. We have rarely if ever read a book that was so full of the very best common-sense and of the most practical suggestions as is this one. The author is non-drug from start to finish yet asserts positively that the venereal diseases can be absolutely cured by properly applied hygienic measures. We wish that we could place this book in the hands of every osteopathic physician in the land as the perusal of it would be of value to anyone who professes non-drug beliefs. The subject is handled quite exhaustively and we recommend the book most highly.

**Diseases of Women and Easy Childbirth.**—By J. H. Tilden, M. D. Author of Criticism of the Practice of Medicine; Monographs on Typhoid Fever, Cholera Infantum, Appendicitis; Gonorrhoea and Syphilis; What Shall I Eat When Traveling; etc. Also Editor and Publisher of A Stuffed Club, Denver, Colorado. Price \$3.00. 1912.

Have you read any of Dr. Tilden's works? If not, read this one. If you do read this one we sincerely believe you will read others. Why? Because Dr. Tilden has some original ideas worth while. In Diseases of Women and Easy Childbirth there is more sound, practical, honest, clearly stated advice for people in general and women in particular than in any other book we know. The author, although a medical practitioner, gets away from the idea of drugs and tells us how to live, what to do, what to read, what to eat, how to think, and he does it in such a way that not only do we feel that the Doctor knows what he is talking about, but also feel like we want to take his advice. The book contains less than 200 pages and gets right at the point. Let us quote a few short sentences from the book and thus get an idea of the view point.

Very few fibroids require an operation.  
Nature can aid herself.  
Envy and jealousy build disease.  
Quarreling ruins health.  
Curetting can't do much.

You will want to read and digest the contents of this book whether you are a doctor or not.

**Manual of Surgery.**—By Alexis Thompson, Professor of Surgery, University of Edinburgh; Surgeon Edinburgh Royal Infirmary; and Alexander Miles, Surgeon Edinburgh Royal Infirmary. Volume Third. Operative Surgery, second edition, with 255 illustrations. Henry Frowde, and Hodder & Stoughton, Edinburgh, and London. Oxford University Press, 35 West 32nd Street, New York. 1913. Price, \$3.50.

This is an operative surgery, and a good one too. It contains 41 chapters which are comparatively short. The paragraphs are short and the lines are not too long. The cuts and the printed matter make it an attractive book and easy to read. The type is especially good. The Basle Anatomical Nomenclature has been adopted, but for readers who are not yet familiar with the B. N. A. terminology the older terms have been added in brackets after the new. We take pleasure in recommending this volume.

**Coxa Vera.**—Its Pathology and Treatment, by R. C. Elmslie, M.S., F.R.C.S. Orthopedic Surgeon to St. Bartholomew's Hospital, London. Henry Frowde, Hodder & Stoughton, Oxford University Press, American Branch, 35, West 32nd Street, New York. 1913. Price \$0.60.

Coxa Vera is an anatomical term indicating the condition of depression of the neck of the femur, so that the angle that the neck of the femur makes with the shaft, normally about 125°, is lessened. This booklet contains 35 pages and has a paper back. It is excellently illustrated, containing many radiographs. The clinical conditions which show a deformity in the head of the femur, tuberculous disease, epiphysitis, osteoarthritis, pseudo-coxalgia, etc. are excluded from Coxa Vera. This excellent pamphlet will surely fill a decided want and will be especially interesting to osteopaths.

**Defective Ocular Movements and Their Diagnosis.**—By E. M. Landolt, (Paris). Translated by Alfred Roemmele, M.B., Ch.B., and Elmore W. Brewerton, F.R.C.S. Henry Frowde, Hodder & Stoughton, Warwick Square, E. C., London. Oxford University Press, American Branch, 35 West 32nd Street, New York. 1913. Price, \$2.00.

This is a little book of 100 pages. Recognizing complicated anatomy of oculomotor affections and their great importance in diagnosis the author has given the subject a very careful study. The facts absolutely necessary for a knowledge of the oculomotor affections are grouped in this volume. The author has taken the symptoms and lead up to the disease which causes them thus reversing the usual method of naming the diseases and then describing their symptoms. The author says he has not attempted to write a handbook but a handy book; a guide to aid both student and practitioner over the oculomotor system, a path on which it is easy to go astray.

**Diseases of the Heart.**—By James Mackenzie, M.D., F.R.C.P., LL. D., Ab & Ed., F.R.C.P.I. (Hon.). Physician to the London Hospital (In charge of the Cardiac Department) Consulting Physician to the Victoria Hospital, Burnley. Third Edition. Henry Frowde, Hodder & Stoughton, Warwick Square, E. C., London. Oxford University Press, American Branch, 35 West 32nd Street, New York. 1913. Price, \$5.50.

Diseases of the Heart was first published in September 1908. The second edition appeared in January 1910 and the third edition in August 1913. The work has been translated into several different languages. There is now perhaps no better book on diseases of the heart on the market. The author had had more than 25 years experience in treating diseases of the heart before the first edition was printed. With this long, successful experience the author says: "My special object has been to ascertain the mechanism by which the symptoms are produced, to find out their relation to organic changes in the heart, to ascertain their prognostic significance, and, finally, to employ them as a guide to treatment." Osteopaths in particular will be interested in these statements from the author's preface: "If only few drugs are given, it is because the treatment of cardiac diseases at present in vogue requires careful revision in the light of more accurate diagnosis." Again "I hesitate to in-

clude my observations on chloroform administration because the matter is still very vague." Advance in treating cardiac disease has been from the following standpoints: First, clearly differentiation of the signs of disease. Second, bearing of heart manifestation on the question of heart failure, present and remote. Third, basing treatment on sound scientific principles. The book is most excellently printed and well illustrated. A short glossary is placed before the first chapter. Each chapter begins with a brief epitome of the chapter thus a subject may be looked up in a very short time. This book deserves to be in the library of every doctor.

**The Intervertebral Foramen.**—An atlas and Histologic Description of an Intervertebral Foramen and Its Adjacent Parts by Harold Swanberg, Member American Association for the Advancement of Science, with an introductory Note by Professor Harris Santee. Illustrated by 16 full page plates none of which have ever before appeared in print. Chicago Scientific Co., S. W. Corner Grace and Osgood Streets, Chicago, Ill. Price \$3.00. 1914.

This book contains 101 pages. Its name is enough to get the attention of every osteopathic physician. The author shows 16 full page illustrations of the intervertebral foramen between the first and second dorsal vertebrae on the right side. The normal condition is shown, no attempt being made at showing the pathological conditions that may develop. In the preface the author says: "Many systems have arisen claiming that the great majority of diseases have their origin from various spinal abnormalities, which result in producing pressure, or other phenomena, to the nerves in the intervertebral foramina. Once the normal structure is mastered the reader will be in a position to formulate his own opinion about nerve pressure, impingements, irritation, etc. as a cause of disease." From his experiments the author concludes that the nerves are rarely, if ever, subjected to actual bony pressure in the intervertebral foramina. This book represents up-to-date research work on a subject of vital interest to osteopaths. Every osteopath, whether student or practitioner, should have a copy of this book.

## PERSONALS

**Will Continue Practising.** Dr. Grace Stratton-Airey of Salt Lake City, Utah, will continue her practice and will maintain her office in Room No. 507 Scott Building, Salt Lake City.

**Returns to Practising.** Dr. B. H. Cabbage has opened a new office at Lincoln, Nebr., after a rest of eight months. He was formerly located at Beatrice, Nebr.

**Takes Charge of Practice.** Dr. C. J. Squires, a January 1914 graduate, is taking charge of Dr. L. L. Hays practice at Moline, Ill. Dr. Hays is in poor health and will not continue her practice until next Fall.

**Forms Partnership.** Dr. H. T. Cook, formerly located at Sweetwater, Texas, is now associated with Dr. R. R. Norwood at Mineral Wells, Texas.

**Dr. Willard Takes Post Graduate Course.** Dr. Earl S. Willard of Philadelphia, Pa. is taking special laboratory work in biology and pathology at the medical department of the McGill University, Montreal, Canada. Dr. Willard's brother, Prof. Wm C. Willard, holds a prominent position on the McGill faculty. Dr. Willard graduated from the A. S. O. in 1899 and has since that time been engaged in active practise.

**Treatment for Deafness.** Dr. D. Webb Granberry of E. Orange, N. J., on January 19th before the New Jersey Osteopathic Society, demonstrated Dr. Edwards' method of treatment of ear troubles. Between fifteen and twenty patients were operated upon.

**Addressees Mothers' Circle.** The Mothers' Circle of St. Stephen's Church, Germantown Ave., above Manheim St., Philadelphia, Pa., was addressed on Monday evening January 5th, by Dr. W. Armstrong Graves, on the subject "Osteopathy in Relation to the Child."

**Information Wanted.** A member of the profession requests information as follows: What success have you had in the use of cantharidin as a germifuge in prevention of variola? Address replies to L. A. H. care of the Journal of Osteopathy.

**Visitors at Journal Office.** The following practitioners have paid the Journal Office very pleasant visits during the past month.:

- Dr. Geo. R. Estes of Alexander, Minn.
- Dr. R. E. Hays of Brookfield, Mo.
- Dr. Grace Phelps of Maryville, Mo.
- Dr. T. H. Hoard of Centralia, Mo.
- Dr. K. S. Strickland of Owensville, Ind.
- Dr. F. M. Henderson, Stringhurst, Ill.

**Dr. Mary E. Crehore Writes Journal.** Dr. Crehore who is located at 4237 Olive Street, St. Louis, Mo., writes the Journal a very encouraging letter. The doctor is having excellent success and is more in love with her profession than ever.

**A Word from Dr. Kitchell.** Dr. Arthur Kitchell of 72 Elizabeth Ave., Newark, N. J., writes us that Mrs. Arthur Ward Kitchell underwent a two hour operation, nitrous oxide gas being used as the anesthetic. The doctor believes that this anesthetic is much better than ether or chloroform.

**Branch Office Established.** We are pleased to call attention to the fact that Wm. H. Horn & Brother, Inc., have established a branch office for their supplies in London, E. C. Eng.

**Dr. Charlie Still Honored.** Recently the business men and farmer's league of Kirksville, Mo., gave an elaborate banquet at the Elks' club. Dr. C. E. Still is president of the organization. That the doctor is succeeding as president of the Business Mens' League as well as mayor of the City and president of the A. S. O., is indicated by the following stanza which is clipped from the song "The Boosters' Toast" which was sung to the tune of "Yankee Doodle" at the banquet.

"All Hail to the chief who rules this town  
From the court house to the alley,  
We'll follow him where e'er he leads,  
And to his help we'll rally;  
Oh Dr. Charley he's all right.  
I'll tell you he's a dandy,  
He gave to us the good street lights  
And surely they come handy."

**Doctorate Sermon.** The doctorate sermon of the A. S. O. graduating class was held at the Presbyterian Church at 2:30 p. m. on January 25th. A most interesting sermon was delivered by Rev. Zeigel of the Presbyterian church. The graduating address was delivered by Prof. J. M. Greenwood of Kansas City.

**Gone South With a Patient.** Dr. Emma B. Hale of Spartanburg, S. C. has taken a patient to the southern part of Florida.

**Visits Osteopath in South Carolina.** Dr. Mary B. Herbert of Chester, S. C. visited Dr. Mary Sims of Columbia, S. C.

**Sanitarium at Delaware, O.** The osteopaths of Ohio are erecting a modern sanitarium at Delaware, O. The Company is known as the Delaware Mineral Springs & Sanitarium Co. The following is the board of directors: Dr. L. A. Bumstead, Dr. J. H. Long, J. M. Crawford, H. W. Crist, W. G. Hornell, F. P. Hills, J. F. Dodd, W. N. Noble, and N. F. Overturf. The building is to cost approximately \$40,000. Any licensed physician will be permitted as much freedom in regard to his patients as is permitted at any other similar institution in the country.



### Legal and Legislative

**New Jersey Osteopathic Bill.** Senator Egan introduced a bill in the New Jersey legislature which provides that any osteopath actively engaged in the practice of Osteopathy in New Jersey on July the 1st, 1913, shall be entitled to a license to practice Osteopathy upon payment of the legal fee.

**Osteopathy in Rhode Island.** A bill is before the R. I. legislature providing for the practice of Osteopathy.

**Illegal Practice.** The American Osteopathic Society of New York takes action against one Arthur Borner for practising Osteopathy without a license.

**Osteopath Arrested.** Dr. Emma Hook Price of Hutchinson, Kans., for failing to report a case of diphtheria.

**Fined.** J. Shelby Riley of 552 Massachusetts Ave., Boston, Mass., was fined \$100.00 by Judge Murray in the municipal court for practising chiropractic.

**Van Brakle's Work Complimented.** The following letter was received by Dr. J. A. Van Brakle the County Health Officer of Clackamas County, Ore.:

"Dear Doctor:  
"I am in receipt of your report under date of January 31st, and I wish to compliment you and also thank you for the same and for the interest which you have shown in this matter. I wish all the health officers of the State would take pains to give us such reports as it would help our work very materially as it would show us where the greatest need for our work and co-operation may be found."

Thanking you and assuring you of our co-operation, I am,

"Very truly yours,

J. C. MICKLE,

Oregon Dairy and Food Commissioner."

Dr. VanBrakle's fight to hold his position as County Health Officer of Clackamas County, Oregon, still hangs in the circuit court though the judge has promised a decision on the demurrer which will be of decided importance to Dr. Van Brakle.

**Arkansas State Board of Osteopathic Examiners.** The Board met in Little Rock on February 3rd, at the office of Dr. C. A. Dodson. Several applicants were examined and much state business disposed of. Arkansas is getting to be one of the best states for Osteopathy in the union, and we want more and better osteopathic physicians every year. Lillian L. Mohler, D. O. Secy.

**Medical Trust Seeks Place in Executive Cabinet.** A bill is now before the senate to create a national department of health. The Medical Freedom Magazine indicates that the allopaths will be in control and that other schools will be under a ban.

### ANNOUNCEMENTS.

Dr. Roland S. Coryell, of Brookville, Pa., announces the removal of his office from his residence address, 102 Jefferson St., to Room 3 National Bank of Brookville Bldg., Brookville, Pa.

Dr. Frank P. Young announces the removal of his offices from 515-16 Wright-Callender Bldg., to Suit 410 Ferguson Bldg., Hill and Third Streets, Los Angeles, Calif., where he will have more room and where he will be glad to welcome all his friends. He has associated with him Dr. W. E. Lyons, Physician and Surgeon, and Dr. John J. Mundorff, eye specialist.

Dr. O. E. Pinneo announces that he has purchased the office fixtures etc. of Dr. L. L. Phelps of San Rafael, Calif., and will take possession the last of January or the first of February. He will be located in the Cheta Bldg., San Rafael, Calif.

Announcement has been received to the effect that Dr. Mary E. Perrett, formerly of Vermillion, S. D., recently passed the State Board of Washington, and is now located at 414 Old Nat'l. Bk. Bldg., Spokane, Wash. Dr. Perrett is associated in practice with Dr. Louis L. Garrigues of Spokane.

Dr. R. McRae announces that on Feb. 1st he opened his new offices on Sixth Street, in the Interstate Bldg., Rooms 10 and 11, Bristol, Tenn., for the practice of his profession "Osteopathy." Dr. McRae was formerly located in Winston Salem, N. C., 314 Masonic Temple.

Dr. Sarah A. Moore of Slippery Rock, Pa. is associated with Dr. Lyleo Sims at Columbia, S. C.

**The Saunders Catalogue** W. B. Saunders Company, Publishers of Philadelphia and London, have just issued an entirely new eighty-eight page Illustrated Catalogue of their publications. As great care has evidently been taken in its production as in the manufacture of their books. It is an extremely handsome catalogue. It is a descriptive catalogue in the truest sense, telling you just what you will find in their books and showing you by specimen cuts, the type of illustrations used. It is really an index to modern medical literature, describing some 250 books, including 30 new books and new editions.

A postal sent to W. B. Saunders Company, Philadelphia will bring you a copy—and you should have one.

**State Board Announcement.** The Vermont State Board of Osteopathic Examination and Registration will hold its next meeting for the examination of applicants to practise Osteopathy in Vermont, in Rutland, March 18th and 19th.

## ASSOCIATIONS

**Central Ohio Osteopathic Society.** The meeting was held Jan. 28th at the office of Dr. Mary M. Dyer, Columbus, O. Following dinner several interesting clinics were presented. One which had suffered from a broken neck and was treated by Dr. Dyer was presented and X-Ray pictures of the condition were shown. Dr. J. H. B. Scott presented a clinic case of neuritis and another of occupation neurosis. Dr. L. H. McCartney discussed manipulations suitable to these cases. The following officers were elected: Pres. Dr. S. A. Hall, Vice Pres. Dr. R. P. Baker, Secy. Dr. E. H. Bean, Treas., Dr. J. H. Scott.

**The Rochester District Osteopathic Society.** The Rochester District Osteopathic Society met with the Western New York Osteopathic Association at Batavia, N. Y., January 10, 1914, the meeting being held in the new Y. M. C. A. building. The afternoon session was open to the public and three hundred took advantage of the opportunity to hear the interesting lecture on Osteopathy by Dr. R. Kendrick Smith of Boston, Mass. At the evening session Dr. Smith addressed fifty members of the profession on the subject of Orthopedics for the General Practitioner.

**Midwinter Meeting Oregon Osteopathic Association.** Therapeutics was the key-note of one of the most interesting programs the association has yet held. Each speaker told only of actual facts which had been gleaned from hard practice and wide discussion followed each section.

Dr. Howells opened the discussion of influenza by pointing out the need of all-around care of this class of work.

In the section on sciatica, Dr. Shepherd opened the way for the discussion of many interesting points about this osteopathic specialty.

Under exophthalmos, Dr. Gertrude Gates emphasized the importance of searching for and correcting lesions interfering with the pelvic organs. This is directly in line with the recent findings of Sajous and Lorand regarding the function of the internal secretions and their interaction in this condition.

Dr. Agnes Brown presented the work of years in an able paper on "Osteopathic Factors having to do with Gall Bladder Disease."

Dr. Kathryn Reuter also presented an original investigation on asthma that was well received.

**The Miami Valley Osteopathic Association.** The meeting was held at the office of Drs. Booth and Edwards in Cincinnati, O., on Thursday evening January 15th. A paper was read on goiter by Dr. L. K. Shepherd. The following officers were elected: Dr. E. R. Booth, Pres.; Dr. Clara McKinney, Vice Pres. and Dr. L. K. Shepherd, Sec'y. and Treas.

**Sioux Fall Osteopathic Association.** An interesting meeting was held. The following officers were elected: Dr. A. M. Glasgow, Pres. and Dr. J. P. Eneboe, Sec'y. and Treas.

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while not the "scientific" way of putting it; is nevertheless, an expression fully understood by both Doctor and Patient, no matter in what station of life they meet.

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**The King County Osteopathic Association.** The King County Osteopathic Association held its regular monthly meeting January 27 in the offices of Dr. Fiedler. The evening was devoted to a discussion of rheumatism (acute and chronic).

A paper was read by Dr. J. T. Slaughter, which was followed by a discussion of the subject by Drs. Wimer-Ford, Minnie Potter, Fiedler and Cunningham. Dr. Crofton presented a very interesting clinic on whom Dr. Cunningham demonstrated the use of the Gibney Dressing.

Dr. Waldo reported the progress being made by his committee on publicity. He says there are many obstacles to be overcome, a great deal of tact required in using the public press to enlighten the public about Osteopathy.

ROBERTA WIMER-FORD, Cor. Sec'y.

**The Missouri Osteopathic Association.** The annual convention of the Missouri Osteopathic Association will be held at Springfield, Mo., May 1st and 2nd, 1914. The Springfield osteopaths have been planning for some time to make this a pleasant and interesting meeting and have promised us plenty of clinic and hospital work and it is hoped that this convention will be a record breaker in attendance. The program committee is as follows: Dr. Arthur Still Craig, Chairman; Dr. Geo. Laughlin and I. L. James. Every osteopath in Missouri ought to be planning now to be in Springfield on the 1st and 2nd of May. A. B. King, Pres., Arlowyne Orr, Sec'y.

**Colorado Osteopathic Association.** The sixteenth annual meeting of the Colorado Osteopathic Association was held at Brown Palace Hotel, Denver, Colo., January 23rd to 24th, 1914. At the luncheon Friday noon, Dr. H. P. Packard of Urumia Persia, told of his experiences as a medical missionary in the Orient. Dr. Jennette H. Bolles, Pres. of the Association, called the meeting to order at 2 o'clock and introduced Dr. L. Von H. Gerdine who spoke on diagnosis of nervous diseases. He also examined several clinics. Dr. Bolles, presented the association with a gavel made of a block of wood carved by the "Old Doctor" until such time as it would be demanded for the museum of the research institute. The following officers were elected Pres. Dr. J. A. Stewart, Denver; First Vice Pres. Dr. Usg. Bowersox Longmont; Second Vice Pres. Dr. Mary N. Keeler, Loveland; Sec'y. Dr. M. A. Morrison; Asst. Sec'y. Dr. G. W. Bumpus, Denver; Treas. Dr. F. A. Luedicke, Denver; Auditor Dr. Eliz. C. Bass, Denver.

**Southwest Michigan Osteopathic Association.** The meeting was held January 3rd in the offices of Dr. Betsy B. Hicks in Battle Creek. After the business session a paper was presented by Dr. E. A. Seelve of Lansing on constipation. Dr. C. A. Williams of Coldwater, presented a clinic for diagnosis and treatment. He also demonstrated technique. A general discussion followed both addresses and much practical benefit was derived from the meeting. The next meeting will be held in Kalamazoo, March 7th.

## The Christian Dietetic Society and School of Scientific Eating

The Christian Dietetic Society is now placing Doctor Eugene Christian's system of preventing and curing disease within reach of multitudes of suffering people, who could never hope to consult him personally. While this society is purely altruistic, it is by modern business methods, teaching thousands of mothers and fathers and children of the rising generation how to relieve human suffering.

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**The Fox River Valley Osteopathic Association.** The meeting was held at the office of Dr. F. A. Wright, Fond-du-lac, Wisc., on the afternoon of February 5th. The following officers were elected: Dr. Ora L. Gage of Oskosh, Pres.; Dr. T. Johnson of Appleton, Sec'y.; Dr. E. L. Colbertson of Appleton, Treas.

**Hudson County Osteopathic Association.** The association convened at the Terminal Bldg. of Hoboken, N. J. on January 3rd. The following officers were elected: Dr. F. W. Collins, Pres.; Dr. C. D. Baudendistal, Vice Pres. and Dr. E. G. Hartley, Sec'y. and Treas.

**Hudson County Osteopathic Society.** This new society held their meeting at the offices of Dr. Albert J. & Dr. Cora Belle Molyneux, The Stuyvesant Jersey City Heights, N. J., on January 17th. The following officers were elected: Dr. G. T. Coffey, Pres., Dr. A. J. Molyneux, Vice Pres. and Dr. S. M. Knausse, Sec'y. and Treas.

**The Rockford Osteopathic Society.** The society met with Dr. Medaris of Rockford, Ill., on January 9th. The treatment of bronchitis from an osteopathic standpoint was discussed.

**The Maine Osteopathic Association.** The quarterly meeting was held Saturday, January 3rd at Congress Square Hotel, in Portland, Dr. T. L. McDeth read a paper on venereal diseases, which was discussed by Dr. Frederick Kincaid of Skowhegan.

**Western New York Osteopathic Association.** The meeting of the association was held Saturday evening, February 7th at Hotel Statler, Buffalo, N. Y. Dr. R. H. Williams of Rochester and Dr. Claude M. Bancroft of Canandaigua conducted a clinic and demonstration of the practical application of adhesive dressings as an aid in corrective treatment of mechanical defects.

Adjournment came after a day well spent in an interesting and enthusiastic discussion of the many factors which go to make up a successful practice of Osteopathy.

**The Northwest Missouri Osteopathic Association.** The Northwest Missouri Osteopathic Association held its regular meeting at the Densmore Hotel, Kansas City, Mo., January 8, 1914. Dr. Theodore Paul, Tarkio, Mo., read an interesting paper on "Diagnosis." Dr. Nelle Ferry, Nevada, Mo., gave an exceptionally good osteopathic paper entitled, "Brass Tacks," Dr. J. W. Parker, Kansas City, Mo., "Neck Treatment and Throat Troubles." Dinner was served at 6:30 P. M., forty-five being present. Program resumed at 8:00 P. M. Dr. Corinne Larimore, St. Joseph Mo., "Sex Hygiene," Dr. V. H. Greenwood, Ottawa, Kansas, "His Failures," Dr. A. Still Craig, "Spondylotherapy." Meeting adjourned 10:30 P. M. to meet in Kansas City, Mo. second Thursday in April, 1914.

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### MARRIED

Dr. Grace Stratton to Mr. Howard W. Airey at Salt Lake City, Utah, December 6, 1913.

### BORN

To Dr. and Mrs. J. A. Barnett, at Boonville, Mo., a son.

To Dr. and Mrs. W. T. Lawrence, at Paris, Tenn., Jan. 19, a daughter.

To Dr. and Mrs. W. E. Allen, at Glenwood, Ia. Nov. 1, 1913, a son.

To Dr. and Mrs. J. W. Hawkinson, at Luverne, Minn., Feb. 2, 1914, a son.

### DIED

Mrs. Sarah E. Lyons, wife of Dr. Walter S. Grow of Danville, Ind., at Hymera, Ind., Tuesday January 20, 1914.

Robert Swift, father of Dr. A. A. Swift of Claremore, Okla., at Mesa, Ariz., December 21, 1913.

Mrs. Robt. Swift, mother of Dr. A. A. Swift of Claremore, Okla., at Mesa, Ariz., December 28, 1913.

Helen Eliz. Preston, daughter of Dr. and Mrs. Walter A. Preston, Thursday January 29, at Huntington Park, Calif.

Mrs. Martha A. Traube, mother of Dr. Josephine Traube, at Pittsburgh, Kans. Nov. 2, 1813.

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- Beard, Martha D., from 916 Virginia St., to the Cherokee Bldg., Hopkinsville, Ky.
- Carrothers, Sarah E., from Lawrence, Kans., to Cleveland, Ga.
- Cooke, H. T. from Sweetwater, Tex., to Mineral Wells, Tex.
- Corbin, M. E., from Great Falls, Mont., to Los Angeles, Calif., Box 1292.
- Coryell, Roland S., from 102 Jefferson St., to Room 3 Nat'l Bk. of Brookville Bldg., Brookville, Pa.
- Cubbage, B. H., to 220-21-22 Sec. Mutual Bldg., Lincoln, Nebr.
- Echols, Robt. McRae, from Winston Salem, N. C., to Interstate Bldg., Rooms, 10-11, Bristol, Tenn.
- Gaylord, W. A., from St. Marys, O., to Barnwell, Ala.
- Hitchcock, Harriet A., 9 1-2 S. Main St., Ft. Scott, Kans.
- Illing, H. E., from 605 Kent Bldg., to 242 Gladstone Ave., Toronto, Ont., Canada.
- Jurige, A. H., from Ann Arbor, Mich. to 836-7-8 Schofield Bldg., Cleveland, O.
- Lyons, W. E., from Falls City Nebr., to 410 Ferguson Bldg., Los Angeles, Calif.
- May, J. Johnston, from 43 Russell Square, to 7 Park Lane, London, W., England.
- Moore, E. M., at Plattsburg, Mo., Box 112.
- Mundorff, John J., to 410 Ferguson Bldg., Los Angeles, Calif.
- Parker, Fred A., from Hopkinsville, Ky., to Stratford, Ont., Canada, Beacon Bldg.
- Perrett, Mary E., from Vermillion, S. Dak., to 414 Old Nat'l Bk. Bldg., Spokane, Wash.
- Pinneo, O. E., from E. Auburn, Calif., to Cheta Bldg., San Rafael, Calif.
- Sieburg, C. G., from Valdemarsvik, to Nybro, Sweden.
- Squires, C. J., at 599 E. Berrun St., Galesburg, Ill.
- Tedford, A. C., from Plainview, Minn., to Bluefield, W. Va., Kelley & Moyer Bldg.
- Wheelock, J. E., from the Hillman Bldg., to 445 Main St., Delta, Colo.
- Young, Frank P., from Wright-Callendar Bldg., to 410 Ferguson Bldg., Los Angeles, Calif.

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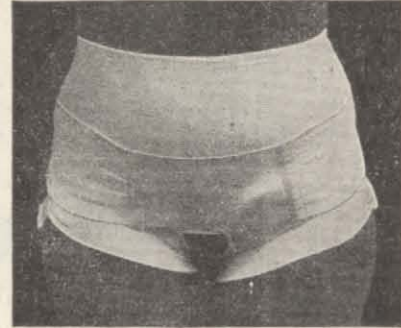
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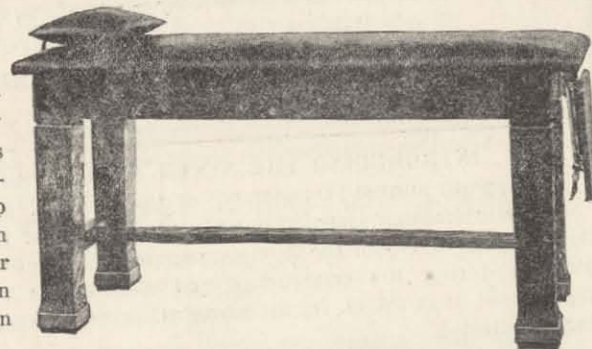
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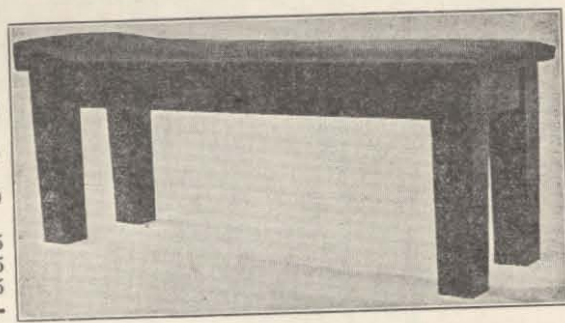
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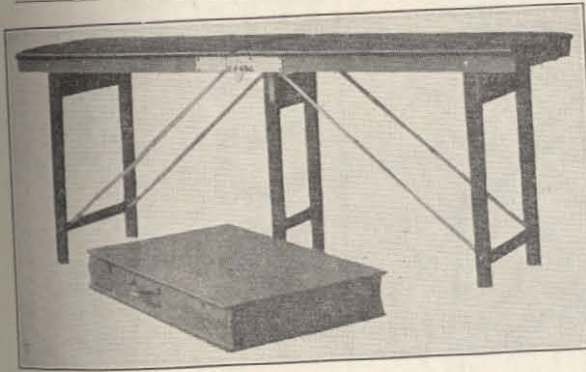
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