

The Journal of Osteopathy

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The Journal of Osteopathy

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Editorials.

Legislation Impending In Ontario. Ontario is on the eve of additional medical legislation. The osteopaths will present a bill at this coming session of the legislature, and it is hoped that the sense of fair play in the mind and make-up of the Canadian law-makers will make the continued undue restriction of the legitimate science of osteopathy an impossibility in the future. If precedent be needed to guide them in their decision, the forty-five states on this side of the line in which osteopathy has been legalized and protected should have some weight. Then too, British Columbia has legalized it, and the result of the recent medical examination for licensure seems to have justified the recognition. Out of thirty-five allopath applicants, twelve failed, as did the one homeopath who applied. Only three osteopaths applied and all three passed. The practice is a science, the people want it, the osteopaths are scientifically qualified to supply the need, who shall take it upon himself to withhold it?

Unprecedented Enrollment. With the matriculation of the January, 1910 class, the total enrollment of students at the American School of Osteopathy at any one time in its history, has reached the high water mark, being 619 with the probability of reaching 630 by February 15. This fact, notwithstanding that requirements are being continually raised, speaks most eloquently for the progress the science is making. Not only this, but the fact that all the osteopaths in the field are busy, and many localities almost begging us to send them competent doctors of osteopathy, is in striking contrast with conditions only a few years ago when osteopaths were almost continually asking assistance of the school in finding openings. The charge of "ignorance" against the osteopaths, the "stock in trade" of prejudiced and jealous medical men refuses to "stick" in the great mind of the

people, and they are responding not only by way of constantly increasing patronage of osteopaths as they become acquainted better with the true principles of osteopathy, but they are sending some of the best material among their sons and daughters to take up the science as a life work. Considering the fact that conservatively about 75% of the students become interested in osteopathy as a result of someone in the family, or some relative, after drugs and everything else, having been cured or permanently helped, by osteopathy, this endorsement is the very strongest that the science and profession may hope to receive.

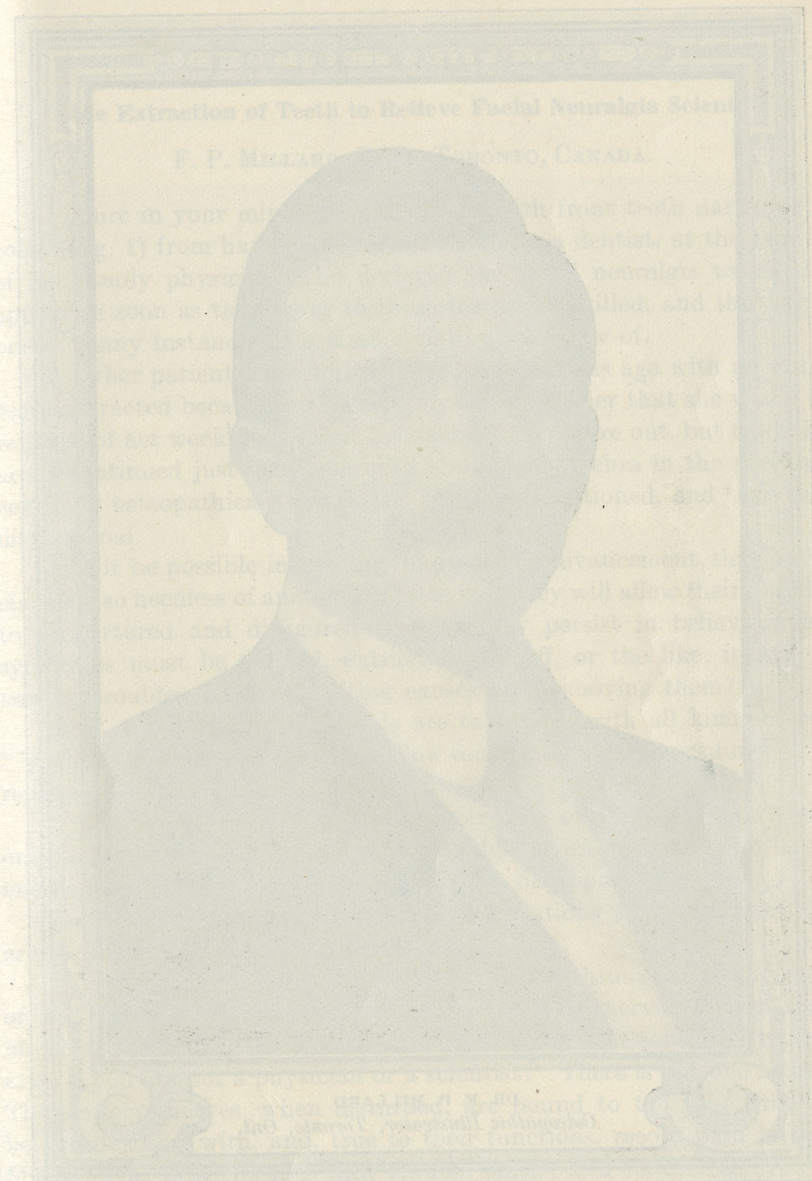
This strong public sentiment in favor of osteopathy has always been, and will continue to be the "vanguard" in the struggles for legislative protection and recognition. It has forced politicians in the legislature to accede to the will of the people in their demand for not only the privilege to enjoy the benefits the science brings, but the people have insisted that they shall be protected in the enjoyment of the privilege. As a consequence, some forty odd states have legalized the practice of osteopathy by legislative enactment, many states establishing separate state boards of osteopathic examiners.

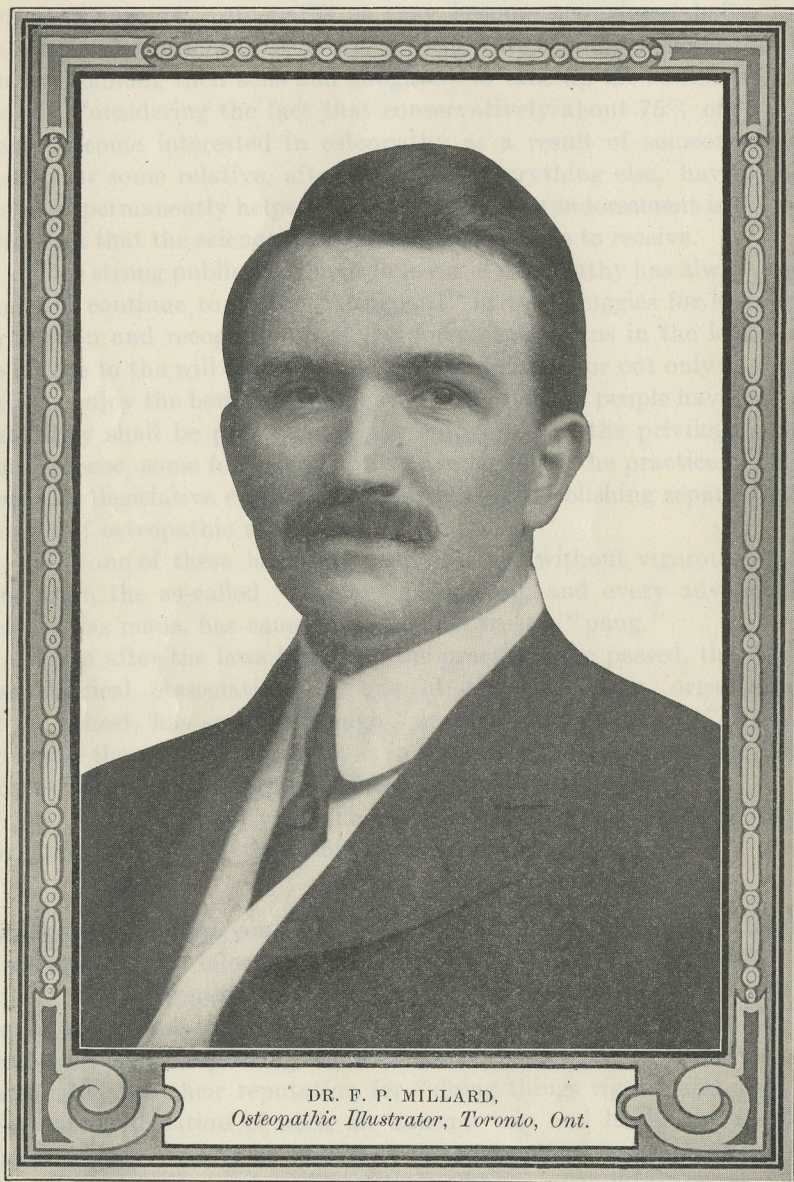
Not one of these laws has been obtained without vigorous opposition from the so-called "regular" physicians, and every advance the science has made, has caused the medical trust a "pang."

Even after the laws legalizing the practice were passed, the American Medical Association, or one of the subsidiary organizations at its behest, has sought through "devious" and "tortuous" ways to frustrate the will of the people, as in the city of New York, in the ruling not to honor burial permits signed by osteopaths.

And the end is not yet. There is such a thing as "insolence exceeding endurance" and then things usually happen.

San Francisco Have you given the matter much consideration? Really, **1910?** no effort should be spared to make this the best convention in the history of the association. You doubtless at some time have thought to take a trip to the far-famed state of California, and considering the well known hospitality of these western osteopaths and their reputation for "doing things right" and also the pleasant anticipation of such an unusual trip and lastly the feast of "good things" sure to be offered at the convention, it occurs to us that these should be incentive enough to make up your mind to go. The chances are you will never have a better excuse, then why not?





DR. F. P. MILLARD,
Osteopathic Illustrator, Toronto, Ont.

Facial Neuralgia.

(Is the Extraction of Teeth to Relieve Facial Neuralgia Scientific?)

F. P. MILLARD, D. O., TORONTO, CANADA.

Picture in your mind a girl of fifteen with front teeth darkened in color (Fig. 1) from having the nerves killed by a dentist, at the request of her family physician, who declared the facial neuralgia would disappear as soon as the nerves to those teeth were killed, and this is but one of many instances of a similar nature we know of.

Another patient came to my office some months ago with all of her teeth extracted because her family physician told her that she would be relieved of her weekly neuralgic headache if they were out, but the headaches continued just the same until a slipped vertebra in the neck was corrected osteopathically, as in the first case mentioned, and then they disappeared.

Can it be possible in this day of scientific advancement, that physicians are so heedless of anatomical facts that they will allow their patients to be tortured and disfigured because they persist in believing that symptoms must be treated, extracted, cut off, or the like, instead of tracing troubles back to exciting causes and removing them?

Is it any wonder that people are taking up with all kinds of new "pathies" when their physicians allow such unscientific procedures to be repeated time and time again?

This is no fancied picture but an every day experience, and we have only to find a person suffering with neuralgia to prove that so far "some one had blundered," and a diagnosis been improperly made.

In Fig. 2 the nerves and their communications with the spinal cord are shown and "speak for themselves."

Fig. 4 shows the same nerves with pressure through a derangement of the tissues. The muscles are contracted, the nerves impinged, the blood supply shut off, and what is the result? What could you expect, even if you are not a physician or a scientist? There is but one answer. The sensory nerves, when disturbed, are bound to tell that they are being interfered with, and, true to their functions, record pain in their fibres. This is a warning that trouble exists, and unless removed an abnormal condition will arise, and remain present until adjustment is made.

Now, will medicine correct a kink in the neck? Will electricity

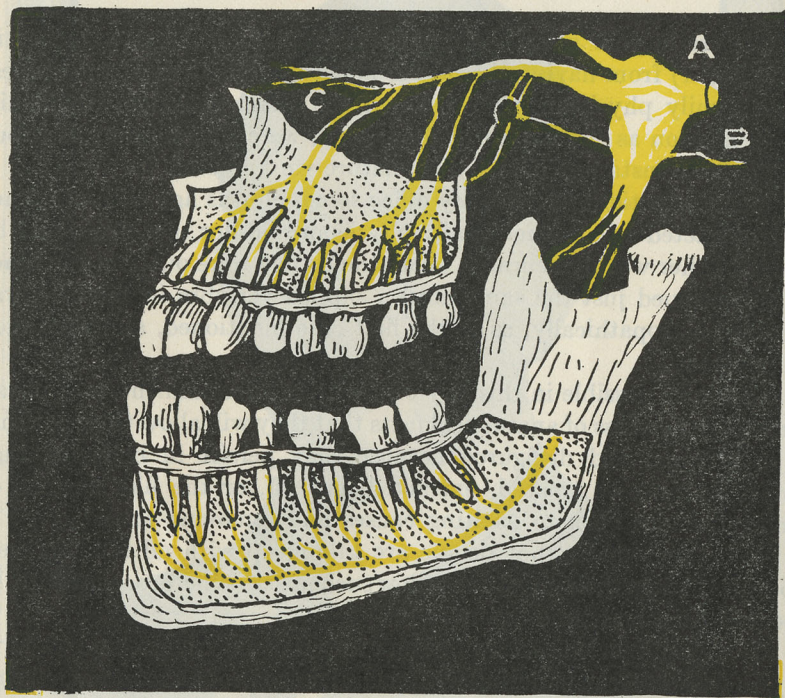


FIGURE 1.

This cut shows the nerve supply to the teeth. The nerves to two of the upper teeth have been killed, and the teeth are shown somewhat darkened. This did not relieve the Facial Neuralgia, as the cause was from a spinal nerve irritation in the upper part of the neck at the axis, as shown in Fig. 2. (This cut is taken from one of the author's cases.)

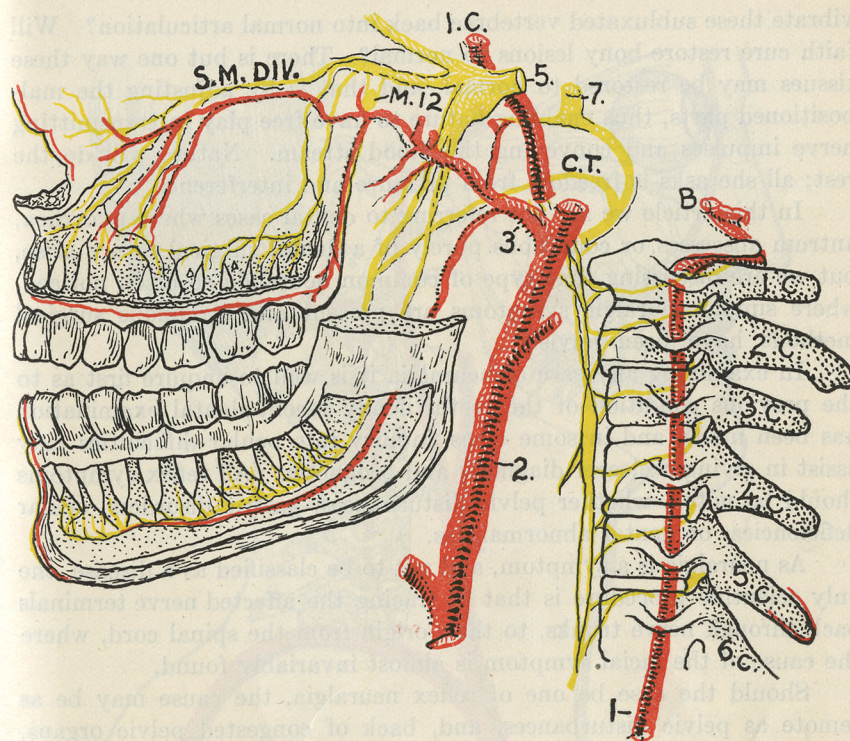


FIGURE 2.

Notice the second cervical vertebra, or axis, is rotated and pressing upon the spinal nerves, which are shown connected with the nerves to the teeth. This produced the Facial Neuralgia referred to in Fig. 1.

1. Vertebral Artery.
2. External Carotid Artery.
3. Inferior Maxillary.
- I. C. Internal Carotid Artery.
- B. Basilar Artery.
- 1 C, 2 C, 3 C, 4 C, 5 C, 6 C. Cervical Vertebrae.
5. Tri-facial nerve.
7. Facial nerve.
- C. T. Chorda Tympani.
- M. Meckel's Ganglion.
12. Vidian Nerve.
- S. M. Div. Superior Maxillary Division of the tri-facial nerve.

vibrate these subluxated vertebrae back into normal articulation? Will faith cure restore bony lesions to normal? There is but one way these tissues may be restored to normal, and that is by adjusting the mal-positioned parts, thus enabling nature to have free play in transmitting nerve impulses and conveying the blood stream. Nature will do the rest; all she asks is freedom from pressure and interference.

In this article we are not referring to dental cases where pyorrhea, antrum abscesses, or conditions purely of a dental surgical nature arise, but we are discussing that type of common neuralgia so often noticed, where simple neuralgic symptoms are present and strenuous surgical methods have been advised.

In examining any case of neuralgia it is well to enquire first as to the previous condition of the teeth, if any recent dental examination has been made, and in some cases inquiry into ocular difficulties may assist in giving a clearer diagnosis and prognosis. All reflex symptoms should be noted, whether pelvic disturbances, gastric disorders, ocular deficiencies, or dental abnormalities.

As neuralgia is a symptom, and not to be classified as a disease, the only scientific procedure is that of tracing the affected nerve terminals back through nerve trunks, to their origin from the spinal cord, where the cause of the facial symptom is almost invariably found.

Should the case be one of reflex neuralgia, the cause may be as remote as pelvic disturbances, and, back of congested pelvic organs, possibly a pelvic wrench, such as a slipped innominate.

To the physician trained to follow out reflex symptoms, this apparently complicated task is simplified. Should no cervical lesion exist in a case of reflex facial neuralgia it is often wise to relax the cervical tissues over the origin of the spinal nerves, which are so closely connected with those of the face. (Fig. 2, 3 and 4). A correct diagnosis in each case makes the treatment simple. Special treatment given to specific lesions often relieves neuralgic pain in a few moments.

In facial neuralgia cases the predisposing cause is most frequently found osteopathically at the atlas, axis, third cervical vertebra, or possibly a mandibular subluxation. The osteopathic physician's diagnosis is so radically different from that of the old school that when we mention mechanical causes as being exciting lesions we open up a new world of diagnostic discovery to a patient, but our diagnosis is often times immediately verified by the patient remarking, "That is the spot, doctor, right there in my neck, where your fingers are, and I can feel it shoot through to my face," and the adjustment made by the osteopath proves the grounds when the patient tells him that the neuralgia has disappeared.

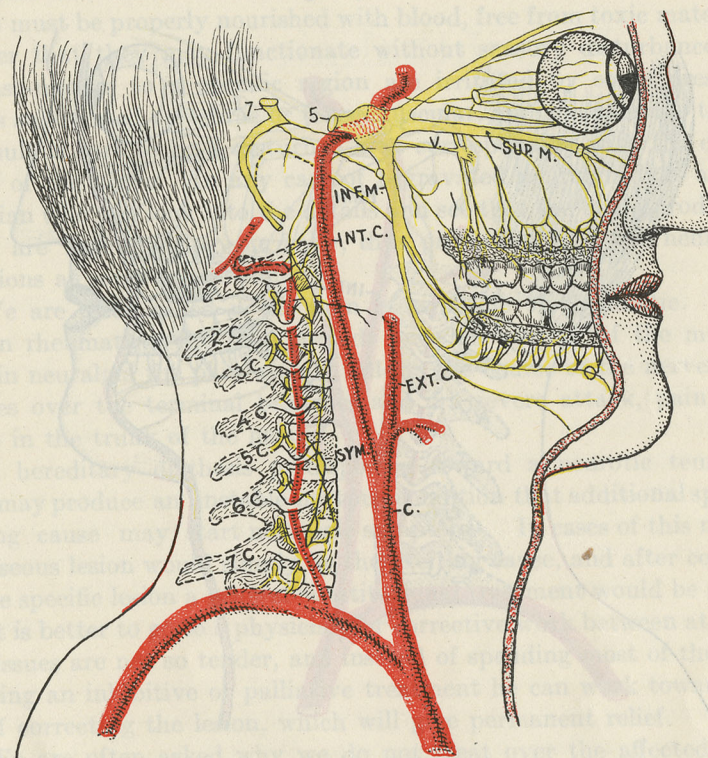


FIGURE 3.

Normal Cervical Vertebrae showing spinal nerve connection with nerves to teeth and eye.

1 C, 2 C, 3 C, 4 C, 5 C, 6 C, 7 C. Cervical Vertebrae with the spinal nerves emanating from the spinal cord through the Foramina, and connecting with the Sympathetic chain (Sy. M.) in front of the Vertebrae. This Sympathetic chain connects with the fifth cranial nerve which sends branches to the teeth.

C. Common Carotid.

Ext. C. External Carotid.

Int. C. Internal Carotid.

5. Trigeminal Nerve.

7. Facial Nerve.

Inf. M. Inferior Maxillary Division of the tri-facial nerve which supplies the lower teeth.

Sup. M. Superior Maxillary Division of the same nerve, which supplies the upper teeth. Notice the 5th and 7th nerves connecting through the Vidian Nerve. (V).

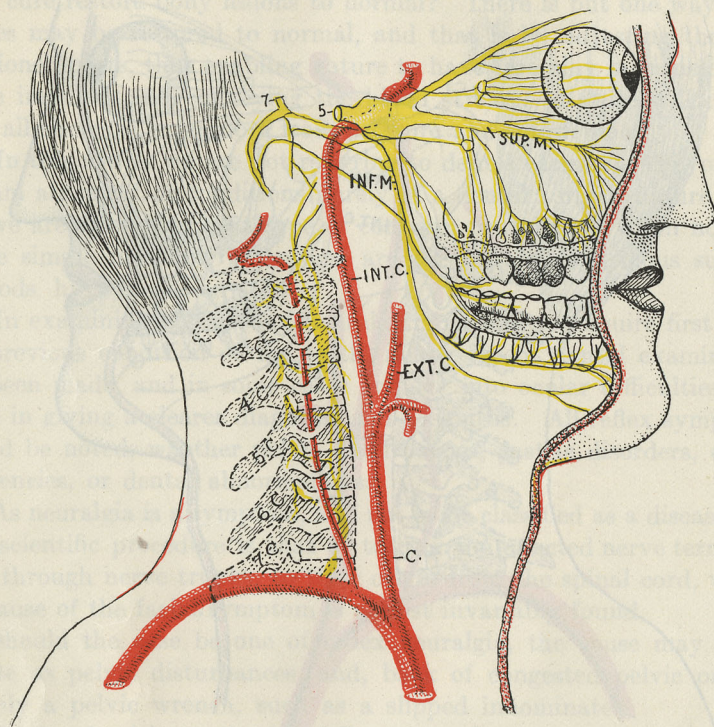


FIGURE 4.

This cut shows the same nerves and blood-vessels as in Fig. 3, but a special lesion is shown. The second cervical vertebra, (2 C.) or axis, is rotated and irritating the spinal nerves, and reflexly, disturbing the terminal nerves to the teeth through the tri-facial nerve, and producing neuralgic symptoms. Deadening the same, or killing the nerve in the teeth will not lessen the irritation to that nerve, which is constantly produced by the lesion existing at the axis. Two upper teeth are shown with the nerves "killed."

C. Common Carotid.

Ex. C. External Carotid.

Int. C. Internal Carotid.

5. Trigeminus Nerve.

7. Facial Nerve.

Inf. M. Inferior Maxillary Division of the tri-facial nerve, which supplies the lower teeth.

Sup. M. Superior Maxillary Division of the same nerve, which supplies the upper teeth. Notice the 5th and 7th nerves connecting through the Vidian Nerve (V).

There are cases of neuralgia produced by anæmic conditions. Nerves must be properly nourished with blood, free from toxic materials, in order that they may functionate without sensory disturbance. If the vaso-motors to a specific region are irritated by some pressure, such as subluxated vertebrae or tense muscular and ligamentous tissue, the result is sure to be a disturbed area corresponding with the distribution of the nerve. In any case of aggravated neuralgia it is a wise physician who will look into the details and see that the blood-producing organs are functioning normally, thus preventing systemic neuralgic conditions at some future time.

We are often asked if the pain is neuralgic or rheumatic. As a rule, in rheumatism the pain spreads over the surface of the muscle, while in neuralgia the pain usually follows the course of the nerves and radiates over the terminal branches, and if a severe attack, pain may be felt in the trunk of the nerve.

A hereditary diathesis predisposing toward a neurotic temperament may produce an unstable nervous condition that additional specific exciting cause may start neuralgic symptoms. In cases of this nature the osseous lesion would simply be the exciting cause, and after correcting the specific lesion a general constitutional treatment would be given.

It is better to go to a physician for corrective work between attacks. The tissues are not so tender, and instead of spending most of the time in giving an inhibitive or palliative treatment he can work toward the end of correcting the lesion, which will give permanent relief.

We are often asked why we do not treat over the affected part, which would be at the peripheral endings of the nerves involved. This often aggravates the condition and is entirely unnecessary, as has been explained already in this article, by the arrangement and location of the nerve trunks and fibres. Naturally one would expect the doctor to treat at the point where the greatest amount of irritation was present, but it is not scientific, and nothing in particular could be accomplished. We must ever keep in mind the anatomical arrangement of the nerve tissues and their origin, and see that no pressure exists at the point where the nerve leaves the spinal column, and that no severely contracted deep muscle is producing irritation.

Some home remedies have been found to give benefit, and are never disdained, such as hot and cold application, or a hot nasal douche for a supra-orbital neuralgia, diet for anaemic cases, fresh-air treatment for better oxygenation of the blood, etc.

But in the majority of cases of facial neuralgia the physiological perversion is due to anatomical misplacements of atlas or axis,—usually to the side affected.

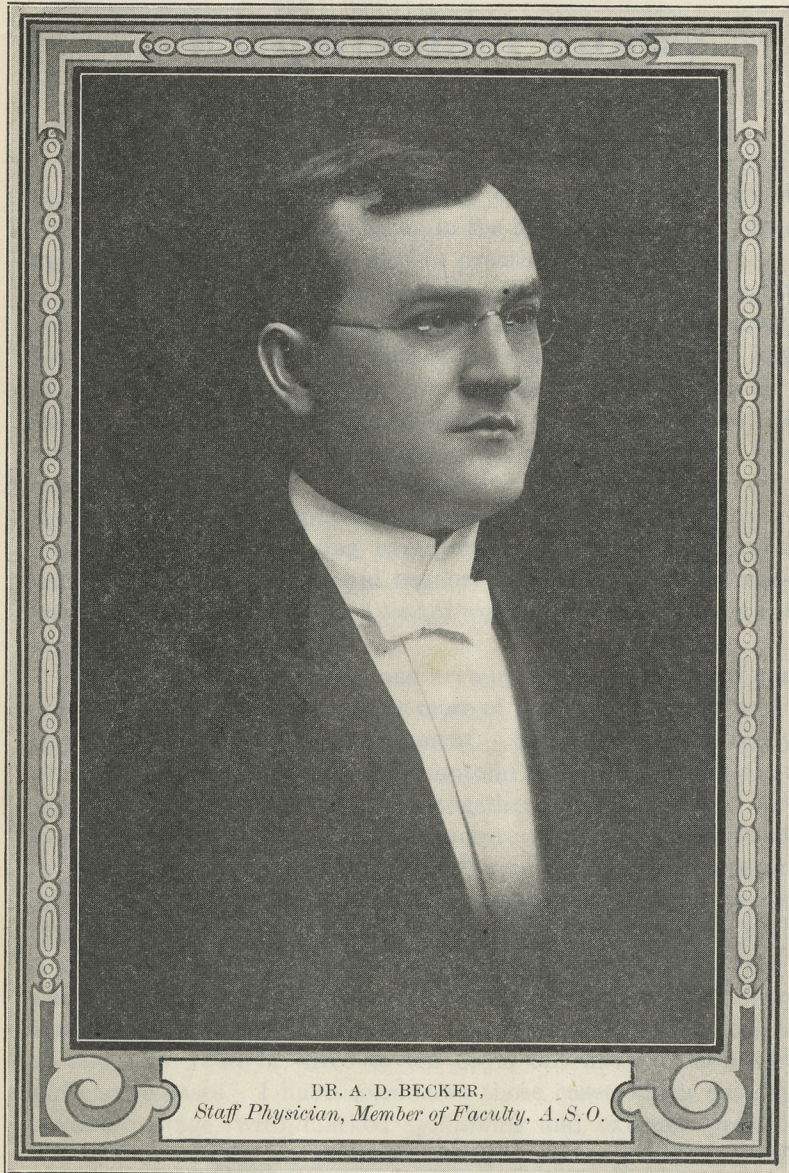
Exophthalmic Goitre.

DR. A. D. BECKER.

Having had a somewhat wide experience in the treatment of exophthalmic goitre, and having made some few observations relative thereto, I am constrained to present them, in the hope that they may be of some value and interest to those also in practice.

It has been surprising to observe how many cases of exophthalmic goitre go unrecognized by both our medical brethren, and among members of our own profession. Most of the cases I have treated, have come to me after having been treated for several weeks or months for "rheumatism of the heart" or "heart trouble" or "change of life," or some other vague diagnosis. This should not be so, and is due to careless observation, I am sure. The diagnosis is usually easy; the rapid heart, the goitre and the exophthalmos form the triad upon which the diagnosis rests. The foregoing symptoms are usually supplemented by muscular weakness, fine rapid tremor, gastro-intestinal disorders, capillary pulse, extreme and rapid loss of weight, nervousness, and cutaneous changes of various kinds.

Now in any given case, one or more of the mentioned symptoms may be lacking, and even one or more of the cardinal symptoms may be lacking, or very late in development. For instance, the tachycardia, which is usually the first of the symptoms to demand attention, and the supplementary symptoms taken together, without either the goitre or exophthalmos, make a clinical picture which is clearly defined, and in which the probability of hyperthyreosis should be uppermost in mind. The exophthalmos and the enlarged thyroid body are frequently dilatory in appearing. Again, the course of the affection varies considerably. I have seen cases develop in two months to a very serious stage and again cases which required several months (even two years) to reach an equally advanced stage. I have read of cases which developed and were fatal in three to ten days, but have never observed any such acute cases. I have considered those cases which develop to an advanced stage, with marked symptoms and extreme prostration in two to four months, as subacute, while those cases which are of slower development as chronic. For a detailed description of exophthalmic goitre in which due time and space are allotted to the several phases of the disease, I will refer my readers to any good work on practice, Osler,



French, Edwards and others, but at this time it is rather my purpose to discuss a few special features and then to refer more especially to the treatment and the prognosis from the osteopathic standpoint. The pulse in this disease is most peculiar. In placing the fingers on the carotids or on any easily felt artery of any considerable size, a sensation is received as if shot in an elastic tube were running under the fingers. This is particularly noticeable nearer, or on the thyroid gland. In no other condition have I noticed this symptom so well marked. Capillary pulse needs only to be mentioned, and is most noticeable as a subjective symptom. Tachycardia is an early and constant symptom. I have seen the pulse remain between 150 and 160 for several weeks at a time, 100 to 120 being perhaps more usual.

Diarrhoea and vomiting are sometimes most distressing. Two of my cases had from twelve to eighteen stools per day, and as many attacks of vomiting.

Cutaneous changes have been, I imagine, more interesting than important. Areas of impigmentation in one case were marked, while in another case the skin of the entire body was like a deep coat of tan. One case (number one in case report below) had an excessive growth of fine hair (lanugo) on the face, presenting an almost shaggy appearance.

Another case (number six in case reports) was a man with excessive growth of hair on his chest. This entirely disappeared, as did his eye-brows, which were heavy and shaggy and both returned rapidly, as his condition improved. In some cases pruritus in various areas was a marked symptom.

Now as to the treatment. The first essential is rest physical and mental. This is a very important part of the treatment, and should be insisted upon. The diet in cases with gastro-intestinal symptoms should be light and well selected to suit the individual case, and gradually increased as patient improves. A sponge bath daily or every other day is valuable.

For the tachycardia, when marked, I have used an ice bag or cold packs on the chest for two to four hours at a time, and repeated three or four times in the twenty-four hours.

Osteopathically I have treated these cases, confining treatment to cervical and dorsal spine to clavicles and ribs. The first, second, and sometimes the third and fourth ribs are usually found up at the angles, and with the lower borders turned out, the heads of the ribs being in consequence slightly lowered. The clavicles are found depressed at the sternal ends. The lower cervical spine is usually rotated with more or less marked lesion at fifth. These three areas I have found are most important, and the lesions found at these points should be corrected, such correction being specific, judging from the prompt response which has always followed in my experience.

I also secure deep relaxation throughout the entire cervical and dorsal spine by leverages, not too rough but rather insistent. I have not found that manipulating the goitre does any good but rather the reverse, although very gentle stretching of the anterior cervical tissues around the root of the neck is valuable.

I look upon the deep relaxation of cervical and dorsal spine as supporting treatment, and upon the correction of the upper ribs, clavicles and lower cervical lesions as specific. I wish to criticise my own case reports in this particular. The treatment given covered too short a space of time, but these cases were treated in a community where osteopathy was not well established, and it was impossible to get patients to take longer courses of treatment. The more serious cases were treated daily until improvement was considerable, then three times a week. Some patients were not entirely well when treatments were stopped, but improved steadily and the cure was complete.

CASE REPORTS.

Miss X., age twenty-eight; German; previous health good; usual weight 165; had been sick with exophthalmic goitre for four months under medical care; had been taken away to one of the foremost surgeons in the country, who told her that nothing but an operation could save her, but that as the case had gone too far and was inoperable, to go home and be as comfortable as possible. On being called to see the case found patient emaciated, weighing a little less than 100 pounds, had not eaten for two weeks, and vomited even what water she drank, marked exophthalmos, pulse 150 to 165, could not sleep more than one or two hours in twenty-four, very nervous, very evident goitre, moist skin in areas, dry skin with pruritus in others; excessive growth of lanugo on face, fine rapid tremor, capillary pulse, patient saying she could feel pulsations in touching finger tips, where clothes touched body and especially where body touched bed. The roar of the carotids sounded in her ears like a train in a tunnel. Hypertrophy of left heart. Marked areas of impigmentation. Amenorrhoea. Treatment seemed to merely stay progress for two or three weeks when symptoms began to abate. During convalescence had several complications. Areas of oedema, circumscribed, several inches in diameter. Brachial neuritis, severe and persistent. Hepatic colic of extreme severity, etc. In four months weighed 150 pounds. Tachycardia on exertion for one year. Amenorrhoea lasted for about one year. Now after five years patient is well. Has worked hard ever since. Some goitre remains and a slight amount of exophthalmos. Insufficient treatment. Treated three months, vacation two months. One month additional treatment.

CASE NUMBER TWO. Miss X., age sixteen; German; previous health good; had noticed rapid heart and shortness of breath on exertion for some months. Pulse 150, small goitre, slight exophthalmos, tremor noticeable with arms held horizontal. Treated four months and has remained cured for over four years.

CASE NUMBER THREE. Mrs. X., age thirty; one child. Had been losing weight for several months, also suffering from tachycardia and weakness. Under medical treatment which did not benefit nor stay progression of disease. Pulse 135 to 145. Very nervous. Capillary pulse; decided tremor; well marked exophthalmos; extreme diarrhoea; suffered with severe rectal colic. Had four months treatment. Has been entirely cured for nearly five years.

CASE NUMBER FOUR. Mrs. X., aged forty-five. American. Four children; usual weight 225. Had been sick six months. Being treated under medical care for heart trouble but without benefit. Pulse 120, weight 160. Very marked oedema of legs to body. Epigastric pain and some vomiting. No diarrhoea. Tremor extreme, especially in legs on standing. Small goitre. Exophthalmos fairly noticeable. Three months treatment cured and has remained cured over three years.

CASE NUMBER FIVE. Mrs. X., age forty-two. American. Usual weight 180. Usual health good. Four children. Had been sick eighteen months and doctored with several M. D's. who had not been able to benefit but temporarily. Had had electricity used with but slight relief. Pulse 140 to 150; very nervous; weight 105; general impigmentation; small goitre; well marked exophthalmos. Had fifteen to eighteen stools per day and as many vomiting spells. Decided tremor. Extreme oedema from waist line down feeling almost like stone. Could sleep but little. Treated two months with marked improvement and left with assistant who reports continued gain. Present weight 140. Does housework on farm.

CASE NUMBER SIX. Mr. X., age forty. German. Usual weight 235. Large frame. Never been sick before. Had been sick some over two months, during which time had been under medical care for "rheumatism of the heart." Weight 160, having lost thirty-five pounds in one week. Pulse 145 to 155. Large goitre, marked exophthalmos; great muscular weakness, twelve to fifteen stools per day, and almost as many attacks of vomiting. Tremor well defined. Heavy mat of hair on chest and heavy shaggy eyebrows, both of which disappeared but returned as improvement became marked. Lost twenty pounds first month of treatment. Treated four months. He now weighs 220 pounds. Is strong and working hard. Slight goitre remains.

Rheumatism Past and Present.

JOHN F. SPAUNHURST, D. O., INDIANAPOLIS.

To rheumatism there seems to be no end. In many respects its cause and cure are still a mooted question; but new facts are being evolved by the osteopaths, which are gradually adding to its evidence. It has been defined as a poisoning of the organism by the by-products of its metabolism.

According to scientists, who study the bones of fossil humanity, it appears that the prehistoric people of the glacial period especially, were wrenched and torn by the pangs of rheumatism. The very oldest fossil man yet discovered, shows indications that when alive he knew rheumatism at its very worst. Naturally speculations now arise as to how prehistoric man accounted for the incurrence of this racking ailment, and with all his experiments, did he find a cure? Did he, too, try everything the medicine man, his wife, or his neighbor offered?

Causes Attributed to Rheumatism.

In these days, medical doctors assert that there are many causes for rheumatism, and if allowed to experiment long enough in any given case, and try as many varieties of remedies, they can effect a cure. Only the chronic rheumatic can understand how important time is to medical doctors. After some years of treatment, they determine to retain time only, and thereby reduce expenses.

Haig, the renowned European specialist, whose book on uric acid has had wide sale in the U. S., and is accepted and quoted by most pathologists, holds uric acid to be the cause, and that it has two sources: (1) That which is formed in the body from nitrogenous food; (2) Uric acid which is introduced ready formed into the body in certain articles of diet.

At a recent medical conference in France, a doctor read a paper in which he declared that rheumatism was contagious. Modern French schools are of the opinion that rheumatism is of microbic origin, as microbes have been found in the fluids of the joints of rheumatic subjects. Pet cats and dogs are said to be the most prolific means of communicating it.

While microbes are found where there is disease, they may be the result and not the cause. Disease is due to the lack of resisting power, more than to the presence of microbes.



DR. JOHN F. SPAUNHURST,
Osteopathic Member, Indiana State Board.

After the public becomes sufficiently familiarized with the contagion fad, it will be about time to pronounce toothache, corns and baldness communicable, until the only persons left to escape quarantine and be permitted at large, will be the doctors and members of boards of health.

Traumatism plays its part, and heredity and bad hygiene are ascribed to be causes. Errors in diet, exposure to cold, dampness, over-fatigue, lowering the tone of the nervous system, sudden changes of temperature, causing interference with nerve centers and circulation, are exciting causes.

Lithemia is said to be followed by rheumatism. It is a condition of the blood caused by eating too much, and exercising too little, thus failing to oxidize the excessive nutritive material, which permits insoluble salts to lodge in the tissues that otherwise would escape through the excretories—faulty metabolism.

The Osteopathic Theory.

It is agreed by osteopaths, that faulty metabolism exists as a factor in this disease, permitting the system to become clogged with uric, lactic, or oxalic acid and other by-products. This incomplete transformation of nitrogenous waste, caused by constant changes in muscle tissues, irritates synovial and serous membranes, causing outbreaks of inflammation and deposits of crystal salts in and about joints, muscles and other tissues.

The human body is a receptacle and a laboratory of poisons. While certain organs are occupied in manufacturing poisons, others are busily engaged in arresting those poisons and excreting them, or converting them into useful substances.

Organs of Defense at Fault.

Upon the organs of defense, rests the responsibility of so disposing of the constantly increasing poisons of the body, that the latter is protected from their deleterious effects. And this, these defensive organs are capable of doing, when all the bodily functions are acting normally, and when no excess of noxious matter is introduced from without. A functional derangement of any one of the organs, may suffice to permit the accumulation in the blood of enough waste material, to give rise to systemic disturbances of an acute or chronic nature—in other words, to rheumatism.

The organs of defense are of two kinds: (1) Liver, gastro-intestinal mucous membrane, spleen, lymph nodes, adrenal bodies, thyroid glands. These organs possess the power of checking different poisonous

bodies brought to them by the blood or lymph, and converting them into non-toxic and assimilable substances, of filtering out and rejecting them entirely, as in the case with the liver, and its excretory product, the bile. (2) Organs of elimination: the kidneys, lungs, skin, and intestines, whose duty it is to remove from circulation such substances as either escape the organs of arrest, or are formed later in other tissues, such as muscles.

Roughly speaking, the bulk of metabolism occurs in the muscles, and the commencing channels of excretion are emptied by vigorous muscular exercise, which may be both active and passive, and in fact is a combustion. The body is an oxidizing apparatus, and the aim of all remedies is to establish a proper relation between supply and waste, by causing a more perfect use and disposal of food. Complete oxidization means perfect combustion and perfect combustion means a ready exit of poisonous by-products through the skin, lungs, kidneys and bowels.

Medical Remedies and Methods of Cure.

They are agreed on hygienic relations and sanitary rules, but the utmost confusion and contradiction exists as to the cure.

According to the Allopath, salicylic acid makes a bee line for the painful spot, and removes from the tissues and joints uric acid deposits, but it is known that this remedy destroys the lining of the stomach while enroute to the sore spot—a matter of fighting one rogue with another rogue, leaving the sufferer afflicted with two rogues. Other allopathic remedies are cold tar sedatives, compound cathartic pills iron and strychnine tonics, arsenic, iodide of potassium, germ-killers, etc.

After laughing at the Homeopaths for years for using bee-stingers, the Allopaths recently adopted the remedy and now there is a great demand for bee-stingers, including their poison sacs. From this they extract honey-bee poison, and make a tincture of formic acid—dose ten drops three times daily, which is claimed to be a positive cure for rheumatism.

A noted German physician says swallow the juice of one lemon the first day, increase one each day until twenty-five lemons are taken, then progressively diminish one each day to none, when the rheumatic will find himself cured.

Prof. Kibblenwhite of London, claims that a vigorous shampoo of the body with acetic acid for ten minutes will banish all aches and pains, and cure rheumatism and gout.

The first visit to the hot room seems to show relief has been found,

but alas! The same nervous system resumes business as soon as it is clothed again. This is only a recess, a comforting relaxation for a few minutes, while the heat sets the bodily machinery at work.

Some claim to find relief in wearing a ring of certain alloy of metals. A chemical change is supposed to take place in the wearer shortly after it goes on making a scum of rust on the ring and leaving a black mark on the finger. This is supposed to be the rheumatism coaxed out of the system of the victim.

Medical Authorities Oppose Dosage.

Speaking of the treatment of acute articular rheumatism, Hughes' "Practice of Medicine" says: "Owing to our imperfect knowledge of the exact nature of this most painful disease, its treatment remains either empirical or is directed toward certain prominent symptoms."

Garrod claims that 'colored water' is about as potent as anything else, for it is, he says, "a self-limited disease, sometimes running a long and sometimes a short course."

Osler's "Principles and Practice of Medicine" says of chronic rheumatism: "Internal remedies are of little service."

Edward B. Lent, a rheumatic of the worst type, in quest of relief for five years without success, in his book entitled "Being Done Good," tells interestingly of having been blistered, baked, branded and scientifically "done."

He says: "Of all the ill winds that blow good to the doctors and druggists, rheumatism is the greatest. It is the most reliable old pot boiler that the doctors have. Remove rheumatics from the field for a year, and all of the water cures would close, most of the doctors would retire, and patent medicine men would stop advertising. Remedies by the gallon are gushing to every heart beat, through the circulatory systems of a million Americans. At least that number at any given time are in the chronic stage of rheumatism."

Editor of "Medical Talk" says: "Most cases of dry joints, due to a sluggishness of the synovial sac, is called rheumatism, by medical doctors, who are too ignorant or too lazy, to make a correct diagnosis. Dry joints need lubricating and you should steer clear of the fellow with the war-cry of rheumatism and his black bottle of nasty medicine, for he will get your money, and you will still have your dry joints with dyspepsia added to your 'troubles.'"

Dr. Haig claims that diet is the principle, if not the only relief. He says, "To continue to swallow ten or twelve grains of uric acid in food daily means a continuance of rheumatism. A strict diet of acid-free

food is urged, such as milk and all its products, nearly all vegetables (beans excepted) nuts and all fruits. Most rheumatics overeat, and they pay the unavoidable penalty."

Dr. Latson, Editor of "Health Culture," says: "There is no drug remedy for excess of uric acid. Eat only simple food—avoid all animal foods. Exercise freely. Drink abundantly of water."

One doctor exposes you directly to the sun, out of doors; another recommends two meals a day; another X-rays; another Carlsbad salts; another electric baths, mud baths, mineral baths; another the hot oven; another foot plasters, porous plasters, and the half has not yet been told.

About all these, there is endless controversy, and ceaseless bickerings because few of them rest on logical ground. They fail to remove the real cause.

The Vantage Ground of Osteopathy.

Now comes Nature's handmaid, a rational system of preventing and mitigating this nerve-racking disease—genuine osteopathy. This last candidate for recognition is accomplishing such results in the treatment of rheumatism, that it is confounding to the scoffer and convincing to the skeptic. It matters little to the osteopath, whether the cause of rheumatism be microbes, uric, lactic, oxalic acid, or what not, or whether it be given a name. We do not treat the name, the effect, nor the condition producing the effect, but we correct the mechanical, structural derangement, that lies back of faulty metabolism, which is only an effect.

Interference to nerve and blood supply, which causes the faulty metabolism, is corrected by scientific manipulations, and the results have been so uniformly successful, that rheumatics in large numbers and of all types, appeal to osteopathy for relief, after exhausting the list of methods aforesaid and without success, hence the average osteopath has more cases of rheumatism in one form or another, than of any other disease.

The vantage ground of osteopathy over other methods, lies in the removal of the real cause, the mechanical interference, whether it be a ligamentous, muscular, arterial, venous, nerve or osseous derangement. Osler says, "Sometimes when a joint is distended, wasting may be due to pressure, either on the muscles themselves, or on vessels supplying them."

The Three Common Types.

The three common types of rheumatism are acute articular: chronic articular, and the muscular form.

Rheumatic fever, inflammatory or acute articular comprise one and

the same form. It is the most dangerous because of its tendency to attack the serous membranes of the joints.

Excess of detrital matter in the blood causes additional labor upon the heart, and its valves become the seat of local diminished alkalinity and uric acid is precipitated in the fibrous tissues of the valves the same as in joints, and this is the reason heart troubles, such as endocarditis and pericarditis, are commonly met in rheumatism.

The valves which are most exposed to pressure and strain are practically always affected just as those joints and structures most in use or most subject to strain, pressure or injury. Under skillful osteopathic treatment, the heart is carefully fortified and the disease practically never is permitted to gain a foothold upon the heart or abdomen, because the osteopath rids the blood of the poisonous salts, which irritate and clog the system and cripple function, by keeping active the kidneys, liver and bowels.

Chronic Articular The Most Common.

The most common form is the chronic articular, which attacks the larger joints such as ankles, hips, shoulders, etc. Many of these cases taken in time are entirely cured by osteopathy. While the bad types of crippled and deformed may not be restored fully to the normal, their deformity is lessened and further progress of the disease is prevented.

The after effect in this form is often more trying to both patient and physician than the rheumatism itself. Deformity can be prevented by osteopathic methods, and it is our duty to arrest and prevent it if the case can be seen before the stage of fixation or ankylosis.

Rheumatic patients, who have spent much time testing dosage, the hot oven, massage, electricity, etc., without benefit, respond to skillful osteopathic treatment. Those cases combined with neuritis are found most difficult, though some relief may be obtained.

The muscular form is quite common and may exist alone or complicated with one of the other forms. Under this head comes lumbago, torticollis, pleuro-dynia, muscles of shoulders and head. The belief that this form is of bacterial origin is gaining ground, but osteopaths find that prior to the attack of pain-racking torture in certain muscles, there has been in most cases, a fall, a slip, a strain, a jar, or some other injury to the parts affected.

Structural Derangements Cause Faulty Metabolism.

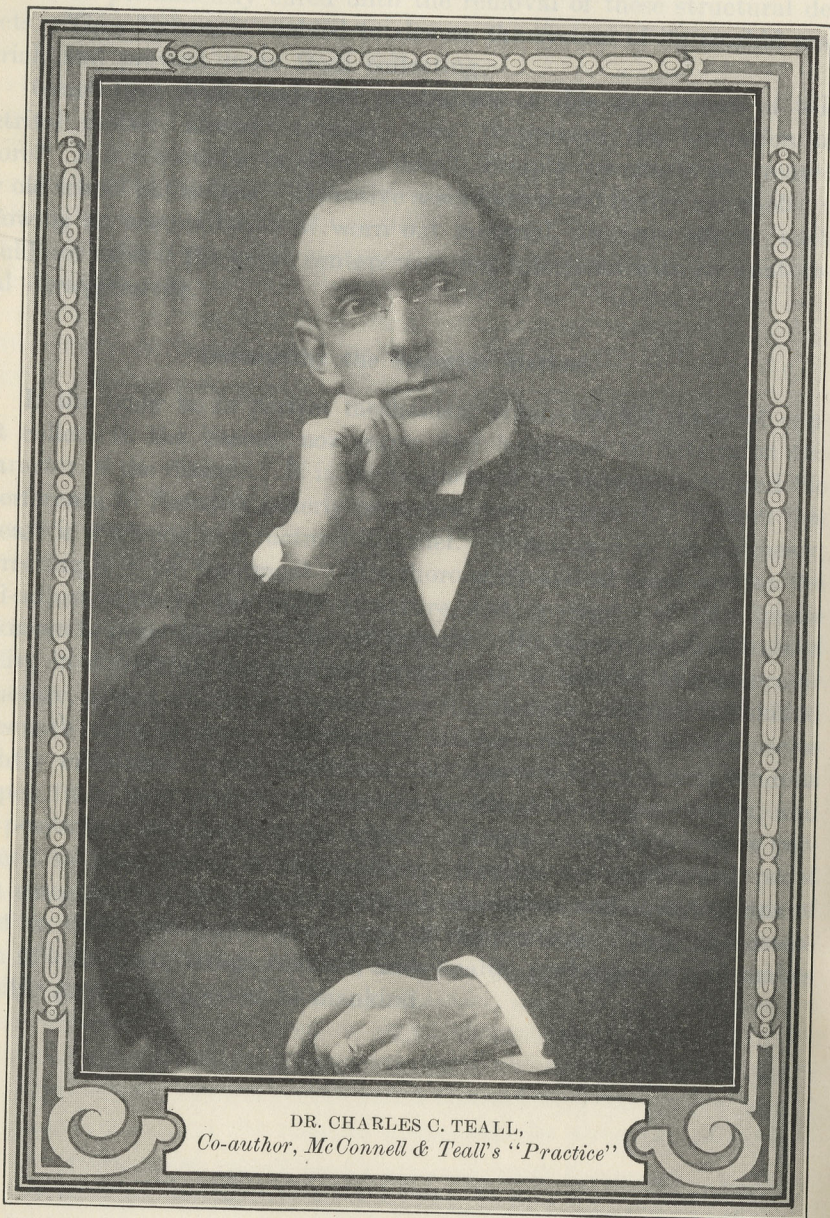
Most all cases of rheumatism under osteopathic examination, present mechanical disturbances, and the one most common involves the spinal nerves to the digestive, assimilative, and excretory functions.

This is the foundation of the physical state causing rheumatism, and it cannot be permanently cured until the removal of these structural defects. Thus Nature is enabled to cleanse the system of its morbid material, and prevent more from collecting.

Grant that drug treatment neutralizes or rids the system of this detrital matter, already formed, does it prevent the formation of more? Is it reasonable to claim it does? Simply the effects are treated by old school physicians. Defective assimilation and faulty metabolism, allowing an accumulation of worn out material, are only effects; such could not exist if the nerve centers were not interfered with by anatomical derangements.

Osteopathy the Superior Method.

If the body be in perfect mechanical order, morbid material cannot collect in the tissues, nor germs find lodgment to determine the character of the disease. It is the business of the osteopath to find the interference to Nature's orderly processes, and remove it. To him this disease is evidence of structural disorder. Locating it is his diagnosis; correcting it is his treatment. His thoroughly skilled hand locates the mal-adjustments of the body structure with a degree of minuteness unknown to practitioners of the old schools. His theory requires trained ability in discerning the slightest irregularity of osseous and muscular structure, within which the organs must functionate. Herein the skilled osteopath reigns supreme. He discerns contracted or hardened muscles slightly misplaced bones, thickened and shortened ligaments, tendons slipped from their groove, obstruction to blood or lymph vessels, and the position or condition of the organs. Hence a complete cure is performed in most cases of rheumatism. Results are convincing proof that osteopathy is the superior method, the safest and surest means of relief to those who suffer the pangs of rheumatism. Thus the osteopath relieves pain, brings comfort, adds health, prolongs life and makes possible greater happiness to mankind.



Oriental Observations.

DR. CHARLES C. TEALL.

So much has been written about China and Japan that it seems useless to attempt anything of interest, yet there is so much that is unwritable, although it is part of their daily life, the heritage of countless generations, and in the main untouched by the few years of occidental influence that it is obscured by all observers, that, no matter how much one has read, he has many surprises for it appears as if only the beauty spots were ever mentioned.

Japan, the country of disappointment; the land of disenchantment! One sails, filled with liveliest expectations that he will find a nation of Oyamas, Togos, Yum Yums and Madam Butterflies, with a sprinkling of applefaced babies. His imagination pictures cities of dainty tea houses populated by smiling geishas, and tiny shops filled with beautiful art creations, together with doll-like houses hidden in gardens of chrysanthemums and cherry blossoms. Well, for a verity, the Togos and Yum Yums are there, but well mixed with many millions of very ordinary, not to say extremely plain looking mortals, as are also the babies in generous profusion, while the tea houses and doll houses are not hard to find in the miles of sordid unpicturesque structures.

In Japan the observer has many chances for the study of topographic anatomy, and his first is on landing at the hatoba where a line of jin-riekshas (man power vehicles) is in waiting, each with a sturdy coolie clad in blue cotton frock, shirt and short trunks, and may be straw sandals. Before starting he removes the frock and often the hat and runs in shirt and trunks. The leg development is almost beyond belief, particularly the gastrocnemius which often stands out in a knot the size of one's two fists; in fact it appears almost as a deformity. Their powers of endurance are quite as wonderful, and they seem impervious to fatigue or cold.

One night last February, in Tokyo, I called a 'ricksha, and went six miles to make a call. It was a wretchedly cold night of rain and snow, yet my coolie had on only a cotton shirt and very short trunks surmounted by an oiled paper hat and rubber poncho. Barefoot he splashed through the slush at a rapid rate. At my destination he repaired to an open shed where several others were hovering over a hibachi

(i. e., charcoal brazier) and waited for the end of my call. On our return I paid him sixty cents for two hours and a half which was double fare on account of the night, and also was probably four times what a native would have paid. With an occasional stop for tea, they will trot all day—much slower, however, for the “foreign devil” than a native—and cover astonishing distances. He is the best paid coolie in the Empire.

Japan, being an island, has a very large population which lives in boats, chiefly as fisherman. Their life is one of continual exposure as their sampans are mere shells with little if any shelter. They go long distances out to sea, and are expert watermen. The food of these two classes is rice, fish—dried or fresh—and tea with a radish—fresh or preserved. Nothing is wasted that can possibly be eaten. The best rice is exported and a cheaper grade imported for home consumption. Fish are sold alive in the markets of seaport towns. When cleaned the heads and entrails go to cheap markets and are sold to the poor. The same disposition is made of the offal of all food animals. This question of food is receiving close attention from the Imperial Government, and the army and navy now have a ration more evenly balanced and containing meat, for it has been decided that the short stature of the Japanese is due to wrong diet, no matter how hardy he may be.

At the time of the Russo-Japanese War, much was said about the Japanese medical department, and doubtless it was deserved, not because of any superior knowledge in that line, but because of its sensible application. The surgeon was in advance of the army, and the water supply carefully guarded, as well as being first analyzed. Sanitation was insisted upon, with the result that the health of the army was never in danger. During battle the surgeon left much to nature in the wounded, and operated conservatively. This is contrary to modern usage in war, as the newspaper correspondents are in advance and the commanding general gets his knowledge of the enemy's whereabouts, on the arrival at headquarters, from his favorite morning paper, while the surgeons are well in the rear, quarreling over the latest outbreak of typhoid fever, or experimenting on some new surgical stunt.

Japan, when she evolved from the oriental to the occidental went the whole thing, so in medicine not the slightest detail was lost. One is struck with their thoroughness in watching their fight against bubonic plague. Constant warfare against rats is being waged, and when an infected one is found the block in which he was caught is immediately quarantined and inclosed by squares of sheet iron driven into the ground to prevent the escape of suspected rats. Then follows such a cleaning and destruction of rats and fleas as was never seen before.

While they are so keen in many ways, there is one custom which does not change, and probably could not be changed without a revolution. Lack of fertilizer has compelled strange methods. Outside of a few modern hotels there is not a flush closet in the Empire. Every morning the contents of the cesspails are collected and drawn for miles into the country by men and women on two wheel carts, where it is then ladled out on the growing vegetables and small fruits. No European eats any salad plants or strawberries unless from gardens vouched for. One can imagine what a single case of typhoid might do to a community unless the vegetables were cooked. This is the universal custom in Asiatic countries.

The Japanese have a system of massage which is very effective and universally employed. At first it was a profession confined to the blind, but it was so profitable that it was opened to all who qualified. It is not the most pleasant operation in the world, especially when he works the point of his elbow along your spine, giving a vicious jab at every costal interspace. Without doubt many subluxations of rib and vertebra are thus unconsciously corrected.

Personal cleanliness is a ruling passion with the Japanese and his tub is more important than food, but in spite of it the coolie babies are terribly afflicted with sore heads, often covering most of the face. Just what it is I cannot say, but it leaves disfiguring scars. This, with the now forbidden custom of carrying babies on the back while at work, played havoc with the eyes, and blindness is of too frequent occurrence.

Pulmonary tuberculosis is rife, and is a subject on which they are very sensitive, and never admit having. It is always called “a hard cold.” This is contrary to accepted beliefs, for they live an open air life; the houses are mere shells with doors and windows of rice paper; their dress open at the throat and general habits sanitary. In their exposure to the elements it is a survival of the fittest. They have “keeping comfortably cold” down to a fine art, and will sit for hours on their feet in front of their open shops, hugging a hibachi in calm delusion that they are warm. It is only when one comes into a really warm place, like a railway car, that you realize how they survive the cold. He will peel off kimona after kimona like husking an ear of corn, until he gets down to a natural size. For an American to try to be comfortable in the hotels with the mercury at 45 degrees, is impossible, and he is usually driven to bed in search of warmth.

The vegetable kingdom also has Japanese peculiarities, and it was strange to see all sorts of garden truck growing midst snow flurries while the plum blossoms were nestling in the snow heaped on their branches.

Cherry blossoms, however, come in May when it is warm and balmy, and the festival at that time attracts many visitors. It is well worth seeing, but rather idealized. However, the Japanese have an eye for the beautiful as well as for the main chance. He is quick witted and keen but has an extremely good opinion of himself.

From Nagasaki to Shanghai is some six hundred miles of Yellow Sea, and it brings one a tremendous change. The Chinaman hates the tub as violently as the Jap loves it. Whereas the Jap is fierce and warlike, John is correspondingly meek. Both are good merchants, but John is the most reliable. In religion both have many followers of Buddha.

On one point alone do they agree completely, and that is in their hatred of the "foreign devil," for there is no disguising that fact. John does not try to, but the Jap does, for revenue only.

The practice of medicine in China is in name only, for they have not even the rudiments. Its practitioners have no standing in public, as it is the haven for failures. Many disappointed literati drift into it as a last resort. Their pharmacopaea reads like that of allopathic medicine of the middle ages.

Naturally, having no knowledge of anatomy, surgery is rarely attempted, although one of their favorite methods of treatment might be so termed. It consists of plunging long hot needles into the abdomen. Frequently they puncture organs for which they were not intended, with the result that the mortality is rather high.

To illustrate how the doctor stands, I may be pardoned this incident. In company with a China born Englishman, I attended a native theater in Shanghai. After the usual historic war drama, which had been running in sections for months, came a broad farce which my friend translated as follows. Enter very sick man into house of a friend, who with his family put him to bed and summoned the doctor. He came in a bombastic manner, and after asking some questions, felt the pulse. Immediately his attention was called to the fact that he had his finger in the wrong place, which raised some doubt as to his qualification. However he told them to wait until he prescribed and called for writing materials which were brought. He then wrote a prescription calling for two powdered toads, one baked rat mixed with the dung of a water buffalo.

Directly it was brought he administered a copious dose to the effect that the patient vomited so violently he died. The host protested and the doctor "explained," then asked that the servant be given a dose, which was done under compulsion with the same retching but no fatal result.

Doctor shook his head and thought with the happy result of telling the host to try it. He flatly refused, but under persuasion took the dose, and immediately vomited with much energy. The mystified scientist again pondered and while so doing his two last victims vigorously demanded he try some of his own medicine. After almost resorting to force he did so and immediately fell vomiting and fainting to the floor. On recovery he called for the prescription, and on seeing it laughed uproariously and slapping his host on the back said, "What a joke. I gave him a gonorrhoeal mixture." This story may throw some light also on the drama of China. However, there are many well trained Chinese physicians and surgeons with great reputation for skill.

The demand for education by "Young China" amounts almost to a revolution and is one of the most interesting signs of the times.

At Nanking, two hundred miles up the Yanktse river, I was entertained by Prof. A. J. Bowen, President Nanking University, and was told of the wonderful work of the native student. There is a medical department, which I did not visit, but I put in part of a day at the hospital which is in charge of Dr. Bebee, who has spent twenty-five years in China, and has been decorated by the Emperor for good work. With the aid of three native assistants, 19,000 patients were attended to at the dispensary, also many operations were performed as well as a large outside practice seen to.

The dispensary charge is five visits for one hundred cash, and as it takes about fourteen hundred cash to make the value of one Mexican dollar, worth about forty-two cents real money, you can see about what the income is, although this includes medicines. Dr. Bebee took me into the pharmacy, where the various stock remedies were ready to be dispensed. Each bottle was known by color of label which I learned, so it was rather disconcerting to see so many stately dames carrying away the iodided or gonorrhoeal mixtures. Owing to the rice diet and that often short, there were many cases of ulcer. These heal slowly, but on the other hand surgical cases react quickly and suffer little from shock. One interesting case in the men's ward was a case of elephantiasis in the acute stage. The kitchen was an interesting place from its simplicity, as rice and vegetables are the chief items, for fuel the reeds and coarse grass from along the river is used and it requires the entire time of one man to stoke. With the exception of Dr. Bebee and Mrs. Hall, matron and superintendent of nurses, the entire staff is native and the doctor speaks very highly of them.

Of sanitation the Chinese seem to have no notion, and they must be devoid of the sense of smell to live midst such eloquent, crippling

stinks as pervade any city, especially in hot weather. Canton, being just in the tropics, stinks always, and is a really terrible city—because of its narrow streets while Peking stinks only in summer, and has wide streets.

At Canton I was invited to witness the beheading of six pirates but my time would not permit. That is a show no native would miss for he positively revels in the sight of animal suffering.

Hankow is some six hundred miles up the Yanktse river, and while waiting there for the Peking weekly train, I heard agonizing groans, and I saw a bundle of animated rags rolling on the ground in front of the station. At first no one paid any attention but finally one then another went over and looked at him and returned smiling. When his clamor became too noticeable, he was dragged a little further away and left to roll in the nearest mud puddle and all interest ceased.

At all stations on that 775 mile trip were crowds of people, and among them the most revolting sight among the beggars I have ever seen. There were numbers of men with only a shirt and the legs and trunk a mass of syphilitic ulcers. Others were terribly deformed, and all making the most piteous appeals. I had thought the beggars of Spain the limit of the line, but they are only amateurs when compared with the Chinese.

At Shanghai during my five weeks stay, I was thrown much with a young educated Chinaman, who frequently entertained me at a native dinner, where I labored with chopsticks as knives and forks were unknown.

Later, I invited him for tiffin at my hotel, and as he always provided hot arrack, I handed him the wine card, telling him to order as I did not care for anything. He looked it over carefully and said, "Blandy and soda, please." On its arrival he took a long draught, and then suddenly asked, "Are you Clistain?" I replied "Yes" and he asked again "What kind?" I answered "A Methodist." He announced "Me Piscopalium" and picking up his glass and watching the bubbles he said "Do you know, of all the Clistian wines I like best blandy and soda or whiskey and soda." And we let it go at that.

The Philippines are, of course, dominated by the U. S. Medical service in its various branches. Here, as in other tropical points, under its control, is the same wonderful work of stamping out yellow fever, cholera, etc.

One thing which impresses the traveller is the difference in quarantine regulations of various countries. Manilla is rigid in its inspection while Hong Kong (British) is perfunctory. This is noticeable again in

Jamaica or Barbadoes (British) when compared with Porto Rico or Panama.

The Japanese government is also very careful, using the same methods of inspection as U. S. A. It often seems an unnecessary delay, but the results show the need.

And now, after years of wandering over the face of the earth, there are three places which rise and force themselves upon my memory, and they are islands with two of the three under the starry flag. In point of excellence they stand: Hawaii, Porto Rico, and Capri in the Mediterranean Sea.

WHEN a bit of sunshine hits ye
 After passing of a cloud,
 When a fit of laughter gits ye,
 An' ye'r spine is feelin' proud,
 Don't fergit to up an' fling it—
 At a soul that's feelin' blue,
 For the minit that ye sling it—
 It's a boomerang to you.

—CAPT. JACK CRAWFORD.

Loyalty to Your Alma Mater.

ASA WILLARD, D. O.

Every graduate has a kindly feeling for his Alma Mater, and should have a loyalty. I believe that practically all of the A. S. O. graduates are loyal to the old school; but in how many of us has that loyalty assumed a practical turn.

While, as individuals we cannot endow, and, possibly cannot even help to, there is one way open to every one of us whereby we can show our loyalty and help the school, and that is in interesting those whom we think would make good osteopathic timber to take up the work. This is practical support, and as the schools are so much to the profession we owe it.

While we may not come in contact with those who would make good osteopathic physicians and who could be brought to consider taking up the work, a suggestion has been made which opens an avenue for helping to every practitioner. That is the furnishing to the Secretary of the school a list of the senior class of the high school in your vicinity. The A. S. O. then can furnish these students with the school catalogues.

In sending in these lists we can save the school quite an expense by culling out the names of those who, for one reason or another, would not be fitted or could not consider entering the A. S. O. Send a list of possibilities.

To my mind too these high school graduates are first class material, coming from our high schools of to-day they have a good basic education. They are beginning to know how to study, they are full of vim and enthusiasm, they are not prejudiced and not held down by custom or cherished tradition. The truths of osteopathy will appeal to them and once they are made osteopaths they will be the true blue kind. A few places have more osteopaths than can do well in them; but in the country as a whole there are thousands of good locations vacant. Many towns of 5,000 and some even of 10,000 have no D. O. To have the people in these towns have an osteopath and to know osteopathy would help you and me for the people are all the time moving and we would get some of them. Thus while helping the school we help ourselves; but in this instance let us forget ourselves and do it for the school.

Each year the cinch is drawn a little tighter as regards the general

knowledge and professional ability an osteopath must give evidence of possessing before he can practice. That each step thus made has had the result of raising the average standard of excellence of professional work done few will gainsay. In the long run this policy of increasing educational requirements is the one that will insure permanency and stability to the science, provided of course that it is not carried to the point of impracticable restriction and book worm excess. But the run is long and the vital organs of the science are its colleges. We must look after them.

If they were properly endowed, as far as their existence is concerned it would make little difference what matriculation restrictions or lengthened courses of study were exacted. As they are not endowed and their existence is dependent entirely on tuition fees it is obvious that every requirement which cuts off a possible entrant affects the source of revenue, at least for a time.

The laws now being passed, practically all require evidence of a high school education prior to the osteopathic course. The A. S. O., in line with its usual advanced policy has announced the January class to be the last to which they will receive matriculants who are not high school graduates.

The move is a wise one as far as the making for professional excellency is concerned; but it means a money sacrifice; for you, you, and all of us know dozens of D. O's. who could not have entered if such had been required. I feel sure that, in the end, it will not work to the school's disadvantage financially; but the school must go on and meet the same heavy expenses during the working to the end period.

Even if it does take a little of our time let us each one send a list of high school seniors or other possibilities, to the A. S. O. during the next week or so. Its all right to "holler" for the Old Doctor, but let's help the school, he will appreciate that sort of a "holler", too.

Missoula, Mont.

Osteopathy Sufficient,

NEEDS NO ALLOY TO STRENGTHEN IT.

FRANK C. FARMER, D. O., CHICAGO.

Following the heated discussion at the Minneapolis convention, the question of suffixing the degree of Doctor of Medicine to that of Doctor of Osteopathy has occupied the attention of a proportion of the profession.

Since the subject is up it is meet that it be so considered that the 'Frisco convention can take a decided stand.

If we may judge from the literature, there is a numerous and active contingent decidedly pro-medical.

These adherents, from college deans to isolated "science circle" practitioners, yearn for the rights and privileges granted to the disciples of Aesculapius. Their reasons are multifarious as I gather it, the gist of their arguments are as follows:

1. The college dean wishes to extend his recruiting area to foreign fields—fearing such recruits will fail to come unless said degree is included.

2. He also desires that his graduates be recognized in foreign countries, deeming the medical degree necessary to that end.

3. Also that the osteopathic degree alone produced an individual of a narrow range of vision, and that he would have his graduate well versed in other systems.

4. A practitioner with waning practice feels he can regain his prestige had he those mystical letters suffixed to his name.

5. The isolated practitioner appreciates how puerile is human effort when face to face with a puzzling malady and with helpless hands and envious eyes asks relief via the hypodermic, now denied him.

In so far as I can ascertain, the above are the reasons advanced by the pro-medical contingent.

Let us be thankful that the early graduates are standing staunch and true to the standard of osteopathy.

Let us consider these arguments, numbered as above:

The average medical school of the United States is in a very bad light abroad. We have more medical schools than all the rest of the world combined—and what is the result?

There are only seven medical schools recognized abroad. Most of the remainder are an inefficient set of debt-ridden institutions, giving local fame to its faculty and turning out a lot of half-baked medical students with a sole object of passing a state board examination. Do we want to add to the medley?

These institutions are known abroad and have no attractions for medically inclined persons of good calibre.

In many countries a medical degree obtained in the United States is a joke, because of the low standard maintained and the prevalency of diploma mills.

There is many a legislature fight in store in the United States without invading foreign countries.

Reason No. 3.—One of our professors, in a recent article, argues for a broad-minded, evenly balanced graduate. All very well, but in the study of osteopathy there is enough to keep the average individual good and busy three and four years, and then he is only acquainted with the fundamentals.

"Develop a broad-minded individual" is a good-sounding slogan, well calculated to attract the attention of people half weaned from medicine. But this is an age of specialty, and patients wishing osteopathy prefer a capable, practical, enthusiastic osteopath to the straddling, insipid Medico-Osteopath, who gives osteopathy faint trial and then deluges with medicine, adjuncts and what-nots.

He who advances reason No. 4 may as well assure himself that all the degrees in Christendom will not bring nor keep patients if he does not secure results, and if he gets results, he will need only the degree to comply with the law.

In acute practice, no doubt, there are cases characterized by intense suffering that demands relief as quickly as possible, but they are comparatively infrequent. Let every practitioner hark back over his records and conscientiously determine the number where a hypodermic was absolutely indispensable. There will be but few.

It is not a crime to say you are unable to assist a patient, neither is it humiliating to call counsel.

In so far as I can determine, the right to the use of opiates is the only rational (?) ground set forth by the pro-medical contingent.

Are we going to sell our birthright for the proverbial mess of pottage? Are we going to hang an elaborate picture of Dr. A. T. Still in our office, proudly pointing to him as the "Father of Osteopathy," and then knife him in the back?

Ask any prominent medical practitioner his idea of the ultimate outcome of osteopathy, and he will say that eventually it will merge with the old school. Is it meet that we should play into his hands and take the initiative in our undoing?

Osteopathy and medicine cannot be taught under the same roof.

Mix two breeds and a mongrel will be the result as surely as Nature's law is inviolable. They are incompatible and the law of incompatibility is well grounded in the embryo pharmacist.

Neglect osteopathy to study medicine, one loses his proficiency in the former and vice versa.

Dr. Littlejohn, at Minneapolis, said their school did not teach medicine per se. Instead of competency to intelligently administer drugs, their graduates only had an obtuse notion of medical principles, using only a few grandmother remedies. And do they grant a medical degree upon those grounds?

A medical degree without medical knowledge is a sham, only calculated to inveigle uninformed students to its school with the delusion that such a combination will attract the attention of medically half-weaned patients and grant prestige to the doctor.

A medical degree granted under such circumstances is decidedly not an asset.

If those practitioners so earnestly calling for a medical education will stop and ponder over the reason that patients do come to them, they will realize that it is because they want to try osteopathy. The patients have had sufficient of medicine.

If the osteopath fails, why is it?

The case is either osteopathic or it is not osteopathic. If the former, the osteopath has failed to "deliver the goods." If non-osteopathic, he has failed to properly diagnose the case and advised accordingly. Wherein has osteopathy failed? It never pretended to be a cure-all, and certainly it is no disgrace to refer a case.

If medicine would cure the condition, the probabilities are that the osteopath would never have seen the person.

Patients are looking for the man to cure their ailments, and they won't care a whit from whence that man derived his education.

The selection of a practice one is to pursue is a personal one. If one elects medicine, go to a reputable medical school of standing. If it be osteopathy, go to one where unadulterated osteopathy is taught. Either course will keep the average man busy.

The osteopathic student is entitled to osteopathy first, last and all the time.

The plea for osteopathic surgeons is put forward. Heavens! How many more surgeons do we need in this country?

You say, conservative osteopathic surgeons!

An osteopathic surgeon will look at a \$500 fee just as hard as any other surgeon and his conservatism will correspond with his bank account.

Except in emergency, the osteopath has no business practicing major surgery unless he is in that work daily—then his osteopathic technique will deteriorate.

It is a notorious fact that graduating medical men are lamentably weak in the intelligent administration of drugs, because the extensive curriculum detracts their attention.

In contrast to this I cite the example of our early graduates.

There is a greater percentage of successful osteopaths graduated prior to 1900 than since.

Why? Osteopathy, and osteopathy alone, was pounded into them day and night. They knew a lesion and how to correct it—the foundation of osteopathy.

In addition, take the early graduates to-day, as a class, and they are the staunchest adherents to the faith.

Grasping for adjuncts and things medical demonstrates ignorance of osteopathy.

Osteopathy needs no alloy to strengthen it.—Osteopathic Physician.

Science Circles of Osteopathy.

These reports are made up of the opinions of the members of the circles, and are published without comment. The Journal does not assume any responsibility for any of them.—Ed.

Minnesota Science Circle, No. 2.

No. 1. Is in favor of getting Stereoscopical anatomy set for the Circle to use. Thinks it will be a good thing to follow up some good text for the discussion of different diseases, seeing this is the very thing we wish to touch upon. Says there is not any cure for internal cancer but thinks that if taken in time external ones can be cured. Thinks the "pure food" plan of preventing infringement on our method of therapeutics is the best that has ever been brought up so far. It calls for a certificate from the board of health and states the length of time they study, whether it is actual attendance or a mail course. How many Profs. they had and whether their method infringes on any method already in practice in that State. It prevents the unqualified healer from using the title of Dr., Prof., or any such title and brands them just what they are. The case of paralysis that he reported the time before is progressing nicely. Commends No. 6 for the good results that he had in his cases of blindness. Has had good results with dysentery, but does not manipulate over abdomen. Believes in giving spinal treatment for that. Reports a very bad case of diarrhoea of a hotel keeper, in which the man could not wait on his guests on account of it. The Doctor gave him a treatment and his guests were taken care of by the same proprietor as usual and he had no return of the trouble.

No. 2. Case Report: Patient had been lifting a stove and had wrenched his back. Complained of lumbar region and numbness thru sciatic region. Patient was sure he had a slipped joint as he had some ideas of osteopathy of his own. During treatment patient said: "You have moved it" and got off the table and said he felt much better. Patient did not return for more treatments as he had expected to do. Is in favor of the Benefactor Degree of Osteopathy if issued by the colleges for the betterment of the literature as it would call out more and better articles in the journals. At the present, anyone can do all kinds of research work and write any number of articles and still he is plain D. O. but if the colleges offer a Benefactor Degree without the end in view of making money off of it it might help. Is in favor of following some good author for the discussion of the various common diseases; also adding our personal experience and opinions. Thinks it would

refresh our minds and better our diagnostic ability. He believes that the treatment will prevent dis-use atrophy in cases of polio-myelitis and help to keep alive nerve fibres that otherwise might die. Says success depends on how soon we get the case. Believes in cold application to the spine during the fever and placing patient in a position that will favor circulation to the cord. His opinion is that manipulation along the spine might tend to irritate the cord, if given during the first stage of disease, and keep the fever up. Doubts that anyone knows definitely as to the etiology of carcinoma but says irritation plays a large part in the development. D. O's. die of it as well as other people and so the cure is yet to be found. Advises the use of Marsden's Paste for external cancer. Thinks the "pure food" legislation is a good one but wonders how it comes under that heading.

No. 3. Can hardly see much benefit in the B. O. degree and is not very certain that it would stimulate better articles or not. Thinks we have enough of the other kind already. Asks advice in cases of sciatic neuritis. Has found some good D. O. texts and some which he did not care to purchase, but has a good sized library to draw from. Says the Regulars are quite at sea for a specific remedy for polio-myelitis. Does not know anything new about the etiology of cancer. Had two cases of cancer. Man of seventy-six with cancer of sigmoid. The Doctor was not called until late in the disease so his treatment could not be more than palliative. Treatments helped him to keep comparatively free from pain. Former physician had allowed the bowels to become so impacted that he had to give an olive oil enema and patient got rid of one-half pail of feces. The other case was of cauliflower cancer of cervix uteri. Showed a good deal of improvement but in nine weeks patient could not take any more treatments and was soon run down again. Read an article in the New York Medical Journal where a physician had cited a number of cases to prove that cancers were due to a micro-organism and were conveyed from one area to another by contact. Does not think that a well developed case can be cured. Says we cannot gain anything from opposing the unqualified healer and that the idea is not so much to protect the dear people as it is to get them to spend their money with us instead. That is what we say of the M. D's. who oppose us. Treated a D. O. for neurasthenia and made improvements but finally the D. O's brother got him to go to John Till, the Plaster-on-the-back man in Wisconsin so thinks that when the D. O's do no better than that themselves we cannot expect much more from the laity.

No. 4. Does not favor the B. O. degree. Had fine results in some cases of sciatic neuritis and in others he found it difficult. Treated the

lumbar region and along the course of sciatic. Sometimes found trouble in pelvis. Uses hot packs instead of hot water-bottle. Has had experience with dysentery. Treats lumbar region and over abdomen and found no ill results from latter treatment, the results have been very satisfactory. Leaves a pillow under the back. Thinks that it would be a good thing to follow several good texts as no one book is perfect. Has treated polio-myelitis with the best of results in all the cases he has had. Case of little girl of six had it and could not walk or use right arm. M. D. had case nine weeks and she was getting worse, he diagnosed the case as stomach disorder. Treated the child for a month and discharged her as cured as she could run about and play as other children. Says we can cure most any diseases of children if we get the case in time. Advises that we stand our ground and not take a back seat for anyone. Thinks the medical books prove their inefficiency in drug cures. Does not care to treat any cases of cancer. Is heartily in favor of "pure food" for patients but does not know just how it would work on the unqualified healers as yet. Says that all the cases that he has treated during the last four years have done remarkably well, treating them by means of all good common sense methods, stopping short of internal drug medication. Wishes the leader would ask the rest of the members what they think about getting our method of treatment before the public by means of the public press and spread the Gospel-of-Truth. Says though that the editors are afraid they will hurt some M. D's. feelings and usually use some explanation to clear themselves of it.

No. 5. Believes in the B. O. degree if it is honorary, but not if it is financial reward. Doubts that a P. G. Science Circle course could be made satisfactory all around. Case of epilepsy of the grand mal type, girl five years. Has many attacks in a day, usually in the A. M. Impacted upper dorsals and sensitive. No history of specific infection. Has been treating all forms of cancerous growths for the last twenty-eight years. He could cover far more ground in this subject than there would be room for in this letter. Has studied every author's method and finally uses one of his own with good success. Has removed more than 1000 so-called cancerous growths. At first with the knife and then with escharotic paste placed on area. Gets the external ones out without much, if any, scar. Rather thinks that the eating of improperly fattened pork is apt to increase the tendency. Thinks that there are many causes among which are bacilli, and that cancer-juice is virulently contagious. If it was not for the fear of contagion for himself and family he would start a cancersanitarium. Says that there is a cure for

external but not internal. He does not take any cases with cancer larger than the fist. Feels that the "pure food" plan is all right in theory but is not sure that it can be carried out properly. Does not believe in belittling the Medic and thinks that it is a serious mistake to try to do so as much as so many D. O's try to do.

No. 6. Case—Young lady of nineteen, recto-vaginal pain at menstrual periods which could hardly be borne. Diagnosed it as retroversion. Left innominate posterior. Treatment consisted in correcting the innominate and mal-position of pelvic organs. Results—freedom from pain at menses and is gaining in every way. Is very much pleased with the Science Circle letters. Is in favor of enlightening the public on osteopathy as suggested by another member. Says osteopathy has been practiced in his city for eleven years and still most of the people think it is only good for rheumatism and headaches but must go to the M. D. in acute troubles. Thinks McConnell & Teall would make a good book for reference in the discussion of diseases. Never saw a case of cancer treated other than surgically. Is in favor of any plan that would eliminate the fakirs and imitators and would like to see included in any law, a clause that would prevent the M. D. from practicing osteopathy unless he is qualified. His former case of sciatic neuritis is just about well now. Is treating a case sent to him by a Brother M. D. Teacher, aged twenty-one, ailing for three years. Very neurotic, complained of attacks in which she would be nearly prostrated. Rapid pulse, loss of voice, severe headaches, constipation and other complications. Found her most all lesions. Spine full of abnormal curves, twisted pelvis and retroversion with adhesions, but no organic disease. Thus far case shows marked improvement to the great surprise of her friends. He expects to report a cure of this case soon.

No. 7. Case—Fifteen year old girl was totally blind. Due to left lateral atlas. Lesion of first rib. After two weeks treatment sight was restored to both eyes; also had small goitre due to first rib lesion. Commends an article on Polio-Myelitis by No. 4 and encloses clipping of same with his letter. Had a case of epilepsy in a girl of eight, treated it as he would a case of worms by means of mashed pumpkin-seed gruel. Advises No. 3 to dilate sphincter ani in case of sciatic neuritis. Has been a very busy man, night and day as they have a fine new little baby at his house, who will help Papa in his practice. Mother and son are doing fine as he treated his wife all through pregnancy. Time before when their little girl was born she was sick for twelve hours but this time from the very first pains it was but two hours until the babe was born. The nurse never saw anything like it and will doubtless

spread the good news to all women who might receive the good from the treatments. As has been said "If Dr. Still never did anything more than to lessen the pains of women he would have done more than any other man has yet done."

Supreme Circle.

The letters of the Supreme Circle have made their second round and all the members express themselves pleased with the work. The purpose of the supreme circle is to discuss plans and methods of conducting the work in the primary circles. The work is limited to three fields: Case reports, some subject of the science and a review of current professional literature. Some of the subjects to be taken up for discussion in the near future will be "Effects of Osteopathy on Age," making young people old and old people young. The "Tides" of circulation, their normal control and how modified.

1. Approves the idea of having a fixed date for the letters to leave each member's office and to leave the leaders office on the first day of each month. He thinks time spent in discussing the adjunct question is wasted and the discussion at the A. O. A. meeting was disgusting. He has no adjuncts nor any use for them. He thinks the time will come when adjustment will cover all the work. He thinks the best way to handle a fake is to let him alone and he will hang himself. He says people have too much pride to patronize a fake very long.

2. Uses anything that he thinks will help his patients. He considers the use of water in any form a part of osteopathy. He thinks sending out good literature is the best way to kill a fake. Fighting a fake only advertises him, unless he is openly violating the law, and then he should be dealt with according to law. He has written the publishers of field literature to explain in a special issue the difference between the unqualified healers, who claim to be just as good as osteopaths. He has received replies that such literature will be published soon. He thinks the law regulating the unqualified on the principle of the Pure Food law should be adopted.

3. Reports a case diagnosed cancer of the liver in which he found the cause of the condition to be a twisted twelfth rib, which he corrected. The patient weighed at that time 118 and went away on a visit and returned weighing 148. He thinks the more a fake advertises the worse it is for him, for he is sure to fail to deliver the "goods" and the people will soon find him out. He runs his circle on schedule time, the letters leaving his office the 1st of every month.

4. Favors the proposed law for regulating the non-legalized as

he has no objection to their practicing if they will sail under their true colors. He thinks the public should have the right to employ any method of healing they may see fit. He don't understand how the use of distilled water can cause death as claimed by a recent article in one of the medical journals. He believes in showing our appreciation to the writers of the best articles in our journals. He approves the suggestion of circulating the cheaper books among members of the profession but not those which members should keep for reference.

5. Thinks the same rules will not apply to all circles alike and there must be some variation allowed for local conditions. The suggestion that members write a series of letters on a special subject is good. He thinks it better to discuss subjects rather than authors. The use of water in its various forms belongs to the osteopathic schools as much as to any other, and is not an osteopathic adjunct. Discussing articles in the literature of the profession helps to fix them more firmly in the mind and make an application of the principle when the case demands it.

Iowa.

1. Reports his assistant on the road to recovery from typhoid under treatment at the A.S.O. Hospital. Knowing facts he says it is a remarkable recovery and gives the impression that under proper nursing and osteopathic treatment a patient may recover from almost any disease in its worst stage. At a recent district association meeting held in his town, they had a good social time and the reports given from the A. O. A. meeting showed a general tendency to get back to the "Ten fingered" brand of osteopathy. He thinks when we get where we think the chiros can do as much as we can, it is time for us to take a post-graduate course in some up to date osteopathic college. He says the sentiment favoring an Independent Board for Iowa is now almost unanimous. He reports a case of chronic diarrhoea of thirty years standing cured in three months. A very rigid spine was the cause and after breaking that up and restoring the circulation to the spinal cord the work was done. He agrees that a rigid thorax is one of the prime causes of tuberculosis. Where the infection starts in the bowels constipation is back of it, and lack of nerve force to the bowels is back of the constipation. He reports a case of blindness pronounced incurable by some of the leaders in the profession and after a course of treatment he is now able to do his own work and go about wherever he wishes.

2. Reports a case which began with vomiting and continued for three days, and when he was called he soon stopped the vomiting. He

found the liver congested and patient badly jaundiced. The mother contended the girl had typhoid, though she had but little fever at any time. He gave her barley water for twelve hours and had all the water boiled before giving it to her and she was soon on the road to a quick recovery. He asks for information on the "Day Light" instrument. He reports another case of a boy, age three whose trouble began with the bowels when six months old and he soon became paralyzed on the left side and has never been able to walk or talk or even sit up alone. He seems to be well but makes no growth and lacks control of the muscles of speech, and while he tries to walk, he has no control of his feet and his hands act like he had St. Vitus dance. Since he has been treated he can sit alone for hours, but when he falls over he can't help himself up. The entire body seems to be affected. He asks for the prognosis of such a case. He reports a case of a man blind on the inside of the left eye. He found the axis vertebra to the left. He gave him four treatments and told him to wait a while and observe the effect. He was called to treat a case of sciatica and found the case under the care of an M. D. and refused to treat the case unless the M. D. was dismissed and the result was he was not recalled. He reports two fakes being prosecuted in his county; one a vital scientist, the other a chiro. He reports a case of neuralgia which he treated five times but obtained no results.

3. Reports a case of Polio-myelitis, boy fourteen months old cured. Paralysis on left side complete, and partial on right side and speech affected. He got the case six weeks after attack, and three months treatment effected a cure, as he is walking, talking and gaining in strength. He has a patient in a nearby town, an old lady, age eighty, who fell last January, hurting her right hip. The M. D. in attendance called it a sprain and recommended rest in bed. After spending ten months on her back, her daughter arrived from Chicago and demanded that an osteopath be called at once to examine her condition. He was called and pronounced the case an obturator dislocation. He invited the M. D. in to examine the case with him but he refused. He then invited another M. D. who is an enemy of the first and he concurred in the diagnosis. The first M. D. came afterward and said it was a fracture but it had healed and it was wrong to try to do anything with it. He has engaged an X-ray specialist to go out and make a picture before he goes any further in correcting the dislocation, as trouble is liable to develop for somebody. He has had good success in using "Fruita" for cleansing the bowels and removing gall stones and treatments prevent their reforming.

4. Reports the case of synovitis as still on his back with a bad leg. He has been before the pension board to get an increase of pension. He suffers as much pain in the calcaneo-cuboid articulation and he thinks there is a slight misplacement there and the knee and hip both involved. The synovitis had about all disappeared when the M. D's. got hold of him in their examination and handled him so roughly that his leg was badly swollen the next day. Pain in mid-dorsal was severe and simulated myelitis for a few days. Cerebrum was very sore and patient at times was delirious. He is improving though still under treatment. The examiners said medicine could do nothing for him and osteopathy less. The patient says he is going to stay by osteopathy even to the grave. He was a nurse in the army hospital for three years and knows when he is being cared for. He agrees that an immovable thorax predisposes to tuberculosis. He thinks there is much value in the "Light germicide treatment." He has cured three cases of lupus on the face and has had good success with warts and moles and eczema and one case of protruding piles. He used it in case of enlargement on the neck after an M. D. had treated it three weeks with no results. In one treatment he brought it to a head and it opened and healed at once with no further trouble. He gave treatment three days before using the light with no results. He used the combination red and blue lens producing a purple light. He reports treating a manufacturer of drugs, who employs 200 men on the road and he said he made drugs for other people to use because they wanted them.

5. Was prevented attending the A. O. A. by a case of typhoid, which he cured. He has been keeping a record of thorax measurements and finds the average expansion is two and two-fifths inches, and diaphragm wave one and three-fourths taken in fifteen males and ten females. Male expansion two and one-fourth; females averaged three inches with wave of one inch. In ten male cases of tuberculosis, he found the infection began in the apex of the left lung, while in females consolidation began in the lower lobes of the lungs, which shows to him that a limited range of movement of the thorax tends to produce a fertile field for disease to get a foothold. In treating colds and la grippe, he finds it very helpful to put the thorax through its normal range of motion. He treated a case of chronic diarrhoea four years ago which has had no return. He found a very rigid spine and when he got that loosened up the patient was cured. While writing his letter he was called in consultation with two M. D's. on a case of several years standing in which there is considerable discharge of pus with the urine and has recently grown

worse. It was decided to operate and the results will be reported in next letter.

6. Says all the D. O's. he met on his vacation seemed to be busy and full of enthusiasm for an Independent Board. He attended the meeting at Council Bluffs and gives Drs. Brown and McClusky great praise for the success of the meeting. In a paper on pelvic lesions it was stated that an innominate lesion was nearly always found and it was necessary to correct that before a cure could be expected. The association passed a resolution declaring their determination for an Independent Board. He says that a thorax that cannot be put through all the normal motions without pain is the seat of disease, and the same is true of any other part of the body. He thinks 99 per cent of the cases of poliomyelitis can be cured by osteopathic treatment. He had a case of a little girl, age three, who was paralyzed from the waist down. One M. D. had told the mother that nothing could be done for her; another told her to wait six weeks and if she was no better he would try a battery; but the mother was not satisfied to wait. He was the first to tell the mother the cause of the trouble or what ailed the child. At the end of four months' treatment the child was running around and playing with other children. He gave a stimulating treatment the full length of the spine. He reports a case of appendicitis brought on by lifting a hay rake on to a wagon. He said his side hurt him a little at the time and two days later he took his bed with severe pains in the region of the appendix and he called an M. D., who came every day for nearly a month when he was called and found a pus sack had formed and ruptured and the temperature was 104 and patient was very weak. He gave him a treatment and told the family if he could live twenty-four hours, he thought he could pull him through. When he called the next day he found him better and ordered a trained nurse. The pus from the rupture had followed down the psoas muscle and nearing the surface he opened up the drainage and drew off four cups of pus and it continued to discharge for two days, and followed by a watery discharge for a few days, when the wound healed. In fifteen days he was able to sit up and made rapid recovery and has recently been married.

7. Says this is the best bunch of letters that has been the rounds. He says normal motion applies to all organs as well as to the thorax. It is difficult to determine normal motion in fleshy people. He thinks No. 3 was justified in calling in an M. D. under the circumstances. The case of the child reported by No. 2 he thinks is poliomyelitis and will recover under his treatment. He says not many cases of appendicitis could go through what the case of No. 6 did and live. He says when an

operation follows a rupture sepsis and death is the usual result and he thinks it safer to open from below and establish drainage. He appreciates the article in the December Journal by Dr. Moore on "Will disease ever be eliminated?" Also the article by Dr. Willard on "Osteopathy." He thinks these articles would make good literature to circulate among the laity. When he first located in his town, his most bitter opposition was an old M. D. who had been there a long while and never lost an opportunity to disparage osteopathy. The old doctor refused to attend a post mortem because he was to be present, but his inning came at last when the old doctor fell and hurt his hip a year ago and was laid up in bed for nearly a year and finally he had to call him and after a few months treatment he gets around on crutches fairly well and he told the old doctor the treatments would cost him nothing, but the old doctor wouldn't have it that way, and made him a Christmas present of a fine buffalo robe worth \$150, which he had often admired but never expected to own. Time brings all things to him who patiently waits.

South Dakota.

Ladies' Circle: 1. Reports a case of a child, when 8 weeks old had whooping cough, and was under medical care and the M. D. gave it up to die without calling any one in consultation. The treatment which had been given consisted of injecting a quart of water into the bowels every two hours to keep the fever down. This was continued until the M. D. told them the bowels were practically paralyzed and he could do no more. She was called and found the child practically starving to death. Rectal feeding was resorted to, using Bovinine. The abdomen was hard and dreadfully distended and she succeeded in reducing that in the first treatment. An hour and a half after the first rectal feeding the baby took nourishment from a bottle. After the second rectal feeding the child has taken nourishment from the bottle regularly, adding Bovinine to the milk. The second day the bowels were moving naturally and she made an uneventful recovery. The mother of the child had a very bad goitre and the first treatment reduced it to such an extent that she was frightened, as it seemed to be too much of a reduction for one treatment. She has given her six treatments and the neck measurement has been reduced one-half.

2. Reports a case of a girl, age ten, who persists in bolting her food without chewing, which results in indigestion and almost constant pain. She has talked Fletcherism to the girl and her mother until she is tired and to no purpose, and she asks for suggestions. She would

not advise the removal of an ovarian tumor in a woman. aged 72 She thinks there is little hope for a case of catarrhal deafness.

3. Prefers the term Osteopathic Physician to Osteopath, as it is a stronger expression and means more to the public. She asks the opinion of the members of an osteopath who advertises in the dailies and weekly papers, heading his ads with his picture and claiming to do impossible things; such as having treated 40,000 patients during his ten years experience, when he graduated in 1908. Another D. O. stands at the street corners and makes coarse remarks to the boys, about ladies who pass. Another has a deck of old greasy cards on the table in sight of callers. She has been noticing people chewing their food and washing it down with great gulps of tea or coffee and has made an average of the number of chews, and finds it to be about eleven. She reports a case of paralysis following measles last spring. The patient was a young teacher and after several months treatment he is able to be back in the school room.

4. Thinks the case reported by number 1 is the best report that has passed the rounds. She thinks the unprofessional conduct of those reported by 3 should be sent to the colleges for their action. The state board of examiners should notify them also. She thinks honesty is the best policy. She mentions her intentions of taking the "Review week at the A. S. O."

5. Had to go to Chicago for a course of treatment and the letters laid in her office twenty days. In Chicago she called on an M. D. to see what he would advise and he advised osteopathic treatment, just what she intended to take, and he must have been a mind reader as he didn't know that she was a D. O. After a month's treatment she feels like she had a new lease on life, but wishes she could have taken another month. While in Chicago she attended a lecture by Dr. Clark, D. O., who knows and knows that he knows.

6. Reports a case of a boy, age eleven, who claimed to have fainting spells, but she suspected epilepsy. He had been examined by a D. O. in Sioux City, who had diagnosed the case differently and sent a note with the patient as to his diagnosis, but she found a different lesion quite marked in the lumbar region. She found stomach, liver and bowels in bad condition corresponding with the spinal condition. He is improving under the treatments.

7. Is always pleased to hear of successful case reports as they tend to increase confidence. The State Board of Examiners can enact rules governing the ethical conduct of members within the state and those who persist in the conduct reported after being notified of first offense

should have their certificates revoked. We hope the Board will have rules printed and sent to all members notifying them of what conduct will not be tolerated.

Men's Circle: 1. By mistake mailed his old letter.

2. Gives his specific objection to the proposed law claiming that it would give the irregulars the right to sign birth and death certificates and an assurance that they are protected by the law and make them bold in pressing their claims regardless of how absurd they may be. He has had a number of cases of stiff joints lately in which he had to use an anesthetic, to overcome the contraction. He favors anything that will lead the people away from the promiscuous use of drugs, as that will help osteopathy as well as the people. He says his bad spelling in a former letter is the first absent treatment he ever gave that seemed to have an effect.

3. Says he finds but few patients who drink enough water, and the water of his town contains so much mineral matter that makes it difficult to drink enough. He does not approve of the use of distilled water as all the mineral substance is taken out and the body is not supplied with the needed mineral salts. He says a cup of hot water before breakfast and a cup of cold water before retiring are good appetizers and has a good effect with patients who have poor digestion and troubled with constipation. He is the only D. O. in his town so he has trained his wife to give him treatments and he gets along fine. He would like to see more booklets gotten out like the one issued by Drs. Schoolcraft of Watertown. He thinks the every day practitioner is just as good author ity as any of the men higher up if they have the evidence to back up their statements and they should be encouraged to come to the front. He had just received an offer from a chiro school to give him their course at half price if he would accept their proposition within thirty days. He thinks it indicates the suckers are not coming their way as fast as they would like and he not being the kind of fish they were looking for the bait went to the waste basket.

4. Reports a case of creeping paralysis that has about reached the end. The patient is having attacks of blindness and deafness showing that the disease has reached the bulb. He believes in a higher standard of education and those who have graduated should be progressive students. He says in the A. S. O. they were taught the use of anesthetics and antiseptics and germicides as a part of osteopathy and our state law so recognizes them. He will later prepare a booklet on a subject in which he has been especially successful. He says the patient with

creeping paralysis never eats any salt on her food and has always drunk distilled water and he wonders how much that had to do with the paralysis.

5. Says the D. O. who did the unethical advertising has been before the Board with an apology and has promised not to repeat that kind of advertising. He has to pass the examination yet and was practicing only on a permit. He has had the chiro of his town arrested for violating the osteopathic law and he was bound over to the May term of court. It is the first test of the law and the evidence is positive against him. Dr. Giltner is after three other fakes in other towns. It is reported that some of the medical societies are talking of taking a hand in the game. He thinks the value of water drinking cannot be over estimated since such a large per cent of the body is composed of water. The elasticity and pliability of muscles and tendons are due in great part to the water contained, and as the quantity of mineral salts has a great deal to do with the solvency he thinks the quality of the water is of as much importance as the quantity. He has thought for a long time that the Artesian water of his locality was unhealthy as it contains an excess of lime salts which effects the arterial system and especially the kidneys. Boiling improves the water by driving off the carbonic acid, which aids in holding the salts in solution. He says distilled water erodes lead pipes in cistern.

6. Thinks a law to regulate the unqualified is a hard proposition. He says when a chiro advertises to give osteopathic treatments he says go after him with the law. He says the M. D's. have never done anything to regulate the irregulars and they ought to take a hand in it. He has trained his wife to give osteopathic treatments and it saves him the trouble of calling on another D. O.

7. Reports a case of neuralgia cured by setting an atlas vertebra and the lady had been treated by numerous M. D's. and nerve specialists who examined her eyes, nose and teeth, but not one had examined her neck where the cause was located. She said as fast as she met those doctors she was going to tell them when they have a case they can't find the cause to take them to an osteopathic physician and they will find the cause for them.—S. W. HEATH, Leader, Sioux Falls, S. D.

A. S. O. Surgical Clinics.

Four Interesting Cases From the January Operations.

Case No. 1.—Female, age forty-nine, weight one hundred and fifty pounds; has lost about thirty-five pounds in a year; occupation housewife, complexion sallow; general history good; history of present condition is that the patient for the past fifteen years has been having biliary colic, and during some of the earlier attacks has been known to pass gall stones. All the attacks show tendency to chills, light fever, clay colored stools, constipation and other symptoms of an attack of biliary obstruction, associated with little or no infection. The longest attack of acute colic has lasted one week, and the attacks have been as frequent, especially lately, as four in one week.

Jaundice has been present following one attack for six months, but lately the jaundice has not appeared. Physical examination shows adhesions around the gall bladder and a mass, probably composed of matted intestines, liver slightly smaller than normal.

In addition to the attacks the patient has had several gastro-intestinal disturbances, including lately loss of appetite, and gastric and intestinal indigestion, which undoubtedly accounts for the loss of weight, although at first one might think that it was significant of malignancy.

Patient has been treated more or less regularly for over a year, with temporary but no permanent results.

Diagnosis is made of sclerotic biliary passages with catarrh and probably gall stones.

Operation advised is to open the abdomen, remove the biliary obstruction if possible and treat case afterwards for catarrhal condition, but if obstruction cannot be entirely relieved by operation it is advised to perform a cholecystojejunostomy, or in other words to form a new opening by way of the fundus of the gall bladder into the jejunum and establish drainage in that way.

Operation Performed as Described and Following Conditions Found— Everything as already diagnosed and in addition it was found that there was only one gall stone and that was in the common duct, and was in a little pouch forming a ball valve, which caused the intermittent obstruction. Cystic duct and hepatic duct were found comparatively free.

Gall bladder was opened and emptied. The jejunum was brought

over to the right side and an opening made in it at the free border, and by means of a Murphy button the gall bladder and gut were united.

There is no possible doubt that the Murphy button offers the quickest and easiest method of union of either the intestines or the intestines to other viscera, that we have, and although in this case it was very hard to handle because the gall bladder was with difficulty accessible, and it was impossible to bring it clear up on to the surface, and it was not desired to make too large a wound, still it was easy compared to what it would have been by any other method.

As usual absorbible sutures were used deep, and silk-worm gut on the surface. A small gauze drain was used to take up the oil and blood of the outer part of the abdominal wall. This was removed in twelve hours, and the patient is recovering without infection or other difficulty.

Even immediately after the operation there was no fever, and not a great deal of pain.

Case No. 2.—Patient age forty-seven, has been troubled with dysmenorrhoea for some years. Has been told that she had a prolapsus and retroversion, and about a year and a half ago that she had a tumor.

This tumor under treatment has reduced in size, but has reached a fixed size and apparently will not reduce farther. There have been increased reflex symptoms, such as headaches, gastro-intestinal disturbances, referred pains, and so on, in the last few months, and the prolapsus on examination is shown to be considerable.

The dysmenorrhoea also is increasing, although there has been neither menorrhagia nor metorrhagia.

Palpation of the tumor, or rather of the mass, shows that it is nodular and therefore most likely multiple fibro myoma, involving the fundus and body of the uterus, and from the clinical history it would appear that the growths are subperitoneal, or at least that none of them are submucous.

Operation advised and performed is removal of the uterus above the cervix, including the tubes, and examination showed that the growths were as suspected, both as to their histology and their location.

The amputation through the cervix is much safer, and gives better results in the long run in all known malignant cases than does the removal of the cervix also.

The stump is better, the healing is quicker, the infections are less, the damage of surrounding tissues is less, the hemorrhage is easier to handle and the resulting suspension is better.

Stitches removed from the belly wall in ten days, and wound heal-

ing was found to have been perfect. The wound not having been examined before on account of there having been no clinical symptoms to indicate it, and results show that where the wound is right the clinical symptoms usually are right, and where the clinical symptoms are right the wound always is, and results that have been compared with other surgeons who look at their wound every day show that infections are always much less where they are not examined until it is indicated, and in watching the results of a former Kirksville physician who used these methods of examining the wound frequently whether they needed it or not, sixteen successive infections were noted, a good per cent of which must have been due to the continued meddling with the wound.

The methods that are used here at the hospital now showed at one time an interval of a year and a half between infections in all cases, both major and minor, operated on during that time by Dr. Geo. Still, and this considered even the simplest of infections, and indeed, with these methods as is generally known, there has never been a single death from infection at the hospital, nor has there ever been a single case of septicæmia.

But to return to this particular case, the case was dismissed in good condition on the eighteenth day.

Case No. 3.—Patient aged eighty-one, female, epithelial cancer on right gluteal region, about one inch posterior to anal outlet, and spreading over on to the opposite side, but altogether about an inch and a half in diameter. Very raw, foul, and persistently growing.

Condition of patient's heart and kidneys makes the operation dangerous, but on account of the malignancy of the growth it is decided to risk it, since the patient insists on it.

The anaesthetic chosen is chloroform on account of the severe sclerosis of the arteries. The kidneys are also to be carefully treated, if the patient stands the operation, and everything done to aid both organs.

The operation, though extensive and leaving a wound about four inches wide by the same length, shaped like a rhomboid was done as rapidly as possible, and with a little plastic work it was possible, at least temporarily, to entirely enclose it.

The operator announced before the operation that it was a case where although the operation was severe enough, the anaesthetist had nine-tenths of the work, but now after two weeks and a good recovery, the skill of the anaesthetist has been easily demonstrated and it again recalls the fact that no patient has yet died at the A. S. O. Hospital from an

anaesthetic, nor has the surgeon ever ascribed the death of any patient to anaesthesia.

Case No. 4.—Male, age twenty-five, simple hare lip without any cleft palate. General history fair.

The operation performed was the usual wedge shaped incision on each side, the mucosa was sewed with cat gut and the skin with softened silk worm gut.

The wound healed by first intention, and the patient left for home in less than two weeks. It is to be noted that these simple hare lip cases, even in an adult are comparatively easy according to modern views of surgery. The cleft palate cases, however, even in children of a few years, are much more difficult and very frequently fail, although in all cases the earlier the operation the better the chance for a cure.

Believes in Osteopathy.

On Saturday afternoon during the run of "The Witching Hour" at the Hackett Theater in New York a girl came out from the matinee and met Augustus Thomas, author of the play, going in.

"How odd!" she exclaimed.

"What's odd?" inquired the playwright.

"Why, I have been thinking of you all afternoon while I was watching your play. Now I shall believe in osteopathy more than ever."

Legal and Legislative.

Osteopaths Ready for Another Battle—Two conflicting bills will be introduced this coming session of the legislature of Virginia, and the fight between the osteopaths and the medical men will be renewed. The medical practitioners are trying to launch a bill that will place in the State Board of Medical Examiners the power to regulate and license the osteopaths. The osteopaths will ask for a separate examining board, although Representative Smith, who champions the cause of the osteopaths, is not in the Legislature this year, there are others who are ready to take up the fight.

State Board of Health to Meet—The State Board of Health of West Virginia will meet in Wheeling, April 12th, 13th and 14th, 1910, for the purpose of examining applicants for license to practice medicine and osteopathy and the transaction of such other business as may come before the board.

All applications must be filed with the Secretary on or before April 1st. No application will be considered after that date.

Headquarters of the Board—Hotel McLure.

For application blanks and further information address, H. A. Barbee, M. D., Point Pleasant, West Virginia.

Arkansas State Board Announces Meeting—The Arkansas State Board of Osteopathic Examiners will meet in Little Rock, Tuesday, February 1. The Board will meet in the offices of Dr. C. A. Dodson, Riegler Building. At the same time, we are going to try to hold an Association meeting and Dr. Dodson tells we are to dine with him. An effort is being made to bring every osteopath in the state to this meeting. We might also call attention to graduates and those thinking of a change to the advantages of this state. Arkansas is a funny state in the funny book and she doesn't look anything extra on the map but—come and see and you'll agree that old Arkansas is the coming state.—Fraternally, DR. A. A. KAISER, Sec'y.

Something "Brewing" in Illinois—Taking cognizance of the action of a medical meeting recently held in Macomb, Illinois, at which time a committee was appointed, whose special duty is to be to call upon the legislators of the district and insist upon their working to defeat any osteopathic measure that may be attempted at the next session of the

Legislature, Dr. Perry Browing makes a strong plea for fairness, in a recent issue of the Macomb Daily Journal. This renewed opposition to the osteopath looks very much like another outcrop of "Eganism," and is another one of the peculiar ways of the medical trust to show its interest in the welfare of "the people." Let us hope that the characteristic American sense of fair-play may guide the Legislators, and that they will not besmirch their records with any class legislation against the osteopaths, at the behest of the trust bound medics of Illinois.

Osteopath Bill Wins Approval—A bill to regulate the practice of osteopathy and to license osteopathic physicians in the District of Columbia was approved by the Commissioners January 10 and will be forwarded to Congress. The bill provides for the creation of a board of osteopathic examiners to be composed of five physicians in good standing each of whom must have practiced osteopathy in the District for at least two years prior to appointment.

All persons desiring to practice osteopathy must apply to the board which may issue a license after an examination of "sufficient severity to test the candidate's fitness."

It is further provided that applications for a license must be made to the secretary of the board upon a form prescribed by the board and accompanied by a fee of \$10.

A penalty of a fine of not less than \$50 or more than \$500 or imprisonment in the District jail for not less than 10 or more than 90 days, is provided for those who practice osteopathy without a license.

The bill follows closely a measure introduced in the first session of the Fifty-ninth Congress and reported by Senator Gallinger with amendments which were recommended by the Commissioners in order that the bill might follow more closely the legislation then on the statute books, regulating the practice of medicine in the District of Columbia.

Tennessee Board Meeting—The Tennessee Board of Osteopathic Examiners will meet in Nashville, Friday and Saturday, March 11th and 12th. An application received after March first, will not be considered at this meeting. Address, J. ERLE COLLIER, D. O., Sec'y., Nashville, Tenn.

Dr. Bailey of Texas State Board Makes Statement—Dear Editor:—I notice in your December edition, a question followed by a severe criticism of the action of the member of the Board of Medical Examiners of Texas, whom you seem to take to task in simple accusation without being backed by evidence.

The question,—“What is the matter with Texas?”

In your comments upon the above named question you seek to leave the impression that Texas has made an effort to rid or prevent osteopaths from locating in her boundaries. For your information, and the information of the profession throughout the United States, I wish to make the following statement.

The law under which the present Board of Medical Examiners of Texas became operative, went into effect July 12th, 1907. The time set apart for the verification of legal and active practitioners in the State of Texas, who shall have resided and practiced medicine in the State under a diploma from a legal and reputable college of medicine of the school to which said practitioner shall belong, prior to the date of July 12th, 1907, was entitled to verification license, provided the applicant established the fact that he was from a legal, reputable college of medicine, the school to which he belonged; and had practiced in the State of Texas prior to July 12th, 1907; there was one year in which to verify, so expressed in the law.

So you can see that all osteopaths who had complied with above conditions were licensed to practice medicine and surgery in the State of Texas.

Now since the date of July 12th, 1907, there have been something over one hundred and twenty-five osteopaths licensed in Texas upon verification; that is all who made application and were from a legal reputable school, whose course embraced not less than four terms of five months each, and there have been since that time five examinations held by the State Board of Medical Examiners of Texas, and at all of the above named examinations, except two, the first and last, osteopaths have made application for examination and have been examined, and those receiving the required grade have been granted license to practice; and in proportion to number there has been a smaller percentage of failures than any other school of medicine.

Texas stands to-day ready and willing and anxious, to receive all reputable physicians who wish to apply and who wish to locate in the State of Texas.

Now in a meeting held at Cleburne in June, 1909, a resolution was passed by the Texas State Board, where all applicants were required to be graduates of reputable schools of medicine, whose course of instruction should be not less than four terms of five months each in four separate years.

This resolution brought about a great deal of comment from the osteopathic world, but that resolution to-day is inoperative, having been

expunged from the records, as it was not in accordance with the law, as you may readily see from quotation of that portion of the law which establishes the eligibility of an applicant, in Section 7, of the Statute of Texas Medical Law, which reads as follows:

"Applicants to be eligible for examination must present satisfactory evidence to the Board that they are more than twenty-one years of age, of good, moral character, and graduated from a bona-fide reputable school; such school shall be considered reputable within the meaning of this act, whose entrance requirements and course of instruction are as high as those adopted by the better class of medical schools of the United States, whose course of instruction shall embrace not less than four terms of five months each."

Now the difference of opinion which has arisen in the minds of the members of the Board, has recently been cleared up by legal counsel of the Board, and to-day Texas is as open to osteopaths as to any other school of medicine. We invite all osteopaths who wish to locate in the State of Texas whose course of instruction is equal to that as quoted above; and hoping the complaints which have heretofore been made to you dear Editor, which are entirely unfounded, were due to the fact that your informer, was not informed as to the real status of the affairs in Texas. We are open to all osteopaths who wish to come to Texas, and the law guarantees them as fair and just treatment as the law on any Board of Medical Examiners that exists within the confines of the United States.

Hoping that the above will be satisfactory to the most skeptical, I remain, Yours most respectfully, J. F. BAILEY, D. O., Member of the State Board of Medical Examiners of Texas.

Fake Osteopath Arrested—One John N. White, of Connersville, Ind., was arrested recently, on the charge of practicing medicine without a license. It is alleged that he is practicing along the lines of osteopathy. He was arraigned before Justice Cates, where he entered a plea of not guilty. The name of William T. Gott, Secretary of the State Medical Board, appeared on the affidavit.

Blow at Osteopaths—Coroner John B. Swearingen was recently instructed by the State Board of Health of Illinois to exhume the body of James Orville Sullivan, a Champaign schoolboy, who died a few weeks ago from a broken neck, having received the injury at a game of football. The state board of health holds that certificates of death signed by osteopaths are not legal, and consequently ordered the autopsy and coroner's inquest to determine the cause of death. This is simply another

case of attempted coercion, the medical organization making the most of the unpleasant prospects of a coroner's inquest in the event of the patient dying, who was in the care of an osteopath.

Indiana State Board—Examination was held January 11th, 12th, 13th. Questions submitted by Dr. Spaunhurst, the osteopathic member, are presented herewith.

The Board raised the preliminary requisites. It was four years' commissioned High School. Two years' collegiate work was added, taking effect February 1st.

We submit the minority report of Dr. Spaunhurst, the osteopathic member, on this question. The other new member on the Board voted with him against this measure.

An agreement of reciprocity with New York was consummated To The Honorable State Board of Medical Registration and Examination:

As a member of the committee to make recommendations to the Board, relative to raising the preliminary requisites for matriculants to the State Medical College, from four years' Commissioned High School, to two years' additional Collegiate work, I wish to submit the following:

Inasmuch as a number of States at this time, require less than four years' High School work now enforced by this Board, and since no other State Board of Medical examiners, to my knowledge, has made an additional two years' Collegiate requisite, I feel that we should have due consideration of the many worthy young men within our borders, of brains and native ability, whose pecuniary circumstances are such that the enforcement of a requisite so high would hinder and obstruct their successfully qualifying to follow their chosen profession.

While I wish to be loyal in support of our home institution, in this they are asking of us to raise the standard by leaps and bounds, which I hold is unfair to the many, and favors the selected few, also that the public is not prepared to take kindly to this action which I have reason to believe they will regard as somewhat drastic on the part of this Board, hence I recommend that we table this question for the present.—J. F. SPAUNHURST.

PHYSIOLOGY.

1. (a) What is the largest gland in the body? (b) Give its function. (c) Name the blood vessels entering it.
2. Where are the following nerve centers: (a) Parturition, (b) auditory, (c) respiratory, (d) visual, (e) micturition?
3. What is the name and functions of: (a) Anterior spinal nerve roots? (b) Posterior spinal nerve roots?

4. What are the elementary tissues or structures of which the human organism is composed?

5. Name the eliminative organs of the body, and tell what is eliminated by each.

6. What nerves control the action of the heart? (b) What are the normal heart sounds? (c) How are they produced? (d) Give the pulse rate in infancy, youth and adult life. (e) Give ratio of heart pulsation to respiration in a healthy adult.

7. Define: (a) Metabolism, (b) amnion, (c) myopia, (d) leucin, (e) eupnea, (f) erythrocyte, (g) hemolysin, (h) neuron, (i) dialysis, (j) lipase.

Submitted by DR. J. F. SPAUNHURST, Jan., 1910.

ETIOLOGY AND HYGIENE.

1. (a) How would you prevent Ophthalmia Neonatorum? (b) What are the chemical features in: (1) disinfection, (2) fermentation, (3) decomposition?

2. One attack of what diseases usually renders the subject immune from subsequent attacks?

3. (a) What evil consequences may arise from the excessive use of tobacco? (b) Name disease-carrying insects and the diseases that they cause and spread.

4. (a) Name the abnormal conditions of the eyes most common in school children. (b) What derangements are liable to be caused by faulty desks and seats in the school room?

5. (a) What diseases are communicated by stools and sputum, and what are the best methods of prevention of same? (b) Name the conditions of hygienic interest with regards to various employments.

Wyoming Not Neighborly—Professional certificates issued by the Nebraska state board of health will not be honored hereafter in Wyoming because this state recognizes osteopathy as a branch of professional practice on the same footing as medicine. Wyoming and Nebraska have been on a reciprocal basis in the past whereby the certificates of one state were recognized in the other. A letter from Secretary S. B. Miller of the Wyoming board of medical examiners, says that reciprocal relations were cut off by his state as long ago as June, 1908; but this fact was not known to the present board of health in Nebraska until a short time ago. So long as Wyoming does not accept Nebraska certificates, none issued by the former state will pass muster here.

The explanation given for refusing to continue reciprocal relations is as follows:

"We have no confidence in an examination conducted by a board composed exclusively of osteopaths, and we could not accept the examination of one board of a state and refuse to accept the examination of another board of the same state without being accused of prejudice. If in the future Nebraska should return to the system of a single board of medical examiners Wyoming will be glad to renew the reciprocal arrangement."

What Nebraska loses through Wyoming's action is made up by the receipt of word from Vermont indicating the willingness of its state board to exchange courtesies with the Nebraska body. Vermont has not recognized certificates from this state in the past. Secretary E. A. Carr of the Nebraska health board has been requested by Secretary W. Scott Nay of Vermont to draw up an agreement for mutual signature, and to forward it with a copy of the Nebraska law.

There are twenty-three states which have reciprocal agreements with Nebraska at the present time.

Forum.

EDITOR JOURNAL OF OSTEOPATHY,

KIRKSVILLE, Mo.

DEAR DOCTOR:—I think it but justice to the Doctors to express my individual appreciation of the splendid work done for us during the Holiday Clinic which it was my good fortune to be able to attend.

Just to-day I was called out to attend a case where I was enabled to make use of something learned while in attendance, which has more than paid me for the time and money spent during the week there.

We all should read up our cases in field work, it is true, but one in daily practice, is more than likely to get into a rut, and we need eye openers such as were handed out to us while with the boys. Let them do it again in December.—Fraternally yours, J. S. BAUGHMAN.

EDITOR JOURNAL OF OSTEOPATHY,

KIRKSVILLE, Mo.

MY DEAR SIR:—Have been asked, and have accepted, to take the position or rather JOB of examining physician for the Yeoman at this place. Am to be initiated the night of January 14th, and will then be on the job. Was solicited to join the W. O. W. and put the question up to them as to whether or no osteopathic practitioners were recognized on a parity with the medical fraternity and made an affirmative answer on their part an affirmative answer on my part. They took it up with the head camp and the answer therefrom was "NO." My answer was "NO." Thus I do not belong. This is the second fraternal insurance company I have had the pleasure of turning down because they refused to recognize my "meal ticket." It seems to me that if all the Osteos. in the U. S. would take this same stand and stick to it that in time these fraternal companies would recognize us. The recognition of osteopathy is a religion, to be fought for, with me. Even my wife was a skeptic until shown through the medium of an attack of tonsillitis and I gladly proclaim to you that now she is one of the most ardent boosters of and for osteopathy that ever struck the land of sage brush and jack-rabbits. Personally I cannot understand why members of our profession will belong to and wear the emblem of an organization that officially proclaims them as being professionally unlearned.

If any osteopath is examining physician for the W. O. W. I would like very much to have his name and address. If you have a list of insur-

ance companies that recognize, officially, osteopathy I would thank you very much for a copy thereof.

Wishing you the best that life affords for the New Year, I beg to be, Fraternaly yours, EARL D. JONES.

* * *

Will Osteopathy be Absorbed?

Scarcely any question that has been asked either by the upholders or by the opponents of this science has on the surface an appearance of greater import than this one, and yet the fulfillment of such a thought as it contains, should in the very nature of the case be an utter impossibility.

It is the purpose of this article to try to show why this proposition should be incapable of striking fear and perhaps also to point out how it is that so often it does loom up as an awful possibility.

Osteopathy and medicine are diametrically opposed. If either of them is true, then the other is founded on a false belief, on a conception that has no basis, no foundation in the laws and facts of the physical universe. What does this mean? It means this, that in the end the system which is true must and will prevail, so as to replace all other systems, but absorption must be impossible. It should be as impractical to mix up osteopathy and medicine as to jumble up the Galilean and Copernican theories of the heavenly movements.

An important thought here presents itself, is it osteopathy which is true, and is osteopathy the system which reasons from a basis of the absolute and unvarying laws of God or is it medicine that is so founded? Unhesitatingly and instantly we assert: it is osteopathy. For this science has proved itself times out of number to be true, to be built on a foundation stone of God's eternal truth and to have the whole force of nature and the universe behind it. Why then are there lukewarm osteopaths, and why are fears felt that this system shall be absorbed into one that is built upon a false foundation, and that is reasoning from a falsehood and an erroneous conception of creation's God and of his power in creating man. There is only one answer to this question and it is this, yearly hundreds of osteopaths are sent into the field, of whom relatively but a few have grasped the full significance of what osteopathy really is.

We do not wish to dogmatize, but there is one fact which must

here be taken into account. Osteopathy is founded on a proposition which is new to the world. The idea of removal of obstruction is not new; why, the veriest baby would acknowledge the inherent truth of that proposition; it is obvious, it is self-evident. The acceptance of that thought involves no mental upheaval, and yet it is all that many osteopaths have grasped of the fundamental principles of the science. No! osteopathy has come with a message which is revolutionary, and the realization of which even for those most prepared, must mean a reversal of their very innermost mentality. Who among us does not sometimes feel an impulse to do something from an outside standpoint for the body condition of the sick? Now osteopathy comes with a mission when it asserts, "Show me the strongest disinfectant, the most powerful germicide and the most potent of lotions, and I will show to you a stronger disinfectant, a more vigorous germicide and a lotion of greater power—I will show you blood, red arterial blood." When osteopathy makes this assertion there is in it more, far more than at first sight appears, for underlying it is this momentous thought: Osteopathy is harnessing God; for life is of God, and it is a property of life, that mystery of all mysteries, which is the truth on which the science stands. Osteopathy indeed is founded on a different conception of God and a different conception of man from that to which the world has popularly given credence, and yet how many of our graduates leave their school with conceptions of God and man thus altered. Few indeed, and but few are truly osteopaths.

Why is the Old Doctor thought to be so strange, why has he been called blasphemous, and why have so few of his followers equalled his attainments? Here is the reason, he is saturated, he is pulsating with these truths which the world thinks of as folly so that he is not blasphemous, for his conceptions are of TRUTH, and we are the blasphemers, until our thoughts also tally with his. Do not think that we are advocating eccentricity or an apeing of the Old Doctor's strange ways and manners. We are not. We are but urging a more serious and more deep consideration of the underlying truths of osteopathy, for could there be sent into the world yearly hundreds, nay, scores only of graduates, burning with an enthusiasm which had resulted from a real and earnest infiltration of the truth, there could be no more likelihood of the absorption of osteopathy by medicine than of our fiery sun by the pale-faced moon; either indeed would be beyond the bounds of possible conception.

A. S. HOLLIS. B. A.

To the Editor:—I notice that Dr. J. C. Sundberg of Seattle lost his libel suit against the medics in the Eitel building. It seems from the report of the case that the medics spoke in the highest terms of Dr. Sundberg and his skill and learning, and claimed that they did not intend to reflect on him.

My recollection is that a similar case was tried in Germany and the court held that it was not necessary to name an individual, but that the profession could be libeled and rendered a verdict for \$10,000 against the defendant for libeling the medical profession.

I am anxious to locate this German decision and if any of the Journal readers recall the case would take it as a kindness if they will report to me either through the Journal or direct.—S. S. STILL, Century Bldg., Des Moines, Ia.

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Pacific Coast Notes.

An indication of the esteem in which San Diego osteopaths are held by its citizens, is the fact of three of them addressing as many prominent gatherings during the late fall. Dr. H. F. Tindall addressed an Adventist convention on "Hygiene and Health Reform," Dr. Lena Creswell the Mothers Club on "The Prevention of Tuberculosis and Other Diseases" and Dr. Ernest A. Plant the Outlook Club on "God Manifest In The Flesh."

The sympathy of the profession goes out to Dr. Ida S. Wood whose long and patient vigil at the bedside of a nephew suffering from a fatal malady, has been brought to an end.

Dr. A. J. Noble of Lewistown, Mont., has recently come to San Diego and will shortly open offices in the Cosgrove Block.

Dr. Nellie M. Pierce is building a typical California home in one of the prettiest parts of the city and with her sister and Dr. Isabel E. Austin will soon occupy same.

The partnership of Drs. Henderson, Penland and Ivie of Berkeley, Calif., have been dissolved. Drs. J. W. Henderson and William Horace Ivie retaining the old offices in the First National Bank Bldg. and Dr. H. E. Penland opening offices at 606 Berkeley National Bank Bldg.

Dr. H. D. Palmer, formerly of Fresno, Calif., has opened offices at 606 Berkeley National Bank Bldg., Berkeley, Calif.

Dr. R. H. Goodale has removed from Richmond, Calif., to Livermore, Calif.

Dr. J. L. Near and wife of Berkeley, Calif., spent their Christmas holidays in the Yosemite.

Dr. H. M. Frazier has opened offices in the First National Bank Bldg., Oakland, Calif.

On Dec. 4th the Bay Osteopathic Association met with Dr. J. L. Near in Berkeley. There was no program other than a general discussion of ways and means connected with the next annual meeting of the A. O. A. in San Francisco. A large sum of money was pledged and the prospects are that the next meeting will be a memorable one in every way. The local osteopaths intend to do themselves proud and any one who can come to the meeting and does not is liable to be sorry after it is over. The arrangements for the meeting are in the hands of the executive committee appointed by the State Association and the Bay Association. Dr. Ernest Sisson is the Chairman of the committee and the members are Drs. W. W. Vanderburgh, D. C. Farnham, and Effie E. York of San Francisco, Dr. William Horace Ivie of Berkeley and Drs. R. W. Bowling and C. A. Whiting of Los Angeles. Steps have already been taken to make this meeting the best advertised, best arranged and best taken care of meeting and to have the program the most practical one that has ever been held. Just keep your eye on San Francisco and her neighborhood for the next year. You will not be disappointed.

Dr. J. W. Henderson is spending his Christmas holidays and the month of January in Escondido, Calif.

Agents of the Provident Life and Trust Company of Philadelphia are writing accident insurance placing the osteopaths in the preferred list, which means that they issue a five thousand dollar policy to them instead of the three thousand dollar policy that the other large companies are issuing for thirty dollars.

Since the enactment of the composite board law in California, which gives the osteopaths all the rights of physicians, the Physicians Defense Co. of Fort Wayne, Ind., has been writing policies for the osteopaths. Quite a number of them have taken policies and lately the L. A. C. O. has had an estimate made by the company to cover all branches of its work.

Massachusetts Notes.

The stork has been quite busy in this vicinity lately. Drs. Geo. C. and Grace B. Taplin have a daughter, Elizabeth Harriet; Drs. Howard T. and Nell C. Crawford a son, Wilfred Harris; Dr. and Mrs. W. Arthur Smith a son, Dr. and Mrs. H. E. Wright a daughter, and Dr. and Mrs. T. Mayes of Springfield, a son. At the present the much overworked bird is hovering over the home of Dr. and Mrs. W. B. Mack in Lynn.

Dr. Franklin Fiske gave his highly interesting and valuable talk to members of the Boston Osteopathic Society and others, at Faelten Hall, Wednesday evening, January 26th. Osteopaths from all over the state were present and a high degree of enthusiasm was shown. It is the writer's opinion that the visits of such men as Drs. Fiske, Forbes, or McConnell, are of great advantage in advancing the cause of osteopathy. It is certainly a great stimulus to hear these master workmen explain things, and the osteopath who can go to a meeting of this sort and not be galvanized into greater osteopathic activity is indeed a "dead one."

Dr. John T. Downing attended the meeting of the Massachusetts Osteopathic Society, held on January 29th at the Clinic of the Massachusetts College, 104 Dartmouth St., and addressed the members on the A. O. A. Endowment Fund. At the same meeting were presented various labor saving devices to lighten the work of our profession. Several contrivances to save the backs and to prolong the lives of our hard-working practitioners were demonstrated and discussed.

The building at 359 Boylston St., which was intended to be done last September has finally been completed and several osteopaths have moved in. On the fifth floor rear is located Dr. Frank M. Vaughan; on the sixth floor front are Drs. Geo. C. Taplin and Dale E. Brown; in the rear suite are Drs. Katharyn G. Tallant, E. Heath Clark, Geo. E. Perkins, and Anna B. Lown.

Dr. Elizabeth F. Kelley has removed from the Cluny to 39 Huntington Ave.

Dr. Arthur M. Lane has an office in the Berkeley Bldg., 420 Boylston St., still retaining his living quarters at 266 West Newton St.

Associations.

Meeting of the Eighth District I. O. A.—The eighth district I. O. A. meets at Creston, February eleventh. All day session. Business of great importance. All in the district surely should be there. Visitors a hearty welcome. Dr. L. E. Wagner, Secretary, Creston, Iowa.

Osteopaths in Quarterly Session—Members of the Northwest Missouri Osteopathic Association, held their quarterly meeting January 20, at the Hotel Kupper. There were two sessions, one in the afternoon and the other after dinner. Dr. J. W. Hofsess, the president of the association, presided. Dr. Bertha Whiteside of Kansas City, is the secretary. Dr. Alma Kinney of Kansas City read a paper on "Laboratory Examinations in Osteopathic Practice." Dr. F. P. Walker of St. Joseph read a paper on "Treatment of Pus Formation." Dr. R. L. Livingston of Kansas City then conducted a demonstration on "Colle's Fracture," and was followed by a paper on "Uterine Displacements and Their Sequelae" by Dr. S. T. Lyne of Kansas City. After dinner Dr. Lathrop of Iola, Kans., read a paper on Neuritis and a clinical demonstration on "Gastroptosis" was given by Dr. J. W. Hofsess of Kansas City.

Meeting of Denver Osteopathic Association—The Denver Osteopathic Association met at the Dispensary Saturday evening, January 15. The paper of the evening was by Dr. Payne—subject, "Constipation." The discussion was led by Dr. Hilton and was participated in by all the members present. As this is a condition with which all have had experience, both successful and otherwise, much interest was shown and many valuable points were brought out in regard to location of lesions, abdominal treatment, local treatment, diet (an exclusive fruit diet being advocated) suggestion, solar plexus massage, exercise, enemata. In regard to the latter hot molasses and milk was recommended, also an emulsion of kerosene and soap in water.—CORR G. PARMELEE, Sec'y.

Florida Association Holds Annual Meeting—The Fifth annual meeting of the Florida Osteopathic Association was held at Jacksonville, January first, the meeting taking place in the offices of Dr. C. E. McKinnon. A very interesting program was given, and officers for the ensuing year elected. Partly as recognition for his efficient services rendered during the fight for legislation, Dr. Paul R. Davis of Jacksonville, was elected President for the ensuing term, the other officers are as follows: Vice-president, Dr. J. R. Moseley, St. Augustine; secretary and treasurer, Dr. A. E. Berry, Tampa. The action in selecting the place for the next annual meeting was deferred. Following the meeting, the State Board of Osteopathic Examiners held their session, in the office of the Secretary, Dr. Paul R. Davis. Routine business was transacted, and a number of certificates to practice osteopathy in Florida were issued.

Report of Maine Osteopathic Association—The second quarterly meeting of the Maine Osteopathic Association was held in Portland, Maine, Dec. 14, at the office of Dr. Viola Howe in the New Congress Block, with every member in the state present.

Dr. George Still of Kirksville, Mo., was the guest of honor and held clinics at the afternoon meeting.

A banquet at 6:30 p. m. was held at the Lafayette Hotel.

Still National Osteopathic Museum, Kirksville, MO

The evening meeting was a short business session, followed by a "question box" in the hands of Dr. George Still.

The next regular meeting will be in March and will be in Waterville, Maine, at the offices of Drs. Clare and Nora Brown.—MAYME K. TUTTLE, D. O., Sec'y.

Program of Bi-Monthly Meeting—The following program has been arranged for the eleventh bi-monthly meeting of the third district Illinois Osteopathic Association, which will be held at Galesburg, Illinois, on Wednesday, February second, in the offices of Dr. Chapman.

Election of Officers. "Innominate Lesions" by Dr. Walter Preston, Aledo, Ill. Lunch. "Dietetics," Dr. Minnie Baymiller, Abingdon, Ill. "Neurasthenia," Dr. F. G. Thiele, Galesburg, Ill. "Keeping Case Reports" discussed by the Society. A paper, Dr. Fred B. DeGroot, Rock Island, Ill. The meeting is called for ten o'clock A. M.

Philadelphia County Society Meets—The December meeting of the Philadelphia County Osteopathic Society was held in Odd Fellows Temple, on Thursday, December 16th.

Dr. Beitel made some comments on infractions of the osteopathic law, and urged the members of the Society to take cognizance of these matters, and determine a method of investigating these infringements.

Dr. W. S. Nicholl told of his experiments with Fletcherism, and reported generally good results from those who had practiced the method for one month or more.

Dr. George A. Still of the American School of Osteopathy lectured on infectious diseases of the abdomen. His well chosen subject was very ably presented, and all his auditors expressed pleasure at being present to hear him.

A rising vote of thanks was extended to the speakers of the evening.—CECILIA G. CURRAN, D. O., Sec'y.

Annual Meeting of Oregon Osteopaths—Members of the Oregon Osteopathic Association held the eighth annual meeting of the organization January 8. Between fifty and sixty members were present. During the day sessions many interesting papers were read. A banquet was served in the evening at the Hotel Oregon. The following officers were elected: Dr. R. B. Northrup, Portland, president; Dr. Lyon E. Hewett, Union, Ore., first vice-president; Dr. H. E. Powers, Newberg, Ore., second vice-president; Dr. Lillian Baker, Portland, secretary; Dr. W. L. Nichols, treasurer; Dr. H. C. Moore, Enterprise, Ore., association editor; Dr. E. T. Parker, Dr. L. R. Hedges and Dr. M. T. Doolittle, trustees.

Annual Session of Polk County Association—The annual meeting of the Polk County Osteopathic Association was held in the office of Dr. C. F. Spring, the retiring president, in the Hawkeye Bldg., Des Moines, Iowa. A very interesting program was arranged. Among the subjects discussed were "Pellagra," "Eczema," "Appendicitis," "Urticaria," "Herpes." The election of officers resulted as follows: Dr. Kathryn B. Ridgway, President; vice-president, Dr. James A. Still; secretary and treasurer, Dr. Jennie Still; censor, Dr. C. F. Spring. The next regular meeting will be held in the offices of the president, Dr. Ridgway, in the Flynn Bldg.

Colorado Osteopaths Meet—The twelfth annual meeting of the Colorado Osteopathic Association was held at Denver, Colorado, at the Albany Hotel, January seventh and eighth. The program follows:

January 7, 9 a. m.—Meeting of Board of Trustees. 10:00—Meeting called to order. Roll call. Communications. Reading of minutes of the Semi-Annual Meeting. Report of Board of Trustees. Unfinished Business. New Business. Appointing of Special Committees. Western Slope Association, Dr. Riley D. Moore. North Colorado Association, Dr. D. L. Clark. Colorado Springs Association Dr. J. T. Lewis. Denver Association, Dr. M. W. Bailey. Denver Dispensary, Dr. C. C. Reid. 11:00—Diseases Caused by Innominate Lesions, Dr. E. Wm. Cadwell, Canon City. 2 p. m.—Chronic Bronchitis, Dr. Martha A. Morrison, Greeley. 2:30—Osteopathic Treatment of Colds, Dr. W. Frank Bates, Fort Collins. 2:45—Gleanings of a Year, Dr. Lillian Friend, Wray. 3:00—Osteopathy Versus Massage, Dr. M. C. Hardin. 3:30—Questions and General Discussion. 4:00—The Family Doctor, Dr. J. H. Hardy, Lamar. 4:30—Scoliosis, Dr. Riley D. Moore, Grand Junction. 5:00—Osteopathic Legislation, Dr. M. C. Hardin. 7:30—Banquet. Toasts—Dr. L. B. Overfelt, Boulder, Toastmaster. Good Health—Dr. U. S. G. Bowersox, Longmont. The New Idea—Dr. Martha A. Morrison, Greeley. The Independent—Dr. D. L. Clark, Fort Collins. Progress—Dr. Cora G. Parmelee, Denver. Recreation—Dr. R. R. Daniels, Denver. Pacific Monthly—Dr. Jenette H. Bolles, Denver. Success—Dr. G. W. Perrin, Denver. The Outlook—Dr. Elizabeth C. Bass, Denver. The World's Work—Dr. M. C. Hardin, Atlanta, Ga.

Saturday, 10:00 a. m.—Abnormal Obstetrical Cases Handled Osteopathically, Dr. Hettie H. McCall, Paonia. 10:30—Another View of the Lesion Theory, Dr. M. C. Hardin. 11:30—Questions and General Discussion. 2:00—Epilepsy, Dr. C. J. Chrestensen, Boulder. 2:30—The Functions of the Spine, Dr. M. C. Hardin. 3:15—Reports of Standing Committees. Reports of Special Committees. Select place of next Semi-Annual Meeting. Election of New Officers. 4:00—Legislation. Led by Dr. D. L. Clark, Chairman of Committee on Legislation. Best Methods of Raising Money for Legislation, Dr. Bowersox, Longmont. 6:00—Adjournment.

Joint Meeting of Osteopathic Societies—A joint meeting of the New York Osteopathic Society and the Osteopathic Society of the City of New York was held at the Waldorf Astoria Hotel, New York City, on January 14th and 15th, 1910. The program carried out was as follows:

Friday evening, January 14th, Dr. Ernest H. Merring of New York discussed the subject "An Unusual Case of Septicaemia." Dr. O. J. Snyder of Philadelphia followed with a talk on "Physiological Physics applied to Therapeutics," after which a business session was held. The program for Saturday morning was as follows: "Pellagra", Dr. L. Mason Beeman, of New York. "A Demonstration of Osteopathic Technique;—the Occurrence, Action and Correction of Osseous Lesions," Dr. George J. Helmer and Dr. Charles E. Fleck, New York. (Using Dr. Fleck's special articulated skeleton). Questions and Discussion. "Professional Poisoning," Dr. Greenwood Ligon, New York. Saturday afternoon: Business session of the New York Osteopathic Society. "Neuritis," Dr. Virginia White Graham of Batavia. Open Parliament; Technique and Practice, Dr. Franklin Fiske, New York. Adjournment.

Owing to the death of one of the twins, Dr. Franklin Fiske, was not able to be present at the meeting. Although a very severe storm raged all day on Friday, the attendance was very good, which shows that the New York osteopaths have not lost their grit. The papers were all intensely interesting and brought out good discussions.

Meeting of Northeastern Pennsylvania Association—The Northeastern Pennsylvania Osteopathic Association, held its monthly meeting at the offices of Dr. Virgil Hook, of Wilkes-Barre.

An interesting program was given. A paper on "Gall Stones" by Dr. Edna McCollum of Durranceton was followed by discussion. There was a report of cases by Dr. Perkins of Honesdale and a paper on the "Sixth dorsal Vertebrae" by Dr. Hook of Wilkes-Barre. Those present were: Drs. A. Mary Benedict and J. T. Downing of Scranton; E. DeWitt, Wyoming; Thomas Graham and Ella Rosengrant, Wilkes-Barre; M. Evans, Plains; Edna McCollum, Durranceton; Catherine Davies, Plymouth; Harris, Kingston; May Eroh, Ashley; Margaret Sorenson, Nanticoke; Perkins, Honesdale.

A Communication of Interest to Wisconsin Osteopaths—"We are glad to report that we have secured the services of Dr. George Still of Kirksville, Mo., to lecture to us February 21st, on the subject "Cholelithiasis." This is a subject upon which he has specialized from an osteopathic standpoint, and one which is of great value to all in the profession. We also wish to inform you that we will have with us at the coming State Convention, Dr. E. G. Bartholomew of Chicago, who will deliver two illustrated lectures, the first being on "The Effect of Thought Upon the Physical," and the second on "Force, How Generated and Controlled". He will also conduct clinics on mental and nervous diseases. Besides giving the lecture as announced, Dr. George Still will also conduct clinics in orthopaedics and surgery. Each of the speakers is the recognized leader in his chosen specialty, and a profitable meeting is assured.

BUT WE MUST FURNISH THE CLINICS.

We make urgent request, appeal and demand upon our members to bestir themselves to the utmost and thus do their share toward making this meeting a splendid success. Especially does this apply to those located in the Fox River Valley. Report your clinic cases to Dr. F. N. Oium of Oshkosh as soon as possible.

Doubtless there are those who want to arrange with either Dr. Still or Dr. Bartholomew for a private examination. In this we shall follow the precedent established at Eau Claire. There must be no interference with their program appointments. The minimum fee will be \$5.00. Patients with means are expected to pay more.

The Secretary made a trip to Appleton and had a conversation with Dr. Culbertson on Convention topics, and also secured the application of Dr. H. T. Johnson who recently located there. The Sherman House will be Convention Headquarters and the meetings will probably be held at the City Hall. The banquet room has been secured and "the fatted calf" is also doing his best on "a forced diet." The hotel is strictly first class, having 118 rooms, and is run on both the American and European plan. Rates are \$2.25 to \$3.50. Secure your rooms in advance as the hotel enjoys a splendid patronage and is time and again compelled to turn away patrons.

Appleton is easy of access, having three railroads and also interurban connection as far north as Green Bay and as far south as Fond du Lac. The fare from our greatest railroad center, (Milwaukee), is less than two dollars. Once more, meet with us in Annual Convention at Appleton, February 21st and 22nd. Fraternaly yours, J. E. Matson, President. L. H. Hoordhoff, Secretary.

News of the Month.

A. S. O. Seniors Form Quiz Class—Seniors at the A. S. O. have formed a quiz class for the purpose of preparing for the State Boards and their final examinations. They meet in the evenings in the hospital pit where quizzes are given by Dr. George Still.

All the subjects taken up by the State Boards will be covered by the time school lets out, and as this is entirely separate from the regular school work, and in addition to it, those taking the quiz course are expecting to have easier sailing with the State Boards next spring than usual. Altogether about sixty-five have entered the course.

Crusade Against Tuberculosis—A resolution has just been passed by the Canadian Parliament embodying the following: That in view of the encouraging results which have come from the money already spent in disseminating information regarding tuberculosis, and of the interest which the people of Canada are taking in the question, and also in view of the great saving in life which has been brought about in other countries by a practical work in connection, the house is of the opinion that Parliament could now take more active steps to further lessen the great suffering and mortality.

Epidemic in Ontario—There is an outbreak of acute anterior poliomyelitis on a somewhat large scale in a country district in Ontario. The medical authorities are investigating and a report is expected soon.

"War Upon Consumption"—This is the title of a pamphlet distributed by the Metropolitan Life Insurance Co., among its policy holders, giving in simple and concise form the fundamental facts concerning tuberculosis. The Company requests in the article that if for any reason a policy holder should think he had tuberculosis, he fill out the form blank on the last page of the pamphlet and return it. As soon as this blank is received a list of the institutions in his locality which have for their object either the prevention or treatment of tuberculosis, will be immediately forwarded.

The Early Stage of Poliomyelitis—Muller has studied fifty early cases of poliomyelitis. He reports numerous instances of the disease being carried by a third person. In the febrile stage there may be febrile symptoms alone, or combined with digestive or respiratory affections.

Tonsillitis and bronchitis were very common initial symptoms. In many cases others in the family had tonsillitis or gastro-enteritis, without paralytic symptoms. There are three cardinal symptoms for the early diagnosis of poliomyelitis, of the disease without paralytic symptoms. The first is the inclination to perspire. The second is the frequent and pathognomonic hyperaesthesia. The children cry out under the most gentle examining or the slightest movements, and they hold the arms and legs perfectly still. There is weakness of the neck. The head falls backward, but is not held rigidly. The third chief initial symptom is leucopenia, a decrease in leucocytes in spite of fever, angina, or bronchitis. Lumbar puncture showed a clear fluid under pressure, without organisms. The portal of entry is the digestive or respiratory tract, often the tonsils.

An Old Custom Abolished—The time honored but unsanitary custom of kissing the Bible when being sworn has been abolished in the Lambeth Police Court in London.

Still National Osteopathic Museum, Kirksville, MO

Typhoid Fever in Montreal—There is what appears to be a somewhat serious epidemic of typhoid fever in Montreal at the present time. According to some reports there are at least three thousand cases and some papers assert that there are as many as six thousand. The capacity of the hospitals has been taxed to the limit, and a special hospital has been prepared, for the accommodation of patients. The epidemic is attributed to the pollution of the water supply. The water is pumped in from the St. Lawrence river and is delivered direct without any provision whatever for purification.

Scarlet Fever in Toronto—Scarlet fever is somewhat rife in Toronto. The isolation fever hospital is full to its capacity of 75, and there are other cases awaiting admission.

Hookworm in Samoa—A dispatch from Samoa states that it has been discovered that from forty to fifty per cent of the natives of the Samoan Islands suffer from uncinariasis.

The Mechanism of Infection in Tick Fever—W. B. Leishman says that he is an advocate of the theory of the protozoal rather than of the bacterial nature of the organism causing disease. He has succeeded in transmitting the disease to animals by means of ticks sent to him from Africa. He was not at first able to discover spirochetes in the bodies sent him, but later was able so to do. In some of his examinations he was able to discover clumps of chromatin granules in the malpighian bodies. The probable mode of infection is through the medium of the secretions voided by the tick in the act of gorging on the blood of the victim and not, as usual supposed by the direct inoculation of spirochetes in the ticks' veneno-salivary secretions.

Vaccination Fraud—A young man who said he was a medical student was arrested recently in Long Island City on the charge of impersonating an officer. He had been representing himself as an agent of the Board of Health and on this authority had insisted upon vaccinating a number of people of whom he collected fifty cents each.

Medical Inspection Authorized in Pennsylvania—The State department of health has authorized making inspection of the public schools throughout the rural districts of the state. Hookworm, pellagra and infantile paralysis have been placed on the list of diseases to be reported to the health authorities. Public funerals of individuals who have died from measles or whooping cough are also prohibited until the house is disinfected.

Breast fed Infants Who Are Not Thriving—Theemich warns that when children are not thriving on breast milk, the trouble is not with the milk, but with the child in almost every instance. Constitutional disease in the child and infections from the parents, may interfere with the infant's thriving, and breast milk does not guarantee against this. But breast milk is all the more urgently needed in these very cases, and the physician must ponder well before he consents to the weaning of a child, when it does not seem to be doing well on breast milk. He relates a number of typical instances in which the child did not gain in weight for months at a time, but the discovery of previously unsuspected tuberculosis in the family, or of some acute infectious process in the mother or inherited taint in the child, explained the conditions. The tendency to eczema is frequently responsible for the lack of thriving; children with this exudative diathesis seemed to display some anomaly in the metabolism of fat.

Normal Intestinal Functioning—In the Medizinische Klinik of Berlin, Federn reiterates his assertions in regard to the great frequency of partial atrophy of the intestines causing retention and autointoxicating as with residual urine. For twenty

years he has been studying the subject and has been able to detect this tendency to localized atrophy by delicate percussion along the course of the bowel. The importance of this segmental atrophy, inducing conditions of toxin production and absorption, cannot be over estimated, he declared. He has found the blood pressure permanently high in all cases. He discusses in detail the physiology of the normal intestine.

Retention of Foetal Membranes or Scraps of the Placenta as Cause of Puerperal Fever—Puppel reports six cases of severe puerperal fever the sepsis proceeding from retained membranes and recovery following their removal. He makes it a practice to examine the interior of the uterus, whenever there is a tendency to fever, unless inspection shows the expelled membranes and placenta to be complete.

Amendment to Medical Practice Act in Mississippi—The Mississippi State Medical Association has forwarded to the governor a bill which bars from application for license all persons who have not completed a four year course in a reputable medical college and it also regulates the compensation of county health officers.

Treatment of Placenta Previa—Hauch analyzes experiences at Leipold Meyer's maternity hospital at Copenhagen comparing the out come with that of other clinics. The verdict in regard to the various obstetric operative measures is in favor of the inflatable bag in the clinic as being the safest for the child, while exposing the mother to no more danger than with other methods. In general practice version should be given the preference, especial when the child is viable. The bag must be introduced into the ovum or at least into the chorion. The bag must be large enough to insure the passage of the foetus; it is not generally necessary to weight it. The details of the various cases are tabulated for comparison. The presentation did not seem to have much influence. The bag was used in one hundred and forty-four cases with a mortality from anemia of 5.2 per cent.

Local Sepsis in Rheumatism and Gout—Wirgman and Turner report forty-two cases of rheumatism and gout in the majority of which they believe pyorrhea to have been a direct cause because a cure of the local condition was promptly followed by a subsidence of the constitutional symptoms.

Brain, Hand, and Foot Bigger in Sleep—An outline of the results of experiments conducted by Professor I. M. Wenley at the University of Michigan, having for their object the solving of the mysteries of sleep, has been made public, and according to the Professor's statement, a long accepted theory as to the cause of sleep is overturned.

It has been said that natural loss of consciousness is due to a lessened flow of blood to the brain. Prof. Wenley's experiments show the opposite.

BRAIN LARGER IN SLEEP.

His summary of what has been demonstrated is:

The size or volume of the brain increases when the individual goes to sleep and decreases when he awakens.

The size of the hands and feet increases when the man is asleep and becomes smaller when he is awake.

In some cases the brain becomes smaller at first and then increases as sleep becomes deeper.

Striking evidence that the size of the arterial pulse from the brain increases steadily, with increase in volume, that is, the dilating of the arteries after each beat of the heart is more pronounced. This is particularly true when the subject is propped up.

One of the delicate devices used in experimenting records is a "breathing wave" from both brain and hands and feet. The fall of circulation record corresponds closely to an inspiration and rise to an expiration.

When the subjects were disturbed, but not so as to be awakened, there was a temporary increase in breathing in both chest and abdomen. The size of brain and hands and feet decrease. The breathing wave in these parts was almost eliminated.

The pressure of blood in the brain, despite the large volume and heavy pulsation during sleep, is lower at that time. Sleep passes off, the brain volume decreases, but then the blood pressure increases.

A fall in the brain volume accompanying a break in the breathing or an external stimulus is accompanied by rising pressure. The lowest point, or "trough of the vaso-motor wave" recorded, corresponded usually but not constantly to the highest pressure.

NO LESSENING OF BLOOD SUPPLY.

Experiments were made on patients with trephined skulls. Their heads were placed in slings to facilitate observations and measurements were taken with the utmost care. Prof. Wenley believes the results show that whatever sleep is caused by it is not a lessening of blood supply to the brain, for there is no such lessening. It is suggested as a remnant of an old theory that perhaps change of any kind in the size of blood vessels may bring on sleep, because this change of size disturbs connections of cells and fibers.

Still more striking are inferences with regard to the conditions of blood supply. This subject is of great interest to the medical profession, for in this field lies all problems of paralysis, apoplexy, and even some forms of insanity.

Doctors usually have held that the brain vessels are like rubber tubes—that they expand and contract with the general blood pressure. Thus, according to the new opinion of those who have watched the Ann Arbor experiments, control of brain circulation is not a question of blood pressure entirely.

PRESSURE DOESN'T AFFECT SUPPLY.

Pressure may rise or fall without affecting the supply of blood to the brain, at least the supply does not increase or decrease passively with the rising or falling pressure.

The experiments found, all at one time, an increase in the size of the arterial pulse from brain and low blood pressure. There seems to be constriction, and again expansion, of the cerebral vessels themselves, and other changes in the pulse point to the same thing.

Commencement Exercises—The graduating exercises for the January class of 1910 at the Philadelphia College of Osteopathy, were held on the evening of January 14th, in the college hall, on North Broad Street.

The hall, which was elaborately decorated, was filled with friends of the graduates and the student body. The diplomas were presented by Dr. Charles J. Muttart, dean of the college, and the doctorate address was delivered by Dr. E. S. Wilson. The college orchestra, augmented for the occasion, furnished music and, in addition, there was an interesting program of vocal music. The second semi-annual examination for license as osteopaths will be held in Harrisburg by the Osteopathic State Board of Examiners, February 1 to 4.

Dr. George Still Traveling—Dr. George Still was in Manchester, Iowa, seeing some cases for Dr. N. D. Wilson during the month.

He was also in Des Moines, Iowa, seeing some patients for practitioners there,

twice during the month, and was also in southern Illinois one Saturday, and in St. Louis one day.

Altogether since the beginning of the school year in September, Dr. George Still has traveled on professional business, either lecturing or operating or seeing cases, nearly half the distance around the world. On one trip going over 3500 miles and on one only going 28. He is getting so that he knows the railroad time connections like a postal clerk.

A Perplexing Case—The Aberdeen Daily News, Aberdeen, S. Dak., on Tuesday, January 18th, gives an interesting account of the case of Miss Genevieve Lucier Dearing, who as a result of Christian Science treatment during a siege of typhoid, and a subsequent operation for appendicitis, and later passing through a siege of pneumonia and brain fever, was left in an almost entirely helpless and paralytic condition. The case was brought to Dr. F. P. Beslin, the osteopath, for treatment. On account of her apathetic mental condition it was very difficult to induce the patient to believe that she would ever recover. This condition deepened until one morning recently she opened her eyes, called the members of the Beslin family to her bed, kissed photographs of her relatives, gasping for breath the while, and then apparently died. Her body stiffened, and every one thought the end had come. Dr. Beslin stated that in some instinctive way he felt that a spark of life still remained, and that the rigor into which the body was grasped was not that of rigor mortis. He continued to treat her, and was finally rewarded by slight relaxation of the muscles, and by the sound of a slight cry, exactly like that emitted by a new-born babe. Life again appeared, and the case since has developed extraordinary characteristics. The paralysis which for years held the girl in its grasp has gone. She is eating for the first time for a long while, and is slowly taking flesh. Her breathing is normal, and movement in her limbs restored. Yet she is like a baby. She sees but does not comprehend the objects about her, nor does she apparently recognize persons any more than a baby does. While she takes nutrition, it is that given to an infant, and in the same manner. She has in the past few days learned to utter the words "Mama" and "Dada," and gives utterance to the usual coos and goos of the young child. Hope, however, is entertained that in a few weeks she will be able to walk, and will regain her normal faculties. Physicians of any school are invited to investigate the case, and examine the girl, to give if possible, any explanation of the strange case.

The International American Congress of Medicine and Hygiene Announces Meeting—The International American Congress of Medicine and Hygiene of 1910 in commemoration of the first centenary of the May revolution of 1810, under the patronage of His Excellency, the President of the Argentine Republic, will be held May 25th in Buenos Aires, Argentine Republic.

In order to facilitate the contribution of papers and exhibits from the United States, there has been appointed by the President of the Congress, Dr. Eliseo Canton, and the Minister of the Argentine Republic at Washington, a committee of propaganda of which Dr. Charles H. Frazier, (Philadelphia, Pa.), is Chairman and Dr. Alfred Reginald Allen, (Philadelphia, Pa.) is Secretary.

The Congress has been divided into nine sections, each section being represented in the United States by its chairman in this Committee of Propaganda as follows:

Section 1.—Biological and Fundamental Matters, Dr. W. H. Howell, Chairman, Baltimore, Md.

Section 2.—Medicine and its Clinics, Dr. George Dock, Chairman, New Orleans, La.

Still National Osteopathic Museum, Kirksville, MO

Cleanse the Blood and Keep it Circulating.

Therein lies the essence of the successful treatment of pneumonia. The phagocytes are scavengers of the blood, but unless the affected part receives the full amount of the normal flow with its opsonins, resisting power is lost. In pneumonia, it is necessary to either increase the opsonic index of the blood, so that the small amount reaching the congested lungs may be of normal opsonic value or dilate the vessels and let the blood freely circulate, carrying the phagocytes into the lungs.

Heat is the best dilator of the blood vessels, and an antiseptic poultice is the best agent for conveying moist heat.

Antiphlogistine

(Inflammation's Antidote)

offers an ideal method for the application of moist heat.

By the dilation of the vessels, pulmonic engorgement is overcome, free circulation is established, and blood, laden with phagocytes, sweeps through the affected area, and overcomes the toxic bacteria.

In Pneumonia, Bronchitis, Pelurisy and Croup, Antiphlogistine should be applied hot and thick over the affected part, and covered with absorbent cotton.

THE DENVER CHEMICAL MFG. CO.
NEW YORK.

THIRD EDITION JUST READY

Brubaker's Text Book of Physiology

A Text-book of Human Physiology, including a Section on Physiological Apparatus.

By ALBERT P. BRUBAKER, A. M., M. D.,

Professor of Physiology and Hygiene in Jefferson Medical College, Philadelphia; Professor of Physiology in Pennsylvania College of Dental Surgery author of "A Compend Physiology," etc.

PRESS OPINIONS

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Section 3.—Surgery and its Clinics, Dr. John M. T. Finney, Chairman, Baltimore, Md.

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Section 8.—Dental Pathology, Dr. George V. I. Brown, Chairman, Milwaukee, Wis.

Section 9.—Exhibition of Hygiene, Dr. Alexander C. Abbott, Chairman, Philadelphia, Pa.

It will not be necessary for one contributing a paper or exhibit to the Congress to be present in person. Arrangements will be made to have contributions suitably presented in the absence of the author.

The official languages of the Congress will be Spanish and English.

Members of the following professions are eligible to present papers or exhibits: Medicine, Pharmacy, Chemistry, Dentistry, Veterinary Medicine, Engineering and Architecture.

Papers may be sent direct to the Chairman of the particular section for which they are intended, or to Dr. Alfred Reginald Allen, Secretary, 111 South 21st Street, Philadelphia, Pa.

An Interesting Case Reported—The Ashtabula, Ohio, Beacon Record of November 9th, gave an account of an interesting case of infantile paralysis which was successfully treated by Dr. Katherine L. Huston. The case was that of a little girl nine years of age, the paralysis having affected both the upper and lower extremities.

Passes Resolutions—Resolutions passed by the board of trustees of the Iowa State Osteopathic Association thanking the citizens of Des Moines for their generous help to the science of osteopathy in establishing the Still College Hospital and the Still College of Osteopathy:

Whereas, The osteopathic profession in the state of Iowa, has been the recipient of a college and a hospital in the city of Des Moines which are permanent institutions for the further development of our science and the benefit of mankind; therefore, be it

Resolved, That we, as the trustees of the Iowa State Osteopathic Association, do hereby express our appreciation of the kindly acts of Messrs. F. M. Hubbell, I. Friedlich, M. Mandelbaum, M. Frankel, F. J. Younker, F. C. Hubbell and other public-spirited citizens of Des Moines, Iowa, whereby the same was made feasible;

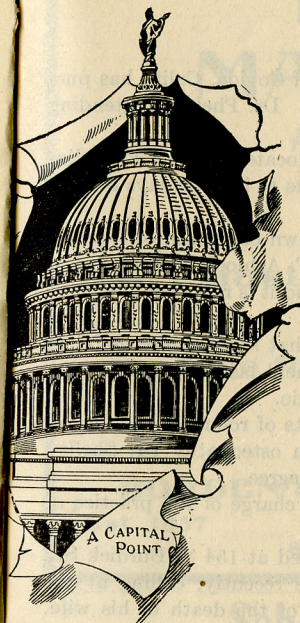
Resolved, That a copy of these resolutions be printed in the various osteopathic journals and that a copy of the same be mailed to the donors rendering this assistance to our profession and that the resolutions be spread on our minutes.

J. S. BAUGHMAN, D. O., Burlington, Ia.

J. R. BULLARD, Marshalltown, Ia.

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Personals.

Has Purchased Practice—Dr. J. C. Goodell, formerly of Covida, Calif., has purchased the practice of Dr. H. C. Phelps at Palo Alto, Calif. Dr. Phelps is attending the A. S. O.

Opens Branch Office—Dr. M. C. Burrus, permanently located at New Franklin, Mo., has opened a branch office at Fayette, where he expects to be four days of each week, Monday, Tuesday, Thursday and Friday.

Visiting in Montana—Dr. E. E. Cayless, the well known osteopath of Denver, Colo., has been visiting Butte, Mont., the guest of Dr. H. T. Ashlock. Dr. Cayless seemed to be favorably impressed with the Montana City and it is reported he is considering locating there.

Permanently Located—Dr. Laura Stokey informs us that she was successful in passing the State examination of the Ohio State Board held last December. She is now permanently located at 505 Market St., Alliance, Ohio.

Opens an Office—Dr. Helen Shelley is occupying a suite of rooms in the Carson Bldg., at Fortuna, Calif. Before taking up her course in osteopathy Dr. Shelley graduated from Stanford University receiving the A. B. degree.

Takes Charge of Office—Dr. Ada B. Sisson has taken charge of the practice of Dr. Rundall during his absence from Petaluma, Calif.

Calls at the Journal Office—Dr. L. C. M. Millan located at 154 S. Burdick St., Kalamazoo, Mich., was visiting a few days in Kirksville recently, calling at the Journal office. Dr. Millan was brought here on account of the death of his wife, who was buried at Kirksville.

An Oversight—Through an inadvertence the name of Dr. Lena Fitzgerald of Parsons, Kans., was omitted from the list of those attending during review week at the A. S. O. This list was issued in the January edition of the Journal.

Returns from Vacation—Dr. W. J. Adams, who has been on a short vacation has returned to Ventura, Calif., refreshed and invigorated. He is at his office on California St., Monday, Wednesday and Friday.

Returns from Europe—Dr. W. J. Hayden has returned from Europe where he has been studying the latest methods in diagnosis taking special work in operative surgery. Dr. Daisy D. Hayden has also returned after several months study in the Hospitals of London and Vienna.

Buys Practice—Dr. C. O. Longmyre has purchased the good will of Dr. Davis at Albia, Iowa, and is occupying the same offices that Dr. Davis had.

Announces Change of Location—Although doing very nicely at his former location Dr. T. J. Howerton decided that the field was not large enough and has removed to 701-5 Evans Bldg., Washington, D. C. While not having formed a partnership, Dr. Howerton with Dr. Dashiell is occupying a suite of five offices together in the same building.

Is Located in California—Dr. George D. Skeen, formerly of Jacksonville, Ill., has located at Ontario, Calif., for the practice of his profession.

Is Visiting—Dr. and Mrs. Penrose will spend some time at Elsinore, Calif., at the home of Mr. and Mrs. F. C. Lilly, old time friends. Dr. Penrose expects to practice while at Elsinore.

Receives Appointment—Dr. Frank Baker was appointed health officer for the city of Waterville, Washington, Jan. 11, 1910.

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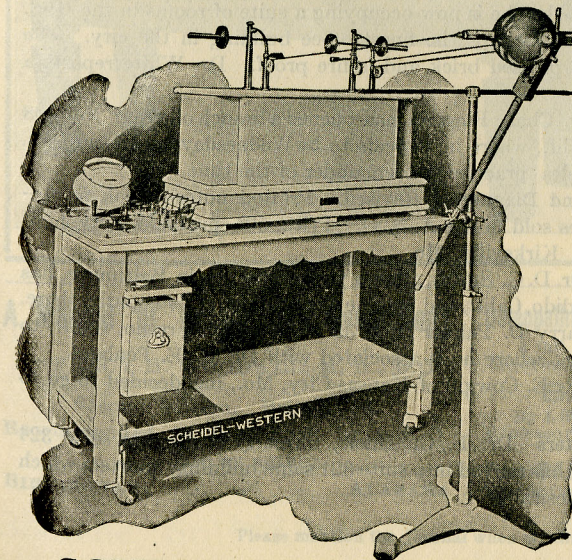
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Class Reunion—The June, '06 class of the A. S. O. held a reunion at Kirksville, on Wednesday evening, during Review Week at the home of Mrs. Verna Roberts Murphy, June, '10, at 212 North High St.

Miss Lola Carter and "others" furnished some music.

Candy, nuts, fruit and a large amount of talk comprised the program of the evening and we are sure all had a good time. Those in attendance Review Week were: Drs. Sylva Printy, St. Joe, Mo.; Jesse Roebuck, Trinidad, Colo.; H. T. Philippi, Vincennes, Ind.; Ed. House, Manhattan, Kans.; Frank A. Parker, Champlain, Ill.; Myrtle Pleasant Morrison, Emporia, Kans.

We regret that our faculty members, Drs. F. P. Pratt and E. R. Lyda were unable to be with us that evening.—(A June, '06er).

Want an Osteopath—We have a communication from Goodell, Iowa, informing us of a good opening at Garner, Iowa. Any one interested should communicate John Schnichtenberg, Goodell, Iowa.

A Correction—In last month's Journal a list of places in South Dakota where osteopaths are needed was published and we wish to state that Vermillion S. D. should not have been named as Dr. Ida May Melick has been located at this place for the past two years. Dr. Melick is very enthusiastic in her belief in pure osteopathy and thinks all osteopaths should work together for the good of the cause.

Visited in Kirksville—Dr. Bertha L. Thomas of the 1902 class visited Dr. Merrill Thomas of the 1910 class, during the week of January 25-29. Dr. Thomas was enroute to Vandalia, Mo., where she will attend the golden wedding, February 14, 1910 of her parents, Mr. and Mrs. S. D. Ely. Dr. Thomas gave a highly favorable report of Washington as to climate, good laws, and opportunity of lucrative practice for good osteopaths.

Locates in North Dakota—Dr. J. R. Jackson, formerly of Lake Preston, S. D., has located at Williston, N. D., P. O. Box, 195.

Notice of Removal—Dr. G. B. Lord, formerly of Georgia, announces his removal to Dalton, Ga.

Moves Into New Quarters—Dr. B. H. White, formerly located in the Breyman Bldg., Salem, Ore., informs us that he is now occupying a suite of rooms in the U. S. National Bank Bldg., which is perhaps the finest office building in the city. The building is made of steel and pressed brick and is fire proof. Dr. White reports a very good practice.

Opens Branch Office—Dr. Chas. Fingerle has opened a branch office at No. 108 W. Cottage Drive, Covina, Calif., where he expects to be Wednesdays and Saturdays. He will continue his Los Angeles practice the remainder of the time.

Osteopathic Mechanics and Diagnosis—Revised. Printed notes—Book form—Paper cover. Over 200 copies sold in the A. S. O. Price, 50c, postpaid. By J. F. Krill, '10, 616 N. Elson St., Kirksville, Mo.

Returns to California—Dr. D. G. Smith, after a year's practice in Baltimore, has concluded to return to Escondido, Calif., and resume the practice of osteopathy there.

Removal Notice—Dr. Harry D. Palmer from 39 Fiske Bldg., Fresno, Calif., to Berkeley National Bank Bldg., where he is associated with Dr. H. E. Penland.

Changes Location—Dr. R. E. Cowgill of Kansas City, Mo., has decided to go to Oklahoma, locating at Altus.

Moves Into Better Quarters—Dr. F. G. Thiele, formerly occupying suite 324 Holmes Bldg., Galesburg, Ill., has moved into suite 321 same building, quarters which are much better and more desirable.

Still National Osteopathic Museum, Kirksville, MO

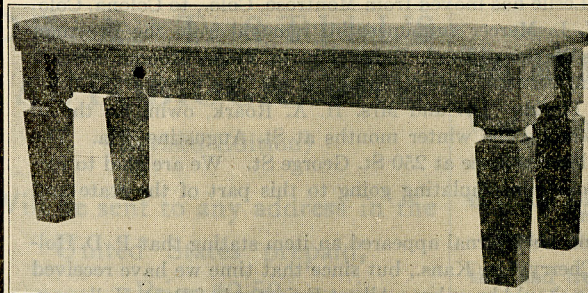
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Announces Removal—Dr. Edw. A. Jones announces his removal from Oakdale, Wash., to Colfax, Wash.

Will Occupy New Quarters—Dr. F. H. Morris located at 105 Columbia Valley Bank Bldg., Wenatchee, Wash., will occupy rooms in the Russell-Plough Bldg., after Feb. 1, 1910.

Change of Address—Dr. F. W. Hamilton, formerly of Carrollton, Ill., is now located at 119½ N. Cross St., Robinson, Ill.

Passes State Examination—"I went before the state board of medical examiners for the state of Oklahoma the 13th of October last, and took the examination. I was the only woman and the only osteopath present. The others were allopaths. There were no eclectics, no homeopaths, no physiomedics. In all there were thirty-two applicants, eighteen of whom passed and fourteen failed. I happened to be among the lucky majority and have received my license.

A graduate of Bellevue and one from Vanderbilt University made the highest grades, averaging 86. Few osteopaths have appeared before this board as yet. I think four or five, if I remember correctly. In the examination before this, 21 applicants passed and 23 failed.

I consider the examination difficult. It was also extensive taking in 22 subjects, Surgery, Medical Jurisprudence, Eye, Ear, Nose and Throat, etc., besides the usual branches. I expect to open an infirmary of osteopathy at Fredonia, Kans., in the near future."—Fraternally yours, W. P. SIMPSON.

Appointed City Health Officer—Dr. H. E. McQuary, of Milton, Oregon, states that he has received the appointment of City Health Officer for the year 1910, the appointment being made by the City Council.

Infant Daughter Dies—Died on January 25th, Cornelia Louise, infant daughter of Dr. and Mrs. F. L. Antes, of Ridgway, Pa. Age, four months. Cause of death was an acute toxic condition.

New Address—Dr. J. G. Leslie has moved from Montrose, Colo., to Colona, Colo.

Removal Notice—Dr. W. L. Mercer announces his removal from the Breyman Bldg., to The United States National Bank Bldg., Fourth Floor, Rooms 404-405 Corner State and Commercial Streets, Salem, Ore.

Temporarily Located in Florida—Dr. and Mrs. H. A. Roark, owing to the ill health of their baby, are spending the winter months at St. Augustine, Fla. The Doctor has opened offices at his residence at 250 St. George St. We are glad to recommend Dr. Roark to any one contemplating going to this part of the state and needing osteopathic treatment.

A Correction—In last month's Journal appeared an item stating that P. D. Holloway had forged checks at Cherryvale, Kans., but since that time we have received the information that the name should have been Albert E. instead of P. D. Holloway. The latter name is the one used on the checks. The forger has since been arrested and sentenced to the penitentiary for two years. We are glad to make this correction, as we are informed that Dr. P. D. Holloway is a successful practitioner and honest in his dealings.

Change of Address—Dr. G. Maude Atherton announces her removal from the Slater Bldg., to The Windsor, 720 Main St., Worcester, Mass. She also informs us that the Massachusetts Board of registration in Medicine is absolutely fair in the examination, a large percentage of the osteopaths being successful in passing on first trial. She does not think the fear of the medical examination should prevent any graduate osteopath from coming to that state. Six osteopaths, including herself, passed satisfactory examinations last March and but one failed.

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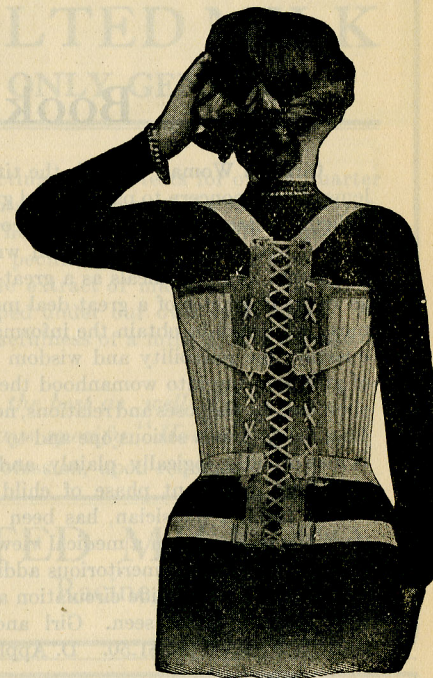
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Book Reviews.

Girl and Woman—This is the title of a little volume dealing frankly with problems of deep concern to parents and guardians and handling a subject in its very nature difficult because wrongly or rightly considered delicate, in an interesting and decidedly helpful manner. Much has been written along these lines, but scattered through magazines and periodicals as a great deal of it is and cheap and questionable as is the character of a great deal more, it has been not only difficult for those most interested to obtain the information sought, but there has been much cause to question the reliability and wisdom of such information. To parents or guardians of girls growing into womanhood the problem of properly imparting a knowledge of their sex, its purposes and relations, neither prematurely, tactlessly, incorrectly, nor too long delayed, is a serious one and to such this little book will appeal. The situation is met broadly, logically, plainly, and new ideas are presented which will greatly simplify this important phase of child education which parents must assume. The author being a physician, has been able to write interestingly and authoritatively upon the subject from a medical view point. Altogether we recommend this volume as being a distinctly meritorious addition to literature dealing with this subject, and we bespeak for it a wide circulation as it deserves. It is one of the best books along this line we have seen. *Girl and Woman*, by Caroline Latimer, M. D., 12mo., cloth, 329 pages, net \$1.50. D. Appleton & Co., New York City, N. Y.

Vital Economy, or How to Conserve Your Strength—This book was first published in England, and this, the American edition, appears with few, if any, material changes. The Bath, Fresh Air, Exercise, Stimulants, Tea, Coffee, Extravagance of Worry, Visiting the Sick, and their relation to the conservation of strength, are discussed briefly but sensibly and scientifically. Some of the author's views, especially in regard to too frequent bathing, have offended some "hygienic idealists" and strenuous devotees of the tub, but notwithstanding they are quite in accord with the best prevailing medical opinion. The author's thirty years or more of experience as a medical practitioner have given him a great deal of opportunity to observe, and upon this observation the book is largely based. It is written not so much for those who are strong as for those who more particularly are obliged to exercise vital economy and by such the book may be read with much profit. *Vital Economy, or How To Conserve your Strength*, by John H. Clark, M. D., 119 pages, cloth, net 50 cents. A. Wessels, Newold Publishing Co., 156 Fifth Ave., New York City.

A Compend of Histology—The object of this volume is to supply the need for a book not so voluminous as a text book but still more complete than many existing compends. The subject is covered logically and comprehensively, conforming with the object of the work. It is a book of convenient size for ready reference, with good illustrations, good paper and substantial binding. As a quiz compend for students, it is one of the best we have seen. *Quiz-Compend of Histology* by Radasch. 350 pages, illustrated, cloth binding, net \$1.00. P. Blakiston's Son & Co., 1012 Walnut St., Philadelphia, Pa.

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* * *

Married.

Married—At Pomona, Calif., December 18th, 1909, Dr. J. F. Lynch and Miss Mary E. Campbell, both of San Luis Obispo, Calif.

Married—In North Berkeley, Calif., at All Soul's Chapel, December, 1909, Dr. William Horace Ivie and Miss Muriel Beatrice Gerrard. Dr. Ivie is a graduate of the American School of Osteopathy, '03, and received a P. G. diploma '07. The bride is the daughter of the British vice-consul in San Francisco.

Married—In Butte, Mont., January 17th, Dr. I. M. Beatty and Mrs. Lena W. Tuttle. They left immediately for an extended wedding trip, which includes the coast and Honolulu, after which Dr. Beatty will resume his practice in Lewistown.

* * *

Born.

Born—To Dr. and Mrs. H. D. Palmer, Berkeley, Calif., on December 31st, 1909, a daughter.

Born—To Dr. and Mrs. H. C. Jaquith of Toronto, Ontario, December 21st, twin boys.

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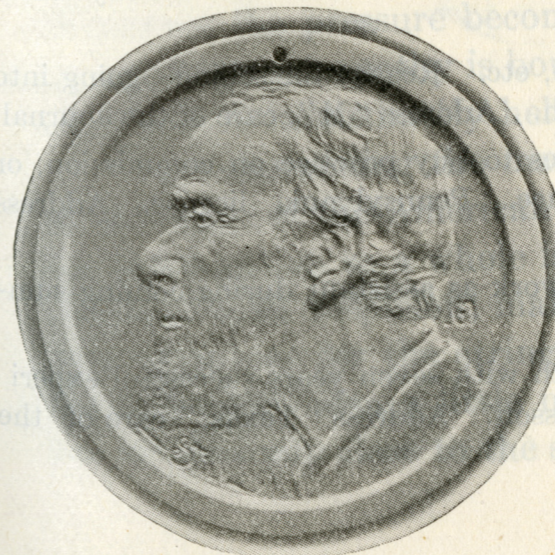
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Actual size, 5 1-2 inches in diameter

Name

Address

Born—To Dr. and Mrs. M. S. Slaughter, Webb City, Mo., January 2, 1910, a son, Melville Scott, Jr.

Born—To Dr. and Mrs. Franklin Fiske, at their residence, Shelburne Hall, Morningside Avenue, West, and One-hundred and Twenty-first St., New York City, twin sons. Birth was premature, due to a strain.

Born—To Dr. and Mrs. F. J. Darragh of Princeton, Minn., on the 15th of December, a son.

* * *

Died.

Died—In New York City, Oscar McIlvaine, infant son of Dr. and Mrs. Franklin Fiske. Deceased was one of twins born recently. Death was due to imperfect closure of foramen ovale. Age one week.

Died—In New York City, January 15th, Franklin Wakefield Fiske. Death due to inanition from prematurity and resultant intestinal trouble. Age two weeks and six days.

Died—At her home in Minneapolis, November 29th, 1909, Dr. Anna M. Mahoney. Dr. Mahoney was a 1901 graduate of the N. I. O.

Died—At St. Anthony's Hospital, Louisville, Ky., on December 25th, 1909, Dr. John R. Collier.

Died—Mr. V. R. Dondanville, brother-in-law of Dr. W. F. Nay of Enid, Okla., January 1st, 1910, of Hodgkin's disease. Interment at Sheridan, Ill.

* * *

Business Opportunities.

Wanted—Position as assistant or partner in Middle West. Holder of Iowa certificate. Address, 2210, care of the Journal.

For Sale—A small sanitarium, will accommodate about fifteen patients—plenty of room to enlarge. In a fine location, good business. Fitted up for an osteopath. The best kind of an opening for a good osteopathic physician. Address The Home Sanitarium, St. Peter, Minn.

Wanted—Assistantship, by a woman graduating May 31, 1910; for the purpose of developing or taking charge of special practice in diseases of women and children. Have had experience in gynecological, obstetrical, and in children's dietary work. Address 1910, care of the Journal.

For Sale Cheap—Practice, office, furniture, etc. Reason for selling—going into other business. Must be sold by February 15th. Address "M", care of the Journal.

Desires Position—Woman osteopath desires to buy practice on commission, or position as assistant. Three years experience. Pennsylvania license. Address A. K., care of the Journal of Osteopathy.

Wanted—Junior student A. S. O. desires work as assistant during coming summer. Address C. A. M., care of the Journal.

Wanted—Position as assistant by osteopath with seven years successful experience. Will accept small salary or good commission. Address "Texas," care of the Journal of Osteopathy.