

The Journal of Osteopathy

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The Journal of Osteopathy

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4. Who will die from its effects.
5. How to make it safe or harmless.
6. What proportion of cases prove fatal.
7. That it ever prevented smallpox.
8. Who is and who is not liable to smallpox.
9. How many who die of smallpox have been vaccinated—the facts are suppressed.—Life.

The Journal of Osteopathy

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

VOL. XIX

SEPTEMBER, 1912

No. 9

Editorial

**An Abhorrent
Trust**

The Baltimore "Sun" recently published an article entitled "An Abhorrent Trust." The somewhat light vein it is written in must not mask the sound good sense which underlies the utterance.

In part we read as follows:

"Despite the noble efforts of the League for Medical 'Freedom,' the abhorrent Medical Trust continues to grind the American people beneath its heel. Wooing the ear of Mr. Taft with its artful sophistries, it has lately induced him to issue an executive order requiring all medical practitioners in the Panama Canal Zone to obtain licenses from the local board of health, of which the notorious Horgas, murderer of mosquitoes, is boss. What will be the effect of this order? Simply that only so-called 'regular' doctors—rascals who have studied four long years in a medical college, and really know a staphylococcus from a peritoneum—in brief, members of the trust—will be able to practice. The gifted lady who cures leprosy by reading out of a book; the sturdy bone-setter, horny-handed, but with a kind heart; the scorned discoverer of a sure specific for cancer; the Emmanuel Mover with his soothing voice—these great benefactors of humanity will be chased from the Zone."

The officers and members may try to deny it all they will, but that the American Medical Association is the most colossal trust yet organized is a fact that will not brook denial. When a lay paper feels justified in speaking in strong terms about "an abhorrent trust" it is indeed time for investigation to be made to prove the truth or falsity of the accusation. That such challenges as this one—and they are coming from all sides—are not accepted, is a tacit acknowledgment that the charges could not be disproved. Let the A. M. A. submit to thorough investi-

gation, let it show once and for all that it is "above-board" in all of its dealings, let it prove its integrity in every detail, and there is no one who will gain as much as the Association itself. Let it do these things. Ah! But does it dare?

The Diagnosis of Pulmonary Tuberculosis A recent article has been brought to our attention entitled "A Diagnostic Tender Spot in Pulmonary Tuberculosis" by Stevens I. Harris, M. D., M. R. C., U. S. Army. Dr. Harris writes of this "Tender Spot":

"It is well known that one of the effects of pulmonary tuberculosis is the production of a degenerative change in the musculature of the body, and that this effect is especially marked in the muscles of the upper part of the thorax. This degeneration is comparatively plainly indicated on the affected side. The physical change is shown especially by atrophy of the scapular muscles. We also have marked hyperirritability, fibrillation being one of the proofs of this condition. I can add that in addition to these signs, we have what appears to be a hypersensitive or painful spot. Very likely this spot is a manifestation of the degenerative changes referred to. It may be due to a reflex from the pneumogastric nerve through the spinal accessory nerve supplying the trapezius, or the third and fourth cervical nerves supplying the levator anguli scapulae, as all these nerves either have common origins, or are connected by anastomoses.

"This spot is located immediately above the tip of the superior angle of the scapula at the insertion of the levator anguli scapulae. The trapezius muscle also covers it.

"It may be found by palpating the tip of the superior angle of the scapula with the finger and riding over it with more or less inward pressure. It is best to palpate both sides at the same time, exerting the same degree of pressure, but not enough to produce pain in a normal individual. The pain may be quite severe, causing the patient to object or wince, or it may differ only in degree from that on the opposite side. Ordinary myalgia and neuritis, as well as rheumatism, must be excluded.

"By this method I have never failed to pick out the affected lung, or the more diseased lung if both are involved, and in bilateral cases have frequently been able to state the strong probability of both lungs being diseased. This method is original, and I believe it will prove to be a diagnostic aid."

Since reading the above we have not had an opportunity to test the suggestion. It sounds eminently practical, and if true, should be of considerable value. We would be interested to hear of any experiences along this line.

Venous Stasis in the Spinal Cord

Since the much vaunted "discoveries" of Goldthwaite in connection with slips of the innominate bone there are but few medical men of any standing who will not agree that such slips are possible causative factors in sciatica and other lumbar and sacral pains. A recent discussion by Theilaber as to the causes of some forms of sacral pain has come to our notice, and it is interesting that, under the heading of treatment, we find the following suggestions: "Hydrotherapy, climatic measures, spa treatment, superheated air and arsenic, AND VENESECTION." This last method he advocates as helpful in many cases, and he banks his argument on the assumption that VENOUS STASIS IN THE SPINAL CORD may have something to do with the pains. This is probably true, and osteopaths have long maintained it, but what a bungling method to employ to dissipate the congestion. How much more rational is the osteopathic therapy, and how foolish it is to refuse to see the benefits accruing therefrom.

Cancer Doctor Wins Verdict

A very remarkable and instructive case has recently been tried in the British law courts. A Dr. Bell, of Mayfair, brought a libel action against Dr. E. F. Bashford and the British Medical Association on the ground that Dr. Bashford had written an article ridiculing the former's method of treatment for cancer, and that the article had been published in the British Medical Journal. We know nothing of Dr. Bell or of his method of treatment, but we noticed that the jury awarded him \$10,000.00 damages. Moreover, in summing up the case, Lord Justice Alverstone, one of England's foremost judges, made some very trenchant remarks, anent the old school of practice. Lord Alverstone said:

"It would be a lamentable thing if any attempt to find a cure for the cancer scourge should be checked by the unjust criticisms and comment and denunciation of investigators as quacks.

"It is plain that persons are eager to avoid cancer operations. Several London hospitals are now treating the dread disease by diet and medicine. The whole point of the case is this: Dr. Bell was justified in saying his method was successful. It is all very well for great physicians to say new treatment is quackery, but many modern treatments are simply a revival of old ones with modern improvements.

"A more disgraceful charge against a physician than that of exploiting the fears of the public to make money is impossible to conceive."

That the people were favorable to Dr. Bell may be gleaned from the fact that, on the announcement of the verdict by the jury, there was a burst of applause from the court room. It may seem a far stretch of the imagination to many that cancer, correctly so diagnosed, can be cured without resort to surgery; that however is not the question; a very evident revolt is in progress against the dogmatism of the old school of practice, and this case tested whether that school might denounce as "quacks" those who propose new methods. Slowly but surely men are realizing the tyranny of the medical profession, and from such a realization the step is very small to emancipation and freedom of thought.

Reflex Stimulation of the Vagus Center—In the London Lancet for June 29, 1912, there is a contribution entitled "A Note on Treatment by Reflex Stimulation of the Vagus Center." The writer is a Dr. A. T. Brand, Physician at the Driffield Hospital and Medical officer of the Driffield Workhouse Infirmary. Dr. Brand, after ushering in his remarks by the assertion that "Treatment of morbid conditions by 'counter-irritation' dates from time immemorial, though no satisfactory explanation of the rationale of the method has yet been given." proceeds as follows: "I have been experimenting with this method of treatment in several diseases, in which the ordinary text-book treatment has proved futile, with such satisfactory results that the following illustrative cases are recorded in the hope that others may also find benefit from its use on similar occasions."

We pass by the remarkable confession in the words "in which the ordinary text-book treatment has proved FUTILE," without comment, although it is all the more remarkable when we note that the diseases recorded are "exophthalmic goiter, spasmodic asthma, and pertussis." In the first case reported there is given the typical history of an exophthalmic goiter, accompanied, however, by "an intractable nausea and so extreme a gastric irritability that even sips of water were rejected." The ordinary remedies were tried without any success, when it occurred to the Doctor that "if the vagus center in the medulla could be reflexly influenced a good result might possibly follow."

The rest of the case history, and the method employed to bring relief may be given in the writer's own words as follows:

"The skin directly over the course of the par vagum in the neck was irritated by applying linimentum iodi to an area of the size of a shilling on both sides, immediately behind and below the angle of the

lower jaw. As soon as blistering occurred the nausea rapidly subsided and disappeared in a few days, to reappear, though to a less extent, when the blistered parts had healed. Fresh blisters were induced just below the previous ones, when the nausea once more disappeared and never returned. The patient was then able to take and retain food, and gradually put on flesh. Not only was the nausea removed, but the pulse-rate also fell in a week or two from 120-140 per minute to 80, soon afterwards becoming normal. This result may have been due to the afferent stimulation of the vagus center causing efferent influences conveyed by the par vagum to the stomach and heart."

We would not venture to dispute the explanation of the benefits accruing from the method employed but we would suggest that similar results have frequently been obtained osteopathically, and the explanation has been put forward that the loosening of the contracted tissues around the front of the neck and temporo-maxillary articulation relieved the congestion around the superior cervical ganglion. Either explanation may be correct or perhaps both; certainly, however, the application of the counter-irritant relieved congested tissues and drained the stagnant blood away from the irritated nerve cells. The history concludes with these words: "As soon as the patient could retain food, etc., she was given thyroidectin (the inspissated blood of a thyroidectomised animal) in 10 grain doses t. d. s., which was continued for six months, and she is now practically well. HOW MUCH OF THE RECOVERY IS TO BE CREDITED TO THE THYROIDECTIN IT IS IMPOSSIBLE TO SAY, BUT IT IS OBVIOUS THAT, UNLESS THE NAUSEA HAD BEEN CHECKED, THE PATIENT COULD NOT POSSIBLY HAVE TAKEN ANY OF IT."

The capitals are our own and we leave our readers to comment on this statement themselves.

The second and third case-histories record similarly beneficial results obtained in spasmodic asthma and pertussis. The writer further suggests that "Not only in reflex nausea and vomiting does stimulation of the vagus center by blistering over the par vagum prove helpful, but also IN CASES OF PATHOLOGICAL CONDITIONS OF THE STOMACH ITSELF, and I have found it to act much more satisfactorily than sinapisms over the epigastrium and the other usual remedies."

When an osteopath suggests to a medical man the advisability of treating the spine for e. g. stomach trouble, he is laughed at, but when a medical man suggests "stimulating the vagus center in the medulla, by blistering over the "par vagum" to "correct pathological conditions of the stomach itself," he is lauded by his medical brethren. Such is human nature!

with other parts and reacting more readily in disease. The spine is especially prone to show such reaction, because the changes that have occurred in man's development during the past ages have been so extreme that it has been unable as yet to establish an absolute relation with the other structures of the body. Gravity acting upon the upright spine and the unequal compensating balance of back muscles against viscera have resulted in congenitally weakened areas in the human spine which are especially liable to be involved when a disease process is manifest elsewhere. In other words, there is found a musculo-articular tissue-perversion, at regions of previously weakened architectural structure, antecedent to, or concomitant with disease of the organism. Perverted mobility is a direct indication of the presence of the musculo-articular perversion, and the re-establishment of movement is a manifestation of normality. The significance of the osteopathic therapy in combatting disease, lies in the fact, that the treatment breaks into the symptom-complex of the disease more powerfully than any other known method. In every case it is Nature that cures. The question for the physician is how best to give Nature her chance. The osteopath does so by eliminating tissue perversions in a part of the body which is relatively weak in resisting power, and which is so situated in relation to the nervous system that perverted circulation around the articulation readily produces congestion or anemia in the cord. Thus it is universally conceded that involvement of the spine in acute diseases is secondary to the toxins of the disease and yet marked relief is obtained by loosening the contractures incident thereto, which enables Nature to combat the toxin and overcome the affection. The unsatisfactory theory that has traced every osteopathic lesion to a traumatic origin is thus rendered unnecessary and the otherwise unanswerable query "Why do lesions appear at all, if the body is made with complete perfection?" is given at least a rational interpretation. That the typical osteopathic lesion is not found associated with the distempers of animals as often as with the diseases of men, may be readily demonstrated, yet frequently an animal, acutely sick, will respond quickly and completely to manipulations of the spinal tissues. It would thus seem that the contour of the spines of animals is more absolute in its conformity to the abstract ideal than is the spine of man though the relation of their nervous system to the vertebral structures is not so intimate; also that it is possible to STIMULATE the animal's cord to assist the nervous system in throwing off the pathological condition. Dr. Willard states on this point, "In many instances I have found that animals acutely ill respond to spinal manipulations; indeed they often

respond more satisfactorily than acutely ill humans. This is doubtless due to the fact, elsewhere explained, that in animals acutely sick the reflex spinal centers are intact while during acute illness in man these centers are stagnant with impure blood. Hence man's reflex centers, during febrile disturbance are incapable of prompt or complete response to direct or reflex stimulation. Thus, when we, as osteopaths, boast that we never use stimulation we merely make a virtue of necessity. We simply CANNOT by manipulation stimulate the spine of a man acutely ill. The most that we can do, if we hope to benefit him, is to clear away the congestion from his spinal centers so that these centers can respond to the call of his intracorporeal defences. On the other hand we CAN stimulate the spinal cord reflexes of animals suffering from febrile diseases, because their spinal centers are not concomitantly involved as in man. For this reason animals respond readily to remedial agencies applied externally along the spinal muscles. In a word, when treating acute diseases in man, the osteopath removes the associated perversions from the spinal musculature; the inherent recuperative resources do the rest. In animals stimulation can be given, and is needed, for their powers of recuperation and repair are inferior in every respect to man's." These thoughts are strongly suggestive that the ideal structure to which the body of man is gradually conforming will in its recuperative power be far in advance of the bodies of animals. In other words much evidence points to the conclusion that man's body is evolving towards an abstractly perfect structure and that in course of time it will develop into a perfection superior to any yet existant on the earth.

"The human body is kept in health by simple living, which after all is a test of fitness for success. Without health there can be no success, for gain of fame or gold will not profit a man who barter away his health. The wealth of the world some day will be judged by the health and happiness of mankind."—
Elmer Lee, M. D., in Health Culture.

Every Man's Spine is Deformed*

A Restatement of Osteopathic Fundamentals.

BY EARLE S. WILLARD, PHILADELPHIA, PA.

An address delivered in Detroit, Michigan, July 30, 1912, before the Sixteenth Annual Convention of the American Osteopathic Association.

PART ONE.

The Ideal "Normal" or Abstractly Perfect Spine.

When we postulate that man is a machine, and assert, therefore, that bodily structure determines function, the fact we wish to emphasize is this: The adjustment between the musculo-skeletal framework and the nervous system is essentially the same in principle as that which governs and gauges the movement of every inanimate mechanism. This does not imply that all physiological activity in movable tissues is purely mechanical. As a matter of fact, certain motor phenomena are not known to coincide with structural changes per se. However, in a general way, the body-framework is comparable to a machine, that is to say, a demonstrable principle of mechanics underlies voluntary movement. This principle or axiom, widely quoted in authoritative treatises on Osteopathy, is termed interdependence of structure and function. From it is deduced the corollary that tissue-perversion and the resulting mal-function, can best be overcome by therapeutic adjustment mechanically directed. Yet, notwithstanding this conclusion, the most practical and profound aspect of the analogy between man and a machine has been overlooked. The orthodox osteopath, in his study of man's vital machinery, has lost sight of the fact that an elaborately constructed machine always has some parts that are structurally weaker than others. This inconsistency as a machinist has led him to predicate an equal degree of perfection throughout the physical mechanism. In consequence, a fallacy concerning our distinctive theory of diagnosis has become deeply rooted in the mind of our profession; and it is to combat this fallacy that the following tentative restatement of fundamental principles is made.

According to established osteopathic teachings, the human spine is to be placed in the same category with organs that are equipped structurally and functionally for a prompt and efficient reaction under

constantly changing intracorporeal activity. These teachings specify that in health the vertebral column is normal or perfect. In other words, they hold that normal spinal structure, including curves, contour and general plan of construction, is prerequisite to health.

But in open contradiction to this teaching concerning the perfect construction and configuration of the spine, Osteopathy teaches that in the vast majority of diseases therapeutic adjustment is called for in the human vertebral column, that is to say, the orthodox osteopath classes the musculo-vertebral system with bodily structures that have attained the highest degree of structural efficiency; and in the same breath he maintains that, no matter where disease originates in the organism, the spine is reflexly implicated. Those who take this inconsistent view of the matter see no further than the bare text-book statements of anatomy and physiology. They fail utterly to see the incongruity of their contention. For they maintain that pernicious reflex phenomena are invariably observed in a part of the body built purposely to resist such involvement.

On the other hand, a current notion has it that traumatic spinal injury is the sole etiological factor in Osteopathy, or, at least, the one paramount in importance. That this opinion has been widespread is shown in many ways. As a result of the promulgation of this doctrine the therapeutic world has come to look upon osteopaths as "spine specialists," prepared to treat only those conditions which result from trauma. So too the profession has focussed its researches solely upon the effects of traumatic injury of the vertebral column, until the public at large has become puzzled to know why Osteopathy treats this latter structure in a vast array of diseases, both acute and chronic. For such diseases present no history of traumatic injury either to the main skeletal support or to the body.

In view of these facts, if we are not to discredit ourselves by practice that defeats itself, our profession as a whole must offer some reasonable and tangible explanation of WHY STRUCTURAL INVOLVEMENT OF THE MUSCULO-VERTEBRAL TISSUES IS INVARIABLY A CORRELATED FACTOR IN DISEASE. Trauma is no doubt a cause in a limited number of cases; and the commanding importance of the spine in the economy of the body is unquestionably a matter of direct etiological significance. However, if the mainstay of the osseous framework is architecturally perfect, as Osteopathy has heretofore taught, it is difficult to understand how anything short of severe physical injury can involve the tissues of the bony column. Thus, after careful analysis of the practical and theoretical aspects of Osteopathy, we must admit that no scientific explanation of

*This article, published in the September issue of the Journal of the A. O. A., is presented here simultaneously through the courtesy of the author and editor of the A. O. A. Journal.

non-traumatic spinal perversions exists. Indeed, in this matter we are faced with a profound physiological problem, the solution of which can be had only through mastering the details of spinal structure and function. To this end let us inquire if any absolute norm of human spinal construction and configuration really exists, so that we may determine whether or not there is to be found a perfect human spine associated with health.*

Established Criteria of Spinal Normality.

First of all let us consider the generally accepted criteria of spinal normality, that is to say, the criteria pertaining to construction and configuration.

As to the curves of the movable column, Osteopathy has always taught that each separate region of the spine is a perfect arch, resembling an arch of masonry, and that each vertebra represents a wedge-shaped segment of an arch. To promote the greatest efficiency throughout the arch, this view holds further that the individual segments must be placed equidistantly and their structural development must be bilaterally symmetrical. Some writers have gone so far as to specify the exact flexure which each curve should present. Take for example, the dorsal convexity. To determine its normal flexure, these writers measure the length of the dorsal region, which measurement is taken as the radius of a circle. From such a circle is cut a segment of the same length as the dorsal spine. This segment represents the curve which is looked upon as the normal one for the region in question.

In the cervical and lumbar regions the normal curves are plotted in a similar fashion.

Now medical authorities, as well as osteopaths, have taught that normal curves of the spine are prerequisite to sound bodily development. The reference handbook of the Medical Sciences, Vol. V., page 377, says: "The column in the erect position presents certain NORMAL curves." Saunder's Medical Hand Atlas, page 121, states: "The vertebral column presents certain NORMAL curves." These "normal curves" are pictured in all standard text-books on anatomy as graceful unbroken flexures, four in number, succeeding each other from the occiput to the tip of the coccyx. As to the concrete construction of the column, medical writers have written little or nothing. A few references are found to anomalous vertebral eminences, e. g., the mid-cervical spines, the vertebra prominens, the lower dorsal and upper lumbar spines. However, these anomalies are looked upon as racial character-

*Willard: A. O. A. Journal, March, 1910.

istics, not as individual peculiarities. This vague handling of the subject of spinal normality is not limited to writers upon general medicine. On the contrary, the most widely known medical writers upon the spine have not been at all times clear and consistent in their definitions of spinal normality. For instance, Dr. Albert Abrams in "Spondylotherapy" 1910, page 39, says: "The median line of the body is obtained by holding a plumb-line behind the patient so that the lower end of the line drops into the groove between the buttocks. In the norm each marked spinous process will lie under the plumb-line." On page 41, of the same book we find the following: "Even in the norm there is a slight lateral convex curve to the right, extending from the fifth dorsal to about the third lumbar vertebra."

To return to the osteopathic criteria of spinal normality, let us view the cuts on page 200, of Dr. Hulett's "Principles of Osteopathy," 1906 revision. On that page are pictured two vertebral columns, one termed "normal" and the other marked "abnormal." There we find portrayed the osteopathic interpretation of bodily structure as related to organic health. In a word, the osteopath is an idealist and his standards of structural efficiency are purely hypothetical. He speaks of abstract perfection as if it were a condition of structure that is not only attainable but actually prerequisite to health. He teaches that functional efficiency throughout the body is directly proportionate to the structural integrity of the spine. In a word, the orthodox osteopath teaches that absolute perfection of spinal structure is found in the highest type of physical development.

Specifically, the osteopathic criteria of spinal normality, so far as construction is concerned, are these:

First. All spinous tips, excepting those where the different regions of the column meet, must be equidistantly placed.

Second. In the transition from one curve to another the change in distance from spine to spine must be gradual not abrupt, excepting a break which occurs directly at the juncture of the different regions.

Third. All spines must reach posteriorly to the surface line of flexure.

Fourth. No spine must project posteriorly beyond this line.

Fifth. No spine must lie to the right of the mid-spinal line.

Sixth. No spine must lie to the left of the mid-spinal line.

Seventh. The transverse processes upon palpation must project posteriorly the same on each side of the mesial plane.

Eighth. The juncture of the ribs with the vertebrae on the right and left sides of the spine must present the same posterior projection upon palpation.

Examination of Many Healthy Spines.

It is not the purpose here to give details. The important facts that bear upon the matter in hand include many hundred pages of closely written manuscript. Hence, to conserve space, it is necessary to omit all technical proof and to present many of the conclusions without any comment whatsoever. It is sufficient to state that during the past twelve years, several thousand healthy spines have been under observation. Day laborers, merchants, men and women of leisure, athletes, sailors, soldiers, Africans, American Indians, Iguarroties, etc., have been carefully examined, and imprints, tracings, and measurements of their spines accurately recorded. Likewise the configuration of each spine as a whole was studied in relation to the size, shape and weight of the body, and a final estimate made of the mechanical adjustment of the different spines, so as to determine whether or not each spine was built after the plan best suited to serve the needs of the body.

Obvious Spinal Defects.

To make a long story short, every spine examined whether in the aged or the young, in healthy or unhealthy persons, alike presented obvious and often marked defects both in construction and configuration.

As to the obvious defects found in healthy spines the following are the most conspicuous. It must be borne in mind that all of these defects are not found in every healthy spine; however, two or more of them as listed below are invariably found.

1. Certain spinous tips lie to the right of the mid-spinal line.
2. Certain spinous tips lie to the left of the mid-spinal line.
3. Certain spinous tips fail to project posteriorly so as to touch a line drawn from the tip above to the one below.
4. Certain vertebral spines break the line of contour by projecting backward too far, that is by apparently protruding from the column of spines piled one upon another.
5. Apparent gaps occur, usually in the dorsal spine. This is caused by spinous tips diverging as they project backward. Indeed this gap often gives the appearance of a spinous tip missing.
6. Certain spinous tips lie too close together (this condition unless uniform throughout the spine is almost invariably associated with the preceding condition.)
7. The transverse processes upon palpation do not project equally on each side of the column.
8. Upon palpating the juncture of the ribs with the vertebrae the topographical outline is not always the same upon each side of the spine.

At this point the student will ask to be told the standards by which we measure a spine that is compatible with good health, for if Osteopathy is based upon a diagnosis of conditions of the spine in disease there must be some rational criteria of spinal normality. Thus far we have shown that the established methods of diagnosing spinal perversions are not altogether satisfactory. Let us now approach the matter from a different viewpoint and study minutely the morphology of the spine, so that we may be able scientifically to differentiate between healthy and unhealthy function in man's vertebral column.

The Rational Criteria of Normality in the Vertebral Column and the Relation of Spinal Curves and Contour to Health.

The Term Health.

Health at best is only a relative consideration. When we say a man is in the best of health, the most we can imply is that at the moment, so far as we are able to determine, his organs are unimpaired and his nervous mechanism is undisturbed.* This conception of health is a philosophical one, and is not shared by every person. As we know, the current notion has it that perfect health is attainable, while many look upon a feeling of comfort combined with graceful physical development as perfect health. But, needless to repeat, every true philosopher of the common life knows that the highest attainable degree of either body or health is far from perfect. For a man in the best of health with the best of care will sooner or later fail in the performance of his vital functions. Not even the firmest believer in natural perfection can gainsay this latter statement. And so every thoughtful man will have to admit that certain of our vital organs are totally unfit to cope for any great length of time with the forces and factors encountered in daily combat.

What is Normal Structure?

Even the term normal structure is a relative one. Many are inclined to believe that normal structure means an absolute rule of structure. But this conception of normal is not accepted by biologists to-day for no one has been able to find anywhere in Nature an established norm of life. Even in chemistry laws that were once looked upon as absolute and immutable are now held open to constant revision, for it is conclusively shown that matter is surely, though imperceptibly changing. Evolution precludes the possibility of anything fixed or permanent in the universe.

*Many cases are recorded where persons who always lived apparently in the best of health, have suddenly met death and upon post-mortem examination certain of their organs have been found to be in a far advanced state of structural deterioration.

A recent writer on Osteopathy says: "Normal structure is that which is the rule among living things. . . . The rule in all living things is the maintenance of the longest, strongest and most productive life possible to its kind." It may be said in a general way of every species that it has established a rule of structure; however, this standard is only maintained by those of the species that survive in the best physical condition for the longest time, and to say that the rule in all living things is the maintenance of the longest, strongest and most productive life possible to its kind is, in the literal sense, preposterous. For most living creatures in their natural state bring forth offspring far in excess of the number that survive to perpetuate the species. Some parental pairs produce in their lifetime countless numbers of their kind; yet throughout Nature, where man does not interfere, the number of individuals of any species does not, on the whole, increase from year to year.*

The terrestrial plan of the continuance of life prior to the advent of man was by natural selection. And to-day all life not influenced by the volition and action of man is still simply the survival of the fittest. But man by the exercise of his acquired faculties, knowledge, reason and self-consciousness has set aside this law of natural selection; in reality, he has risen superior to both heredity and environment. "Man's will becomes power in Nature. Nature's inexorable discipline of death to those who do not rise to the standard, and survival and parenthood alone for those who do, has been from the earliest time more and more definitely resisted by the will of man. MAN IS NATURE'S REBEL. At every step of his progress man has receded further and further from the ancient rule exercised by Nature,† (i. e. survival of the fittest.)

In the human race, then, not only the fittest, but also the unfit, survive. It is a matter of every day observation that the unfit are often as likely to attain to parenthood as the fittest. And it is this condition, unique among the Children of Nature, that is responsible for man's anomalous structure and function from the moment of conception.

We have considered in a general way the terms health and normal structure. So let us, before pointing out the criteria of healthy spinal structure, study minutely the structure and construction of man's spine.

The Construction and Configuration of a Healthy Human Spine.

In man, in consequence partly of the disposition of the articular surfaces of the vertebrae, and largely of the elastic tension of some of the fibrous bands or ligaments, the spinal column, as a whole, has

several clearly defined curvatures, being concave in the neck, convex in the back, concave in the loins or lumbar regions, and convex in the sacro-coccygeal region; an arrangement which gives much elasticity to the whole spine, and diminishes jar communicated to the spine, and through it to the head, by locomotion in the erect position.

As already stated, curvatures in the different regions of man's spine vary so greatly in every healthy individual that it is impracticable to term any curve whatsoever a normal curve. In other words, the spinal contour of two healthy men of the same height, weight, age and girth of abdomen, chest and limbs, will often differ widely in corresponding regions. Yet for the diagnostician it is necessary that some standards of formation be accepted and recognized.

If we examine the spine of a foetus, we find that the only curve formed of truly movable vertebrae is the dorsal convexity.* Hence, it so seems, we are justified in concluding that this curve is organic to man as a species and is provided by nature in order to furnish greater room for his more heavily taxed heart and lungs. For in other vertebrates we do not find such a well marked dorsal convexity, indeed, in many it is entirely wanting.

But while man's dorsal and sacral curves are well marked at birth, due to the wedge-like configuration of the bodies of the vertebrae in these two regions, his lumbar and cervical curves are not developed at all because the bodies of the cervical and lumbar vertebrae are not of graduated thickness. That is, at birth, each body is practically of uniform thickness throughout; though later in life the bodies of the lumbar vertebrae may show the effect of greater compression dorsally than ventrally and measure less toward the skin of the back than toward the abdomen. And so we see that the bodies of the vertebrae themselves are not the prime factors that produce the cervical and lumbar concavities found in every healthy man's spine.

If we look further for the cause of the cervical and lumbar concavities we will find, between the bodies of all the articulating vertebrae, elastic pads. These fibro-cartilaginous pads, called intervertebral disks, are twenty-three in number. Pad number one occurs between the second and third cervical vertebrae and so on down the column in numerical sequence, pad number twenty-three being placed between the fifth lumbar and the sacrum‡.

*The vertebrae of the sacrum and the coccyx, forming the sacro-coccygeal curve, develop, of course in utero, but soon after birth the cartilagenous matter of which they are formed unites and ossifies.

†The atlas, or vertebra that supports the skull, consists only of a bony ring without a solid extension as in other vertebrae. Consequently the first cervical has no elastic pads. This anomalous construction of the first cervical is compensated for by the odontoid (i. e., tooth-like) process of the axis or second cervical which projects vertically through a special compartment in the atlas as a pivot for rotary movement of the head.

* Dr. David S. Jordan: "Animal Life."

† Lankester: "Kingdom of Man."

So much for the interposition of these semi-elastic cushions in the spine; now let us inquire as to their structure and function.

It is a matter of considerable meaning that these interposed disks form almost one-fourth of the total length of the movable column; that they are firmly adherent to the bodies of the adjoining vertebrae; and conform in shape to the bony surfaces which they touch,* being oval in the cervical and lumbar region and heart shaped in the dorsal region. They may be compared in configuration to a double convex lens, hence they are described as being lenticular in form. They attain to greatest thickness in the lumbar region and are thinnest in the dorsal region.

Now, as a child begins to walk upright and to hold its head erect, and as the weight of the body bends forward the lumbar region and the weight of the head bends forward the cervical region, the intervertebral disks are compressed on their outer side toward the skin of the back. So we see it is the graduated thickness of the intervertebral disks in the cervical and lumbar regions that determines the concavities of man's spine. And as the degree of graduation of these disks depends upon an infinite variety of conditions and circumstances, the cervical and lumbar concavities may or may not be well marked in a healthy spine.

To summarize: The dorsal convexity is always present in every healthy spine and more or less fixed in form; it is the only curve we can predicate, because it is now distinctly human and the product of possibly eons of evolution. This curve is purposive, i. e., it serves the double purpose of being shaped so as to protect the heart and lungs and also to break shocks to the spine and to the body in walking upright. To anyone with a knowledge of the morphology of the spine, it is at once apparent that this curve is *A PRIORI*. The other curves in the movable column are consequential, that is, determined by individual development, as when the individual began walking, the structure of his body—whether he is tall or short, heavy or light, etc. Consequently the only curve in the movable column that can be looked upon as a criterion of health is the dorsal convexity; and even of the dorsal curve the most that can be asked is this: "Is its curvature well marked and definite?"†

*In the cervical region where the lower margin of the super-imposed vertebrae is overlapped on each side by the one which bears it, the disk does not extend to the extreme lateral margin.—Cunningham.

†It is true that every healthy spine has a marked concavity in its lower part, more pronounced in women than in men. But contrary to a prevalent notion among students, and even physicians, this concavity is not due to a marked curving of the lumbar region, for the lumbar region as we view it in the living subject, bends forward but slightly in a healthy man. In other words, the lumbar curve is more apparent than real; what really produces this concavity which the layman terms the "small of the back" or "the hollow of the back," is the sacrum arching forward below and the lower dorsal vertebrae sloping forward above the lumbar region, the lumbar region forming merely the floor of the cavity.

Further, it is true that the spines of the cervical vertebrae palpated through the skin and muscles of the back of the neck present a marked concavity; but this concavity is no criterion of the adjustment of the cervical vertebrae, for it is due solely to the fact that the spine of the axis or second vertebrae is prominent in the upper part of the back of the neck, and the spines of the sixth and seventh vertebrae are prominent in the lower part, while the spines of the third and fourth and fifth vertebrae are very short, in fact, often palpated with difficulty. Still further it is a point of practical importance to note that while the concavity of the cervical spines is more pronounced than the concavity of the lumbar spines, yet the curve of the bodies of the cervical vertebrae is less marked than the curve of the lumbar bodies.

As to the curve of the immovable part of the column, namely, the sacro-coccygeal region, little need be said. The sacrum articulates above with the fifth lumbar, below with the coccyx and laterally, on either side, with the right and left innominate, or hip bones respectively. The first named articulation is freely movable, the other three only partially so.

Since all four joints are capable of some movement, the angle which the sacro-coccygeal curve makes with the lumbar depends somewhat upon the adjustment of the articulating surfaces, and this adjustment, in health, depends upon a variety of conditions, as the shape of the bones, the carriage of the body, the height of the heels of the shoes, etc. It might be added that, even in health, the coccyx instead of articulating so as to make a curve with the sacrum, often articulates so that with the sacrum it forms an angle more or less obtuse. Thus we see that the curve of the immovable column, per se, is no criterion of the health of the spine or of the body. Indeed, as noted above, the spinal column has but one curvature that can be looked upon as a reliable guide in diagnosis, viz: the dorsal convexity, and the most that can be said of the latter flexure is this: Its curve must be well marked and definite.

Conclusion.

We have seen, concerning the curves of a healthy spine, that so greatly do they vary in every healthy individual that it is impracticable to term any curve a normal curve; in other words the spinal contour of two healthy men of the same weight, age, height and girth of abdomen, chest and limb, often differs widely in corresponding regions. Moreover, incomplete, clumsy and inadequate curves are often found in one or more regions of the spine. Further a lateral curvature is usually found in the dorsal region. In brief, the general appearance of the curves in a healthy spine conveys the idea of inefficiency and asymmetry, hence the following conclusion is reached, contrary though it is to generally accepted beliefs and authoritative statements among well known writers.

The formation of man's spinal curves is governed by no demonstratable law excepting the law of gravity. Externally, the spine is shaped by the individual body which it supports. As no two bodies are alike in their adjustment within themselves and with their environment it follows that, so far as configuration is concerned, that is, external form and figure, there is no such thing as the normal human spine. In other words in the evolution of man the norm of human spinal structure has not been reached,—although from extended observations it seems that in all vertebrates, except man, the norm of spinal structure in a

given species exists. More will be said below about the spines of quadrupeds.

We have thus far shown that obvious structural inadequacy is not inimical to health, unless there are found in the spine evidences of diseases other than the deformity itself. So it is necessary at once to learn to differentiate between a spinal deflection inimical to health and one compatible with health.

Spinal Defects Inimical to Health. Actual Perversions or "Lesions."

It is suggested that we term a spine unhealthy when it presents a pathological condition in any of its constituent parts. The pathological conditions most commonly found, in their order of frequency by osteopaths who specialize upon this aspect of clinical study are (1) muscular perversion, i. e. congestion or contraction, particularly of the third and fourth layer; (2) deep-seated exudative deposits, the result of chronic hyperaemia of spinal muscles; (3) deep-seated overgrowth of the connective tissue with subsequent contraction, interfering with motion of the spinal joints; (4) thickened spinal ligaments, restricting joint function; (5) articulating surfaces fixed by muscular contraction or overgrowth of tissue, i. e. two articulating surfaces held in position either of normal approximation or of flexion, extension, or rotation, partial or extreme; (6) weakening of ligaments; (7) wasting of muscles; (8) altered dimensions of intervertebral discs, causing or the results of, spinal deformity; (9) caries of vertebrae; (10) ankylosis between vertebrae; (11) fracture of vertebrae; (12) partial or complete vertebral dislocation, meaning that the articulating surfaces of two adjoining vertebrae are torn apart and remain disjointed. This twelfth condition is a grave one, and, therefore, it is fortunate for humanity that the vertebrae are very rarely dislocated.

Local Symptoms and Signs of Spinal Perversion.

In the study of local symptoms of spinal perversion, it is well to understand from the outset that absence of pain or discomfort in the spine does not signify absence of spinal involvement. On the contrary, in many cases the patient complains of no unpleasantness whatever in the spine or in tissues adjacent to the spine. Of course, we do find in many patients severe spinal pain or discomfort, associated with only slight difficulty in the spine itself; but, as just stated, this is by no means always the case. Let us now proceed to study these conditions as we find them.

Patient Sitting.

In examining the upper cervical region, it must be borne in mind that the vertebrae involved often possess transverse processes not bilaterally symmetrical in their development. Upon application of deep pressure between the spinous and the transverse processes, where an articular lesion exists, (1) patient usually complains of soreness or "stiffness," as he often puts it; and sometimes acute pain is thus elicited; (2) the examining fingers meet with tissues that are non-resilient; (3) deeply situated, irregularly outlined masses that feel denser in consistency than the surrounding tissues, are often found near the articular processes; (4) the consistency or density is not uniform as determined by unequal resistance to the palpating finger; (5) certain muscle fibres feel taut and, when the examining fingers are slipped over them stand out tense and ridge-like from adjacent tissues. The examiner should not make any sudden, severe thrust, for such a movement not only hurts and frightens the patient but also causes even healthy muscles to thicken and tighten and feel abnormal. Upon palpating the anterior muscles and tissues, soreness, congestion, muscular contraction and lymphatic glandular enlargement are found.

These findings are verified by bringing into activity the joints and muscles involved. First have the patient move the head so as to throw into play the different upper cervical muscles and upper cervical articulations, e. g., have the patient bend the head forward, backward, antero-laterally, right and left, and postero-laterally, right and left; then have him rotate the head to the right and to the left, first with the chin elevated, second with it tilted normally and third, with it depressed. Finally carry the head, face directed straight-forward, to the right and to the left. Throughout the movement the shoulders should be in the position of normal repose. The result of these movements when pathologically involved articulations or muscles are called into function, is this: (1) movements are restricted or often prevented; (2) efforts at movement cause pain, sensation of drawing in the neck, and often shooting pains in the head, eyes, etc.; then again pain may be absent; (3) palpation of the involved tissues or joints at the time of movement or attempted movement, demonstrates diminished or lost function.

To verify these findings, the operator should, with the patient passive move the patient's head in the manner just described. It is well to remember, that when considerable discomfort results or great resistance is encountered in the tissues upon attempt at movement, forced movement, either voluntary or involuntary should not be made.

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To verify these findings, the operator should, with the patient passive move the patient's head in the manner just described. It is well to remember, that when considerable discomfort results or great resistance is encountered in the tissues upon attempt at movement, forced movement, either voluntary or involuntary should not be made.

Patient Lying Supine.

In this position, deep seated deposits, when they occur, are more easily delimited, and the nature and location of the lesion more accurately determined; also the involvement of the anterior structures is more readily palpated. The symptoms elicited upon pressure and movement when perversion occurs, are much the same as those found with the patient sitting.

Patient Lying Prone with Head Extended Beyond Edge of Table.

One hand of the operator supports the patient's forehead or chin, lowering and raising the head; the thumb or fingers of the other hand presses deeply in the suboccipital region. Thus soreness, tenderness, thickening of tissues, and restricted movement will be demonstrated in upper cervical involvement.

In the dorsal and lumbar regions the spine is examined with the patient standing, sitting, lying supine, lying prone, and lying right lateral and left lateral. Joint function is tested and the softer tissues are palpated; and if lesion exists the symptoms and signs are on the whole much the same as those found in the cervical region.

Definition of a Healthy or Normal Spine.

We may best sum up the matter presented in this paper by defining in the following terms a normal or healthy spine:

A spine may be looked upon as compatible with good health, no matter what defects its configuration presents to the examiner, if the following criteria obtain: (1) vertebrae themselves are sound, i. e., not diseased through caries or traumatic injury; (2) the intervertebral disks are adequate in dimensions and healthy in consistency, as determined by absence of FIXED curvature; (3) the connecting and supporting ligaments are intact and are of good tonicity, as determined by absence of pain, flabbiness, atonicity and swollen or congested areas; and (5) the articulating surfaces are exactly adjusted and adequately lubricated, that is, the spine is in a state of serviceability that permits of all naturally intended movements without undue restriction from articulating ligaments.

So much for the column in its anatomical aspect. We are now to consider the cause of its universal abnormality in morphological development.

Public School Inspection from an Osteopathic Standpoint

BY DR. E. H. BEAVAN, CEDAR RAPIDS, IOWA.

Disease prevention can be accomplished by proper methods of detection; public school inspection is for no other purpose. For this reason parents and all interested in child welfare should co-operate with the doctors who are engaged in the work of school inspection.

I believe that the Board of Health and Health Officers are doing all in their power to prevent disease and the spread of all contagious diseases, and local interest in every community in health matters, should be stirred up by practical measures. No men or women can become good physicians unless they are thoroughly versed in preventative medicine. We, as osteopathic physicians, should bring before the public the fact that we are giving to the world the results of our scientific investigations. I believe that physicians of every school are trying to make health conditions better, and preventative measures are necessary in order to get results.

Osteopathy can do a very great deal to improve the health and physical condition of children and it is no economy to keep such knowledge from the people.

Iowa, for example, has a school population of over 600,000, so that placing it at a low estimate there are 200,000 children that need treatment during each year and 90% of these cases could be cured osteopathically.

One of the things that the public needs to be enlightened upon is the fact that Osteopathy treats acute conditions successfully. Why, many people are led to believe that unless there is some spinal trouble the osteopath is not the one to consult. Just let your mind run back and see what a few treatments did in a certain case, or, if you please, just see what a SINGLE treatment will do sometimes. In acute conditions the lesions are mainly muscular as distinguished from the specific osseous lesion found in chronic diseases and our treatments are based upon a minute knowledge of Anatomy, Physiology, Chemistry and Pathology. With proper knowledge of these subjects the osteopathic physician is in a superior position to handle these cases, and the practical test of our treatment falls upon the field members; we are not doing all that is possible and our practitioners are capable of greater and better work.

Osteopathy as a school of medicine is not specialism; osteopathic practice is a speciality only as we choose to limit our practice to a certain line of diseases.

Most children suffer from the lack of simple living, the modern city life keeping them on a constant tension, both mentally and physically, and the diseases that can be traced to this cause are well known; when we look into this subject, we find that it is important to get these cases as early as possible. How often we are told by the mother, when we are called to see cases of children, that the family doctor said the child would "out grow" it, that medicine would do no particular good. I believe the doctors are thoroughly honest in this, but do the children always "out grow" these troubles? Here is the starting point of many and many of our chronic cases, cases in which a dozen treatments at the onset would do more good than six months treatment might do in later years, besides giving relief from ills that cause a great deal of suffering.

Only a few months ago I was called to see a girl who had suffered with headache and nervous disorders for some three or four years, and who found almost immediate relief in osteopathic treatment. What does it mean to her? What would it mean to thousands of cases that can be cured osteopathically? I believe it is almost a crime to give a child a drug in nervous disorders. Every girl in coming to maturity should have more or less osteopathic treatment. Dysmenorrhea positively should not exist; it is usually associated with highly nervous temperaments and points to general nervous disorders; osteopathic treatment corrects such disorders and is the only therapy that will.

I hope you will not think I am going too far when I say that many children are stricken with acute ills and die when osteopathic treatments might have saved them. Surely we can say that all has not been done, that can be done, until the patient has had an osteopathic examination, and this does not mean, to be called in when the patient is in a dying condition. Time was when we used to send literature to all the cripples and chronics we heard of. Now we want to educate the parents not to neglect the little children's ailment, and let them run on and on for years. Preventative medicine does not mean the treatment of old chronic cases, but it means the care of the child, and when we become firmly established in this field we shall have a per cent of cures we shall be proud of and one which will be very gratifying to the parents as well. Some of our leading osteopaths say they do not take acute cases and some do not treat children. Is this not a serious handicap to the development of our science? The busy city osteopath can do this and I have no personal

feeling against him, but he is hindering our development along certain lines.

The nerve centers are more easily exhausted in children than in later life, and prolonged or continuous strain from any cause will frequently lead to headache, chorea, and sometimes even to epilepsy and insanity; so the condition of the nervous system in children is of the utmost importance. All stimulants should be avoided to insure a healthy development of the nervous system, also undue excitement or fright, the effects of which sometimes are serious. In speaking of the effect of drugs upon the nervous system, I quote Dr. S. J. Crumbine, Sec. of State Board of Health of Kansas, who says, "The board was startled by the statement, and at once appointed a committee to make investigations and report plans to stop the sale of acetanilid." This drug, Dr. Crumbine said, is the chief component of many headache remedies in Kansas and because of its habit-forming tendency it is as dangerous as either morphine or cocaine; moreover, it does not cure the headache but merely numbs the pain.

With osteopathic public school inspection followed up for a period of years with proper treatment of the child we could reduce the number of patients in hospitals, sanitariums, reformatories and asylums, twenty to twenty-five per cent, for most certainly the healthy development of the child means a great reduction in the number of chronic invalids. We do not stop to think what a few treatments may mean, nor does the patient realize what it means in after years. I recently met a young lady whom I treated some twelve years ago for asthma; she was then six years old, now she is a grown young woman. She told me she had never had any trouble since the treatments and she only had about fifteen treatments in all. Give the osteopaths a chance to treat the children and we will save thousands and thousands of them from growing up with some chronic condition to hinder their healthy development. You all can recall such cases and many of them. We are public spirited citizens and progressive, and it is our duty to strive to prevent sickness; we do not lose the good will of the patient by referring him to the surgeon or to the specialist if need be, but I believe we lose prestige if we promise something we cannot give. In making examinations we often find conditions where surgery is indicated. Enlarged and diseased tonsils and adenoids are conditions which should receive proper surgical care, and such conditions when allowed to run on indefinitely will impair the health as much or more than any other cause, due to absorption of toxic poisons.

Two points of special interest in the osteopathic diagnosis of children is the examination of the spine and the nervous system. Remember, the curves are not fully developed until adult life, but the physical examination of the spine is practically the same for all periods of life. We should be well acquainted with every phase of child sickness to make a thorough examination. We usually begin by asking our adult patients how they feel, this we cannot do with the child. Many times all a careful mother can tell is that the child is "not well," and the osteopath finds that the muscles are on a strain from pain or fright or from crying. When we consider the disorders of the nervous system we find them many and varied, and convulsive diseases are of spinal importance in childhood not only as complications of grave disorders of the brain, but also as manifestations of GENERAL disorder and disturbance. The osteopath is a specialist on the diagnosis of the spine, but one of the easiest things in our profession is to become slip-shod in our examinations. Osteopathy is broad enough to meet these conditions from every standpoint; preventative medicine should be every physician's real work, no matter what school he may belong to. We, as osteopaths, have too much neglected it; it is of great value to society to cure disease, and it is of greater value to prevent it. People are coming properly to realize the importance of preventing disease, and are beginning to understand that pure air, water and food are all-important factors, while clothing, diet and habits in general should also be closely watched. We should strive to broaden our usefulness; we can do this and still keep before us the philosophy of osteopathic science; the necessity for operating is thus greatly reduced. For example, acute appendicitis with the proper osteopathic treatment, requires a very small per cent of surgical work; indeed, 90 per cent of such cases can be cured without the knife. However, it is just as important to recognize the ten per cent that are surgical, as they require quick action usually.

The bowels of children are easily regulated by osteopathic treatment; St. Vitus dance if treated in the early stages can most always be cured. Enuresis can often be cured in a few treatments, and so with a long list of the contagious diseases, such as whooping cough, measles, mumps, scarlet fever, pneumonia, diphtheria and the like. The more serious conditions are due to the fact that the little bodies are not properly NOURISHED and if we could KNOW the condition of the children we would find that for MONTHS previous to their illness they were not properly nourished.

In the great majority of acute ailments the patient will recover quite as readily without drugs as with them; in diseases of the stomach

and intestines there is a great deal of over-medication, and many times it is very much to the detriment of the patient. The famous Dr. Holt says that "cod liver oil" stands at the head of the list of "tonics" for young children; how much better results we get with osteopathic treatment than with tonics. The same author also advises against the use of opiates in the treatment of children. A child will get more natural sleep from an osteopathic treatment than from the use of any opiate.

Headaches are not very common in children and when they do occur they should never be neglected. We find in children toxic headaches resulting from uraemia, poorly ventilated rooms and malaria, but the largest number are due to the absorption of toxins from the intestines and are associated with chronic indigestion and constipation. Again we find headaches of a nervous origin, that occur in children who are highly neurotic, caused by nervous exhaustion resulting from over pressure in schools and from mal-nutrition; such conditions all result in disturbances in sleep and rest, and the osteopath is especially well fitted for eliminating and correcting these predisposing causes.

When it comes to the examination of the spine we have a method that stands alone and we should be especially alert in this field. Defects in standing, sitting and walking are potent forces in paving the way and are the beginning of many ills. There are cases where osteopathic lesions are well marked but relief is practically impossible until the environment of the patient is bettered. As physicians, interested in public health and prosperity, we should do everything in our power to bring the next generation up to the highest state of usefulness. There is no doubt but that drink, cigarettes, the dime novel and the moving picture shows, that depict murders and robbery, work a great injury to the development of the child. A little boy of six or eight who learns to smoke cigarettes is doing that which makes a strong and vigorous manhood impossible and it is our duty as physicians to make this known, and to work for better conditions.

How can we do this? Broaden our field of education; broaden our field of advertising; let the people know what Osteopathy can do and is doing every day. We could select a dozen state publications and reach a million people. We should have an advertising committee and cures made throughout the state that seem unusual or marvelous, should be sent to this committee and used in the interest of the profession and not to advertise the man who treated the case. These reports could be copied by local papers and should the local osteopaths wish to pay the expense of the advertisement, they might run them as news items every month or so. I believe in judicious advertising and telling people the impor-

tance of our getting some of these cases as early as possible for by that means we would reach several thousand more cases and make many more cures. We would strengthen our standing materially, and very soon, we would be much stronger than we are. We are all busy and satisfied to be busy. We make cures that the patients' neighbors don't know about many times, and there may be a dozen within a few blocks that could find relief in Osteopathy. It is our duty to tell the people concerning the facts about Osteopathy. You ask why? Because there is not a shadow of a doubt but that a life could be saved many times by so doing. You may take ten children and with a few treatments you will cure them all. You may take one chronic invalid of ten to twenty years standing and treat him six months or a year and you will help him some; we take more interest in quick results, the people talk of quick results.

I must mention a case I treated for intussusception of the bowels; a girl fourteen years old, and a case that had been serious for a period of two weeks. Surgeons said there was only one chance in a thousand for her, and that was to operate. After all arrangements had been made at the hospital, a friend of mine suggested that she try Osteopathy. The surgeons told the mother that if she wanted to KILL HER, just to call an osteopath. I was called, however, and gave six treatments within forty-eight hours with no results, giving high rectal enemata; discouraged with my own efforts I told the mother if she wanted to take her to the hospital not to let me stand in the way. The mother telephoned me about one a. m. that the girl was vomiting violently and raising a great deal. I told her that was the best thing that could happen to her, and an early message the next morning brought the news that she had had twelve movements about thirty minutes apart. The patient lay prostrated from weakness for two days when I repeated the dose with practically the same results and this time removed the obstruction. This occurred about three years ago, and the girl lives today, strong and well, while I doubt if there are fifty people who know of the case of Maude Joslyn. The people of Iowa ought to know of such cases; a million people ought to know of this case and many others also. Why? Because people are afraid to trust themselves to Osteopathy. I recall a case of pneumonia in a boy. I told the boy he had pneumonia and he sent for his father. The latter knew nothing of Osteopathy but said he was a sick boy and must have some medicine. He was hurried off to the hospital and that was the last I saw of him. The lungs consolidated and he was given heart stimulants and died in a few days. I shall always believe that that boy would have gotten well under osteopathic treatments. They always relieved him and he rested well, and there was no cause for

alarm when I last saw him. I recall a case of acute appendicitis in a boy twelve years old. The mother was stormed all the time by neighbors telling her he ought to have medicine or an operation, until the mother and myself both were almost wrecks by the time the boy got well. It was a severe case and he made a complete recovery and has had no trouble since, and that was about four years ago. Sometimes I don't wonder that osteopaths dislike to treat acute cases, but what shall we do? Shall we continue the fight? I want to see the osteopaths work together.

We are interested in the success of EVERY OSTEOPATH IN IOWA. I am always glad to hear of any one being cured by Osteopathy. We believe we are entitled to the same rights as our medical brethren, in public school inspection, in public health and sanitation matters and in the examination for insurance of all kinds. I want to see our societies progressive. I want to see the Colleges of Osteopathy successful. I would like to see an osteopath in every town over five hundred throughout the country; the people in these towns are calling for them. We could interest young college men and women in Osteopathy if we tried. The future of Osteopathy depends upon getting these young people to take up the work. I call to mind a young man, a graduate of an osteopathic school, whom I advised to take up the work some nine years ago. He was then teaching school in a college for about \$75.00 per month. He has been very successful and his business always runs better than \$4,000 a year, and to this day when he writes me he never fails to thank me for the advice and aid I gave him, which made it possible for him to take up the study. There are hundreds of just such young men in every state. Let us help the schools put men and women in the smaller towns where they will have the opportunity to reach even more acute cases. It is through the schools that our ranks are replenished; whenever our schools fail, the progress of Osteopathy will cease; our new graduates hardly fill up the vacancies occurring in our ranks. This should not be, for there are millions of people who have never heard of Osteopathy but who need our treatment and our schools are in need of students. We have been called all kinds of names by the medical profession, and we have bowed our heads in an effort to maintain our dignity until we do not even mention Osteopathy when there are a thousand times when a little explanation would do good. The medical profession go right along and do the very thing they condemn us for doing. Advertising new remedies and new discoveries in the medical world that will TEND to revolutionize the treatment of such and such diseases. We all know what our methods will do, and if we can educate people to the value of osteopathic treatment we are not doing our duty unless we do it, using short educational matter of interesting cases or short articles on the treatment of certain diseases.

Every teacher in all the schools should have a knowledge of what Osteopathy can do. The school teacher in all ages has been held responsible for the physical welfare of the pupils during school hours. I have always found teachers interested in the scientific treatment of children and there ought to be some way by which they could receive osteopathic literature. Very few of them would subscribe for it, and it should not go to them with some one's card attached. It should go in the interest of Osteopathy, in the interest of scientific knowledge.

It is pitiful to see a small child wearing great big glasses. What is the trouble? You all know a large per cent of these cases can be corrected by osteopathic treatment. Anatomical derangements affecting the eye may be found anywhere from the sixth dorsal—including the ribs—to the occipital bone, the majority of the lesions being located in the upper and middle cervical, some being vertebral and some muscular. The treatment of the eye alone offers a wonderful field for osteopathic development. It has been the custom when children had any eye trouble to send them to the oculist, with the one result, they must have glasses, no matter what the cause might be. Osteopathic treatment given in these cases helps remove the CAUSE as in the treatment of any case. When the fifth nerve is involved it is usually caused by a subdislocated atlas or axis, and springing the inferior maxillary open relieves contracted tissues and stimulates facial points of the fifth nerve. Pterygium can be helped by correcting the vascular supply of the surface of the eyeball, and freeing up an obstructed tear duct when found. The lesion is usually in the upper three or four cervical. Trouble involving the middle cervical ganglion will sometimes contract the pupil and disturbance at the second or third dorsal will frequently dilate it. Myopia, hyper-metropia and astigmatism are often helped through osteopathic treatment by re-establishing an impaired blood supply. And take the many other cases of eye trouble associated with headaches, nervous disorders, stomach, liver and kidney complaints, and here we have a field where we can do good work by looking after the physical condition of the child. In hundreds of such cases glasses are not indicated.

Public school inspection in my opinion does not necessarily mean to be appointed to public office, but it simply means the care and treatment of children. It is our own fault that we are not doing more of this work, unless we help our Colleges put more men and women into the field in the smaller towns we cannot expect to get it. People are calling for osteopathic treatment, but we cannot handle these cases at a distance of thirty or forty miles; it is results that count, and we must have a man in the territory, or else we cannot establish Osteopathy in that territory. Let us work to that end.

Forum

MR. EDITOR:—

We have just finished another contest in the legislature down in Georgia. This time the allopaths introduced a bill to have a composite board of one osteopath, one homeopath, two eclectic and five allopaths. Georgia at the present time holds the distinction of being the only state in the union with four separate independent boards. This fact was used by the allopaths as an argument favoring their bill. We osteopaths, in a consultation with them before the bill was introduced, in a very positive manner gave them to understand that we would not stand for a composite board and if we did we would not tolerate a majority on such a board from any school. The next day two of the leading allopaths came to my office and told me that they had had a consultation after I left their meeting the night before and that they had concluded to leave us with our own board and that they would take it up with the homeopaths and electics. As this was all we had contended for for ourselves we could but acquiesce to their proposition. So we dropped out of any active, open opposition. The electics hired a lawyer and opened up opposition. This lawyer was much in consultation with me on account of my extended experience in these legislative matters. I guided him as best I could, but one day when no one seemed to be paying any attention a lawyer employed by the Chiropractics got an amendment to the bill exempting them from standing an examination before any board, their lawyer telling the committee in the senate that such an amendment was a compromise with all the opposition. With this I opened up communication with the allopaths and proposed to help them get an amendment in the House, cutting this Senate amendment off and making these fakers come before our board or the other one. The man I talked to seemed to favor that very much, but after consultation with some of the others he told me that they were afraid at that late hour to try to amend it as they might lose it. I then made up my mind I would do my best to kill it. I at once went to work on the Rules Committee which holds the fate of all bills in their hands at the close of the session. I took them out and entertained them and as most every one on that committee were good friends of mine, of years standing, I got in my work and we killed Mr. Allopath's bill right. The electics fought them hard all through but when we joined them we soon whipped them out.

The eclectic medical college here in Atlanta is the oldest medical college in Georgia, being seventy-three years old. They have now given the osteopaths the right kind of recognition. They have concluded to give three year osteopaths entrance into their senior year and graduate them in one year; the two year osteopaths enter into the Junior class and graduate them in two years. This at any rate is their attitude toward us this year and if any osteopaths desire an M. D. degree they can say that opportunity meets them half way..

There is an allopath school here also that gives osteopaths two years off. I will be glad to give any one information on this question, if they are interested. We understand that the allopaths are going to try their bill next year.—M. C. HARDIN, M. A., D. O., Atlanta.

August 28, 1912.

Editor of Journal of Osteopathy

Dear Doctor:—Thinking you would like to know the action of our State Association regarding the appointment that was tendered me by Gov. Shafroth, I am enclosing the letter we sent to him.

As you may remember I placed the matter in the hands of our State Association for action as I considered it was not a matter for me to decide personally as it affects every practitioner in the state.

Fraternally yours,

JENETTE H. BOLLES.

August 15, 1912.

To the Hon. John F. Shafroth,
Denver, Colorado.

Dear Sir:—

The last of June we asked you for further time to consider the question of the appointment of an Osteopathic Physician upon the State Board of Medical Examiners in order to get a reply from that Board to certain questions submitted to them.

The reply was both indefinite and unsatisfactory. It was submitted to our State Association at their semi-annual meeting. The members of our profession appreciate to the fullest extent the honor conferred and most sincerely thank the Governor for his recognition of Osteopathy. Still we must remember the fact that there is no legislation for Osteopathy in this State and that there is no assurance of future Governors following the example of Governor Shafroth.

At the mid summer meeting of the Colorado Osteopathic Association the following resolution was adopted:

Resolved, That, we express to Governor Shafroth our hearty appreciation and thanks of the recognition shown our profession in the appointment of Dr. Jenette H. Bolles as a member of the State Board of Medical Examiners.

But that on careful consideration we deem it unwise for any Osteopathic Physician to accept such a position at this time.

Again thanking you in the name of the profession.

Most respectfully yours,

G. W. PERRIN, President,

J. A. STEWART, Secretary,

JENETTE H. BOLLES.

Committee.

WINSLOW'S SOOTHING SYRUP A POISON.

According to the good sense of the British Pharmacy Act the above-named preparation was compelled to carry on its label the following significant words: "This preparation, containing among other valuable ingredients, a small amount of morphin, is, in accordance with the Pharmacy Act, herewith labeled POISON." The proprietor, therefore, rather than put such a damaging label on the drug, changed the prescription so that, in England, instead of morphin it now contains potassium bromid, and still advertises that "this valuable preparation is the production of one of the most experienced and skilful nurses in America." Comment is unnecessary.

Associations

National Association of State Secretaries.—Minutes of the First Annual Meeting. Detroit, Mich., July 30, 31, August 1. In response to the call for a meeting of State Secretaries, during the annual meeting of the A. O. A. 1912, twenty-one states either sent the secretary, or delegated some one to represent their state at this conference. The first session was called to order on Tuesday at 9 A. M. with twelve delegates present. Dr. Elton, of Wisconsin, called the meeting to order, and, after briefly outlining the purpose of the conference, temporary officers were selected as follows,—Dr. E. D. Heist, Ontario, Can., Chairman, and Dr. E. J. Elton, Wisconsin, Secretary.

As announced upon the informal program, the subject of "The Practicability of the Formation of a Secretaries' Conference" was discussed, with the concensus of opinion of those present that the proposition was one which was needed by the A. O. A. as an adjunct to that organization.

Dr. C. B. Atzen of Omaha, Nebr., was present at this session, and stated that in his opinion, this movement looked to him as one of the most important things to be done, declaring that, with co-operation much good could be realized.

Dr. Upton, Chairman of the Membership Committee of the A. O. A. was also present, and urged the secretaries to consider the matter seriously, stating that he believed such an organization and the membership committee would have much in common.

Dr. G. E. Phillips, Dr. A. P. Kottler, Dr. Effie E. York, and others offered valuable suggestions.

Dr. A. P. Kottler, of Illinois, raised the point of efficiency in secretarial work, and it was voted to request Dr. Kottler to present to the secretaries at the next session his methods of work in detail.

After informal discussion it was voted to adjourn until Wednesday morning at 8 o'clock.

Wednesday July 31. Meeting called to order by Dr. Heist, Chairman.

Dr. Kottler of the Illinois Association presented his methods of recording membership in loose leaf book, especially adapted for such purpose, manufactured by the John C. Moore Corporation, 65 Stone St., New York, (this book is kept on hand by many stationers). One of the things pointed out by Dr. Kottler was the urgency of keeping, at all times an up-to-date directory of the state association so that the National Secretary or other committees can be furnished correct information at a moment's notice. These records of the Illinois Association were highly commended and recommended to any state association whose methods need revision. The plan is especially adapted to a large association.

Dr. E. H. Cosner of the Ohio Association pointed out the necessity of each association keeping an up-to-date directory, of a size convenient to keep in pocket, stating that he had found them invaluable for distribution among the traveling public, in the recommendation of one Osteopath to another.

Informal discussion followed which brought out many good points of value to a secretary.

Upon motion the Chairman appointed Drs. Atzen, Phillips, and Arlowyne Orr, a committee to report the following morning on permanent organization. Meeting adjourned to Thursday A. M. at 8 o'clock.

The organization committee met with the temporary chairman and secretary, Wednesday evening on the boat, and prepared tentative plans to be submitted to the conference at Thursday's session.

Thursday A. M. Meeting called to order by the chairman. Minutes of previous meeting read and approved.

The following communication was read from the Board of Trustees of the A. O. A.:

Resolved by the Board of Trustees, "The Board of Trustees wish to call attention to and commend the recent formation of the Association of State Secretaries; and to point out to the State Associations the great importance of securing and continuing in office as long as practicable the best available and most capable person as secretary, to the end that there may be maintained a more uniform system of work incident to that office, and to bring the various State Associations into closer touch."

And that a copy of this resolution be submitted to the State Secretaries' Associations now in session.

Dated 3 P. M. Tuesday, July 30, 1912.

The committee on organization reported for consideration the following constitution:

Article 1. This organization shall be known as the National Association of State Secretaries.

Article 2. The purpose of this Association shall be to unify the activities of the State Associations with the A. O. A., to educate the various secretaries to a higher state of efficiency; to promote the science of Osteopathy throughout the world.

Article 3. The membership of this Association shall consist of the Secretaries of the various state and similar associations.

Article 4. The officers of this Association shall consist of a Chairman, Vice-Chairman, and a Secretary-Treasurer.

Article 5. Duties of officers.

Section 1. The chairman shall preside at all meetings of the Association and shall perform such other duties as usually belong to that office.

Sec. 2. The Vice-Chairman shall perform the duties of the Chairman in the absence of the latter.

Sec. 3. The Secretary-Treasurer shall keep a record of the transactions of the meetings of the Association; shall notify appointees of committees and perform such other duties as usually belong to this office.

The committee recommended the above as tentative plan for the ensuing year, and, upon motion the same was unanimously adopted.

Officers for the year were selected as follows: Dr. Edgar D. Heist, Berlin, Ont., Canada, Chairman. Dr. H. L. Chiles, Orange, N. J., Vice-Chairman. Dr. Edwin J. Elton, Milwaukee, Wis., Secretary-Treasurer.

Motion prevailed that discussions during present session be limited to three minutes.

Dr. A. P. Kottler offered the following topics for consideration during the ensuing year: State Certificate of Membership, Punctualities in correspondence, Directories, Membership, Censorship, Pooling car fares to annual meeting.

Dr. York stated that it would be well for each state to know what the others have done in the matter of co-operating toward the success of this Secretaries' As-

sociation. In this regard it was found that California, Illinois, Kansas, Wisconsin, Indiana and other states arranged for the paying of a part, at least, of the expenses of their Association Secretary to the conference at Detroit.

Dr. Montague of the Indiana Association recommended that this body suggest to the various State Associations that each of them plan to send their Secretary to the State Secretaries' Conference in future.

In the discussion which followed Associations were found to vary in their compensations to their secretary, for services rendered and in paying of expenses to this conference. This of course, is a matter for each state to adjust, and where State Associations are large, with consequent duties, it would seem but just and commensurate with such duties, to compensate for the work of a Secretary's office.

Further suggestions were to the effect that an official Secretary's Post Card be adopted, that every secretary watch for items published regarding any matter of interest in the progress of the profession, which might appear in the general magazines; that an endeavor be made to organize associations in States where no organization now exists.

It was voted to request the A. O. A. Journal; The O. P.; The Journal of Osteopathy and the Western Osteopath to publish the minutes of these meetings.

Representation at this conference was as follows: California, Colorado, Florida, Indiana, Illinois, Kansas, Louisiana, Maine, Michigan, Minnesota, Mississippi, Missouri, New Hampshire, Nebraska, New York, Ohio, Ontario, South Carolina, Texas, Utah, Wisconsin.

Respectfully submitted,

EDWIN J. ELTON.

Ontario Osteopathic Convention.—The twelfth Annual Convention of the Ontario Association of Osteopathy was held in the Temple Building, Toronto, on September 2. The attendance of members, though not as large as usual, was enthusiastic and the following excellent program was listened to with much interest: 9:00 Meeting of the Executive. 9:30 Formal Opening. Business Session; Reports of Committees, Auditors, Delegates, etc.; Applications of New Members, etc. 10:30 Demonstration of Exercises Accessory to Treatment, Dr. Wm. S. Nicholl, Philadelphia, Pa. 11:30 Paper—Polyarthritis, Dr. R. J. Smith, Owen Sound, Ont. 12:30 Luncheon. 2:00 Mechanism for Resistance to Infectious and Contagious Diseases, Dr. C. W. Proctor, Buffalo, N. Y. 3:00 Symposium on Technique. 1st Dorsal: Dr. DeLano H. Bell, Chatham. 2nd Dorsal: Dr. Hubert Pocock, Toronto. 11th Dorsal: Dr. M. H. Pettypiece, Ottawa. 1st Rib: Dr. C. Ethelwolfe Amsden, Toronto. 5th Lumbar: Dr. M. H. Good, Hamilton. Rotation between 4th and 5th Dorsals: Dr. Harry E. Sinden, Hamilton. 4:00 Publicity; Open Discussion. 4:30 Unfinished Business. Election of Officers for 1912-13. Open Parliament.

The numbers of special interest which were most enjoyed were those presented by Dr. Wm. S. Nicholl of Philadelphia, Pa., and Dr. C. W. Proctor of Buffalo, N. Y.

At the business session the question of legislation was dealt with at length. The Association is going to make a greater effort than ever before to get a bill through the legislature, legalizing the practice of Osteopathy. It is expected that a bill to legalize the practice of Osteopathy will be introduced as a government measure and its passage seems ensured. It rests with the Osteopaths of Ontario, however, to watch the bill and their sworn enemies, the Medical Association, in order that the bill when passed may be as fair to osteopaths as it should be. The legislative committee needs

and expects the hearty co-operation of every osteopath in Ontario in the coming struggle for legal recognition.

At the spring meeting of the Association a publicity committee composed of Dr. E. D. Heist, Berlin; Dr. E. S. Detwiler, London; and Dr. A. G. Walmsley, Peterboro, was appointed, the object being to introduce improved and more uniform methods of educating the public as to the merits and scope of Osteopathy into the Province of Ontario. The aims and results of the committee's efforts were reviewed by Dr. E. D. Heist. The Doctor, in his remarks, advocated that some uniform method or methods of reaching the public be adopted. He also pointed out the necessity of connected and persistent action along publicity lines. Among the educative methods that met with the favor of those present was the lecture plan and it is hoped that before many months public lectures on Osteopathy may be arranged for in various parts of the province.

Several new members were added to the Association.

The following were elected to office in the Association for the ensuing year: Dr. J. S. Bach, President, 1112 Temple Building, Toronto; Dr. J. M. Kerr, Vice-President, 24 La Plaza, Toronto.; Dr. Edgar D. Heist, Secretary, 39 King West, Berlin; Dr. F. P. Millard, Assistant Secretary, 529 Confederation Life, Toronto; Dr. J. N. MacRae, Treasurer, Union Bank Chambers, Galt; Dr. A. G. Walmsley, Official Reporter for the Association, Peterboro; Trustees, Dr. H. C. Jaquith, Toronto; Dr. A. G. Walmsley, Peterboro; Dr. E. J. Gray, St. Thomas.

The next meeting of the Association will be held next spring, the place and date to be decided later.—A. G. WALMSLEY.

Pennsylvania Osteopathic Examiners Meet.—The state board of osteopathic medical examiners met at the capitol on August 31 and re-elected officers for the ensuing year, as follows: Dr. O. J. Snyder, of Philadelphia, president; Dr. Virgil A. Hook, of Wilkes-Barre, secretary, and Dr. H. M. Goehring, of Pittsburgh, treasurer.

The board again took up for consideration the matter of relative weights of the various subjects in which examinations are required for licensure. By attaching greater importance to the subjects that have a special bearing upon the practice of Osteopathy, the board will be enabled to test more adequately the applicants' ability and fitness for practice.

A systematic canvass of the whole state is to be made during the coming year, with a view of ridding the state of imposters.

Western Michigan Osteopaths Meet Together.—The Western Michigan Osteopathic Association met in Dr. C. H. Jennings' office, Wonderly building, August 28th. Doctors Jennings and Hollingsworth conducted clinics. One of the cases presented was that of a patient who had suffered from double curvature of the spine, which had been completely remedied in two months' treatment.

Dr. Paul Shoemaker, president of the local association, who was to have presented a case, was called out of the city. Dr. W. H. Jones of Adrian, president of the state association, gave a report of the national association meeting recently held in Detroit.

Book Reviews

Infant Feeding. By Clifford G. Grulee, A. M., M. D., Assistant Professor of Pediatrics at Rush Medical College, Attending Pediatrician to Cook County Hospital. Octavo of 295 pages. Illustrated. Philadelphia and London. W. B. Saunders Co. 1912. Cloth, \$3.00 net.

The author of this new book has been highly successful in realizing his desire to place the feeding of infants on a rational and scientific basis. He commences at the bottom by explaining the Anatomy, Physiology and Bacteriology of the infant's digestive tract, and then considers the foods, absorption and metabolism, the use of foods in health and their adaptability to the various disturbances to which infants are susceptible. The author discourages the use of the so called percentage methods of feeding urging that one consider more thoroughly the individual. Maternal and artificial feeding form a conspicuous part of the book. Chapters on nutritional disturbances, decompositions and intoxications are extremely interesting and pleasing. This work is very complete and thoroughly modern.—WAGGONER.

Surgical After Treatment. By L. R. G. Crandon, M. D. Assistant in Surgery at Harvard Medical School, and Albert Ehrenfried, M. D. Assistant in Anatomy at Harvard Medical School. Second edition, practically re-written. pp. 831, with 264 original illustrations. Philadelphia and London. W. B. Saunders Co., 1912. Cloth \$6.00.

This magnificent work is designed principally for two classes of practitioners: house surgeons in hospitals and general practitioners who have not access to every hospital facility. The authors have attempted to show that successful after treatment depends first on common sense, and that each case should suggest its own after treatment to a certain degree. The work is essentially one of practical value, and as such is to be heartily recommended. There are more than 50 chapters, many of them of extreme general interest. For example, there are discussions entitled "After the Anaesthesia," "Shock," "Rectal Freeding," "Plaster of Paris bandaging," "Bier's Hyperemic treatment," etc., all of which are very useful to the general practitioner. There are two parts to the work, the first more strictly being devoted to the after-treatment and the second dealing with discussions of operations in various regions. The

book is profusely illustrated and would be of value to any physician who was likely to have surgical patients in his clientele. An interesting appendix giving a number of invalid and convalescent food recipes is added.

Pathology of the Eye. By P. H. Adams, M. A., M. B., D. O. Oxon., F. R. C. S. Surgeon to Oxford Eye Hospital; Consulting Ophthalmic Surgeon to the Radcliffe Infirmary. London. Henry Frowde. Oxford University Press. Hodder & Stoughton, Warwick Square, E. C. 1912. pp. x-194.

This new work is an excellent and interesting monograph on the subject which it considers i. e. pathology of the eye. The author has by pursuing laboratory and clinical work brought every thing pertaining to the pathological study of the eye up to the present moment. His presentations of the latest ideas in regard to trachomatous and other changes are particularly impressive and he has definitely differentiated the changes of trachoma from those of follicular conjunctivitis which are so often confused and not infrequently considered as being identical. The first chapter deals with the simplest practical methods of preparing tissues for study. Other chapters commence with the normal histology of a tissue and contain discussions of the changes occurring in diseased states. The latter part of the book devotes a few pages to the modern bacteriology of the eye.—WAGGONER.

Sexual Impotence. By Victor G. Vecki, M. D. Consulting Genito-Urinary Surgeon to the Mount Zion Hospital, San Francisco. Fourth edition, enlarged. 12mo of 394 pages. Philadelphia and London: W. B. Saunders Company, 1912. Cloth, \$2.25 net.

There is a great and growing need for knowledge of the facts of man's sexual life. Not so very many decades ago the mere mention of the advisability of a discussion along this line was deemed unworthy of consideration, and the entire phase of this most vital side of man's existence was thus largely neglected. The book before us is a scientific treatise dealing with the particular pathological phenomena in man's organism which result in sexual impotence. The subject is discussed from all sides, Anatomy, Physiology of the Sexual Act, Etiology of Impotence, Forms of Impotence, Diagnosis, Prognosis, Prophylaxis, Treatment. The author shows himself a man of wide reading and keen intellect, and though we do not agree with certain of his deductions, and some of his advice is inclined to be far-fetched, on the whole the work is very instructive.—HOLLIS.

Children—Their Care and Management. By E. M. Brockbank, M. D. (Vist.) F. R. C. P. Honorary Physician, Royal Infirmary, Manchester, London. Henry Frowde, Oxford University Press or Hodder and Stoughton Warwick Square, E. C. 1912. pp. xii-254.

Under the above title there comes to us an excellent new English work dealing with the perplexing problems arising incident to the time of infancy and childhood. This work was not prepared with the view of displacing our large and more inclusive books as text but is especially adapted to the use of the mother and nurse as an aid to the proper physical and mental development of the offspring. Practically every phase of infancy and childhood is considered. The subjects of breast and artificial feeding and weaning are quite fully gone into. Considerable space is devoted to the physical and mental development and the social environments of the child. Minor disorders and their remedies especially with regard to feeding and errors of nutrition are very ably considered. The final chapter is very unique and useful, being entitled "First Aid in the Nursery."—WAGGONER.

X-Ray Diagnosis and Treatment—A Textbook for General Practitioners and Students. By W. J. S. Bythell, B. A. Cantab., M. D. vict. Hon. Physician to the Ancoats Hospital, Manchester. A. E. Barclay, M. D. Cantab., M. R. C. S., L. R. C. P. Medical Officer to the Electrical and X-Ray Departments Manchester Royal Infirmary. London; Henry Frowde; Oxford University Press or Hodder and Stoughton Warwick Square, E. C. 1912. pp. xii-139.

The author has endeavored to adapt this work to the needs of general practitioners and students. He has commenced with the fundamentals of the subject giving the history of the X-Rays, the most approved apparatus and its use and explains the manner in which radiograms of various parts may be most advantageously obtained. This work is by no means confined to the examination of the bones and joints but discusses to some extent the use of the rays in examination of the various viscera and other parts of the body. The question of interpretation of radiograms and diagnosis therefrom is at all times borne in mind. There are about one hundred and seventeen reproductions of radiograms which are very distinct and clear and with the accompanying comments of the author should greatly aid the student in learning to interpretate the plates.

The final chapter is a well written one on the subject of X-Ray therapeutics.—WAGGONER.

Practical Anatomy. A guide to the dissection of the human body. By John C. Heisler, M. D. Professor of Anatomy in the Medico-Chirurgical College of Philadelphia. With 366 illustrations, 225 being in color. Philadelphia and London. J. B. Lippencott. pp. 790. Price \$4.50 net.

There are a number of new dissecting guides that have been published during the past few months, and the one before us is designed as the companion of Piersol's Descriptive Anatomy. In the introductory section there are a half dozen pictures showing the methods to be followed in the various phases of dissection, as cleaning a muscle, tracing a superficial nerve, etc., which should be of considerable value. The hints given in this introduction are essentially practical and will well repay the study of even an experienced dissector. The main body of the work is characterized by the same thoroughness, clearness and vigor as are found in Piersol's Anatomy and many of the illustrations seem like familiar friends. The abundant use of heavy type is quite helpful in impressing the main features of the region under discussion and is a good preventative for mind-wandering. The work is a trifle large and bulky as a dissecting manual, though there are several points in favor of a one-volume book for the dissecting student. The material is arranged logically and the subject in handled adequately and well. It is hard to exactly differentiate between so many excellent books as are published along this line, but we will state that the one we are at present considering is a fine work.—HOLLIS.

The Care of the Skin in Health—By W. Allan Jamieson, M. D., F. R. C. P. E. Knight of Grace of St. John of Jerusalem. Surgeon the King's Bodyguard for Scotland. The Royal Company of Archers. Consulting Physician for Diseases of the Skin, Edinburgh Royal Infirmary. London. Henry Frowde, Oxford University Press, Hodder and Stoughton, Warwick Square, E. C. 1912. pp. ix-109.

Considering the chronicity and intractable nature of many, if not the majority, of diseases of the skin it is not surprising that the author, who has devoted thirty-five years to their study, has seen fit to publish a work dealing with their prophylaxis. In this small book, he deals, in a very practical manner with the anatomy and physiology of the skin, teaching one to appreciate and respect its important functions. Clothing, diet, cleanliness and massage in respect to the proper care of the skin, hair and nails are very fully considered and should not only prove of great advantage in promoting the health of the skin and its appendages but should be of invaluable aid to the physician in dealing with their disease processes.—WAGGONER.

Personals

Sanitarium Re-opened—Dr. St. George Fechtig of New York City re-assumed charge of his Sanitarium at Lakewood, on Sept. 2nd. He has a number of patients at the Sanitarium and is assisted in his work by Dr. Seward Mulford and Dr. H. G. Walters, who has charge of the ophthalmological ward. Dr. Fechtig has had charge of this Sanitarium for some time and has conducted it with great success.

Dr. Wolf's Marriage.—The announcement made last month that Dr. R. M. Wolf had married in Joplin, Mo., was incorrect. The wedding took place August 3 in Billings, Montana, and the couple went back to Big Timber, Mont., on August 5. Dr. Wolf has established a good practice in Big Timber, and makes Columbus, a neighboring town, twice weekly. His work affords him plenty of variety, as he is conducting a typical general practice. A case of bad slipped innominates, after a fall, which were replaced in two treatments, restoring a man hopelessly crippled to health in one day has attracted considerable attention towards him. We wish Dr. and Mrs. Wolf abundant prosperity with health and happiness.

Opens Branch Office.—Dr. L. C. McCoy of the firm Drs. Willard, Richardson and McCoy which has an office in the Paul-Gale-Greenwood Building in Norfolk, Virginia, has opened a branch office in Suffolk, at which place he will be every Tuesday and Friday.

Spent Week End in Kirksville.—Dr. Florence Schaepe of Huntsville, Mo., visited Kirksville for the week end and called at the Journal office August 10th.

Attends Convention and Visits Kirksville.—Dr. Edward L. Schmidt of Frederick, Maryland, called at the Journal office August 10th. Dr. Schmidt attended the Detroit Convention and visited Kirksville on his way home, making a trip and taking a short vacation.

Spend June at Summer Cottage.—Dr. and Mrs. Geo. M. Whibley of Portland, Maine, spent the month of June at their summer cottage at Monhegan, leaving their practice in the care of Everett S. Winslow, who will finish the course at the A. S. O. with the 1913 class.

Chiropractor Without License Fined.—Alexander P. Richardson of La Salle, Ill., was recently fined \$100.00 for practicing chiropractic without a license. After the first offense the fine is \$200.00.

Will Make Trips to Indianapolis.—Dr. Geo. Tull of Greenfield, Ind., announces that he will treat in the office of Dr. S. E. Warner at 215 Board of Trade Bldg., Indianapolis, on Monday and Friday of each week.

Member of June Class Visits Oregon.—Dr. W. W. Howard of the June class A. S. O. recently took the State Board examination in Oregon after which he visited several places in the state with a view to locating.

Passed Iowa State Board.—Dr. E. C. Dymond, formerly of Des Moines, Ia., recently passed the Iowa State Board, which is a medical board, making the highest average, 95 4-5%. The medics outnumbered the osteopaths three or four to one and came from several of the best known medical colleges in the country. Dr. Dymond has purchased the practice of Dr. Hattie Johnson at Pierre, S. D., and will occupy the offices she occupied in Hyde Block.

"there is no surgeon of any experience who is not convinced of the soundness of the principle which underlies Bier's hyperemic treatment, and this being accepted there is every reason to discard the ice bag since the latter brings about a condition directly opposite to what we strive to accomplish in carrying out this principle in the treatment of inflammation involving the peritoneum." Dr. A. M. Fauntleroy, Surgeon, U. S. Navy, MEDICAL RECORD, August 3rd.

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Brother of Osteopath Dies.—Edward Lynn Moore, brother of Dr. Coyt Moore who is practicing at Baton Rouge, La., died August 5 at Chico, California.

Health Bulletins May Be Had for the Asking.—The Public Health and Marine Hospital Service of the United States are publishing Health Bulletins upon various diseases and pests. There is a great amount of useful information which is of interest to osteopaths. Bulletins Nos. 4, 16, 23, 24, 27, 28, 32, 33, 34, 35, 36, 37, 38, 39, 41, 42, 43, 45, 46 and 48 are sent free. Send to your congressman for all or some of these and see list on back of these of additional bulletins which may be bought. Number 44 on Poliomyelitis is latest and very good for any osteopath.

Another June Graduate Located.—Dr. Geo. M. McCole, a member of the June class, A. S. O., has opened an office at Great Falls, Mont.

In Charge of Sanitarium in Atlanta, Ga.—Dr. Otto Gripe a June graduate of the A. S. O. has passed the Georgia Board and is now in charge of the Robertson Sanitarium in Atlanta.

Delivered Lecture in Toronto.—Dr. William S. Nicholls, professor of physiology at the Philadelphia College of Osteopathy, repeated his lecture on "Exercise and Its Relation to the Osteopathic Treatment of Disease" which he gave at the convention at Detroit.

Has Reopened Office.—Dr. Grace Huston has reopened her office in Shamokin, Penn., after an extended vacation.

Will Practice in Racine.—Dr. A. H. Doe who has had charge of a practice at Waupaca, Wis., for several weeks, has opened an office in Racine.

Chillicothe Osteopath Married.—Dr. Charles A. Wolfe and Miss Addie Atwell, both of Chillicothe, Mo., were married at the home of the bride, August 7, the ceremony being witnessed only by the relatives of the bride. So well had they planned their wedding that only parents and relatives had any knowledge of the affair until the day after the marriage. Being unable to leave his large practice at the present time, Dr. and Mrs. Wolfe will later take their wedding tour, which will extend to many points of interest in the East.

Is Recovering From Attack of Typhoid Fever.—Dr. Will W. Grow, of St. Joseph, Mo., of the June 1911 class, A. S. O., is recovering from an attack of typhoid fever, which began July 13. He was taken to the home of Dr. R. E. Hamilton, where he was cared for by Dr. Hamilton and his wife. Dr. Hamilton also had charge of his practice. Dr. Grow will not be able to resume his practice before October 1.

Father of Osteopath Dies.—Rev. W. H. Harris of Waitsburg, Wash., died at his home August 19, aged fifty-two years. He took up his profession at the age of thirty and was an active minister until his death. Cause of death, mesenteric gangrene following operation.

Osteopath's Child Dies.—We regret to announce the death of the child of Dr. L. J. Bingham of Ithaca, New York. The case was a peculiar one, starting with tonsillitis complicated by middle ear abscess; then followed in turn inflammatory rheumatism, endocarditis, mild nephritis and a peculiar hepatitis, in which the liver became of enormous size extending down as far as the groin with great distention on all sides. General anasarca developed and death finished the sad picture.

A Wonderful Case Report.—Dr. M. E. O'Bryan, of Columbus, Tenn., reports a striking Osteopathic cure as follows: A woman 25 years old; married; two children aged 7 and 5; taken with Typhoid fever June 3; fever 104. The M. D. ordered i.e. bag continually to back of head and neck for 3 weeks, day and night, with the result that a few days later she lost her mind. Was given calomel and quinine through

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all the stages; fever left about July 3, but her mind was completely gone. Dr. O'Bryan was called on August 13, after all other physicians were discharged. On examination there were found slight rotation to left between Atlas and Axis; rigid and tender 4 Cervical to 7 Dorsal with right rotation of 2-5 Dorsal; also 2-7 ribs on right side up, with very tense muscles and ligaments along the whole spine. Liver was tender and much gas on bowels for several days, and the bowels only moved after a dose of calomel. When the treatments were commenced she was receiving 1-4 to 1 gr. of morphine daily, but the amount was soon reduced and finally stopped. At the time of examination the temperature was from 98 to 100 with pulse at 86-96 during the first two weeks; then temperature left but pulse diminished but slightly. Treatment was commenced twice a day on August 13, and her mind began to clear up immediately; after two weeks one treatment a day was given and at the end of three weeks her mind was as clear as ever. The M. D. had told the family that it was useless to fool away their money or time with Osteopathy or any other pathy, and everyone said that nothing would ever do her any good but to send her to the asylum. We congratulate Dr. O'Bryan on his success, and are glad to hear that he has a good practice in his location.

Building Better Than She Knew.—Dr. Katherine L. Storm, some years ago, designed something new and exceedingly practical in the way of abdominal supporters. She was able to combine ease, comfort, and luxury all at a moderate price.

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.....(M. D.), Michigan.

Osteopath Member of Booster Club.—Dr. Walter Jay Ford of Seattle, Wash., is a member of the Booster Club and with other members attended the Elks National convention in Portland.

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Comes to Kirksville on Business.—Dr. A. E. Hook, Cherokee, Ia., came to Kirksville the first of the month to look after his business interests here.

Make Annual Visit to Home Folks.—Dr. Mary A. Conner of Cincinnati, Ohio, and Dr. W. J. Conner and family of Kansas City, Mo., made their annual visit to parents in Kirksville, the latter part of August. Dr. W. J. Conner came from Kansas City in his touring car. Dr. Mary Conner called at the Journal office August 29th.

Visits Friends in Seattle.—Dr. L. L. Shell, a recent graduate of the L. A. C. O. has been visiting friends in Seattle.

Passed the Iowa State Board.—Dr. Wm. C. Miller who has been visiting home folks at College Springs, Ia., recently passed the Iowa State Board and will locate at Clarinda, Ia., for the practice of Osteopathy. Dr. Louis Gordon also passed the Iowa Board and has located at Eldora, Ia.

Leading Candidate for Coroner.—Dr. Caryll Smith of Aberdeen, Wash., is the leading candidate for coroner of his county. Dr. Smith has a host of friends throughout the county who are working for his election.

Spend Vacation in Mountains.—Dr. and Mrs. H. F. Morse of Wenatchee, Wash., recently enjoyed a vacation rest in the mountains at Scenic.

Another A. S. O. Faculty Man Married.—On June 26th, in Chicago, Dr. J. Deason was married to Miss Laura Jackson, of Lawrence, Mass.

Osteopaths Passed Oregon State Board.—The following osteopaths successfully passed the Oregon State Board examination: Drs. W. W. Howard, Emily Malcolmson, O. A. Barker, Catherine Myers, Ethel Martin, W. W. Rhoades and Gail C. Kammerer. At the same time Dr. R. W. Walton obtained the Medical license.

Notice from Vermont State Board.—The Vermont State Board of Osteopathic Examination and Registration will hold its next examination Sept. 18 and 19 in Rutland.—LEWIS D. MARTIN, Secretary.

Spent Vacation at Beach and Mountains.—Dr. Wm. Flack and wife of Portland, Oregon, have returned from a vacation spent at the beach and at the mountains.

Spent Few Days in Seattle.—Dr. L. L. Woodruff of Montesano, Wash., was a Seattle visitor a few days recently.

Resolutions of Respect.—Whereas, Almighty God has seen fit to call to heavenly rest Dr. Viola D. Howe of Portland, Maine, one of the valued members of our association, and one of the earliest practitioners, and whereas the practice of Osteopathy has lost a most valued exponent, this association an able and earnest member, and every acquaintance a faithful friend; therefore be it

Resolved, That the Maine Osteopathic Association, and the several members thereof hereby express their sincere sorrow at the loss of their fellow member, and tender sympathy to the bereaved family of the deceased in this their time of affliction, trusting that the remembrance of her deeds as a self-sacrificing physician, and an exemplary citizen will cheer and sustain them, and be it further

Resolved, That a copy of these resolution be sent to the stricken family; published in the Journal of Osteopathy; and be placed upon the records of this Association.

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