

# **The Journal of Osteopathy**

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# The Journal of Osteopathy

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## EDITORIAL

### **The Great Convention in August**

This is the last notice that we shall be able to insert prior to the actual Convention. There is little more to be said beyond what we have already urged. We are again printing the official program of the A. O. A. Convention under the "Associations", and any who have not already done so may readily see that the preparations ensure a splendid feast for all who are present. We repeat what we published last month:

Kirksville is looking for a big time in August. Preparations are well on their way to make the coming convention the best in the history of Osteopathy. The older graduates will scarcely recognize this town, as so many improvements have been made in the last few years. Large office buildings have been erected, many of the roads have been paved, and a large number of the streets have cement side-walks. A good lighting system will be in operation all over the town. We are printing the program of the Convention elsewhere in this issue, and it will be noticed that every paper will be well worth while. It is useless to write a more extended invitation. We would simply say: "Come, you want what will be presented at the Convention, we want your presence to ensure that the meetings will be a success." There is no one who will come and enter enthusiastically into the proceedings who will not be amply repaid. We would simply leave it at this, therefore, and trust that your good judgment will advise you aright.

### **Osteopath or Osteopathic Physician**

We recently had called to our attention a matter—small in itself but we believe of considerable real significance. We had frequently observed the same point before it was actually suggested to us, but have never before thought of actually bringing it to the notice of others. We refer to the practice—so common in our profession—of attaching the label of "osteopath" upon cards or professional signs. This undoubtedly is a foolish procedure. Our training in school, and our experience in practice emphasize the fact that we are "physi-

cians" first, last, and all the time. The fact that we employ special methods to combat disease is of relatively slight importance; people claim our services because they are sick and wish to be cured. Most everyone who has practised for even a few months has met with the remark, "for any real sickness, I should call in a doctor." This is unfair to us as a profession and a most undesirable frame of mind to have inculcated in our patients. However it is almost entirely the fault of the careless employment of the term "osteopath" to designate our professional standing. What would the lay public make of a sign "allopath" after a physician's name. We are stigmatising ourselves every time we boldly assert our professional line of work as plain "osteopath." The medical men consider the appellation "allopath" almost an insult, because they maintain that they are physicians and that the term "allopath" does not emphasize the main point of their professional calling. We would urge all those, to whom the thoughts just suggested may be new, to think over well what we have said. The dignity of our profession, and the completeness of our training demand that we stand forth as competitors of any school of healing and that we designate ourselves "osteopathic physicians" and do not dub ourselves plain "osteopath".

**Primitive Osteopathy** One is often amused at the blatant and crude imitation of osteopathic procedures that opponents of our Science try to foist upon the public as original discoveries. In the Medical World for January last was an article by A. W. Herr, M. D., of Cleveland, Ohio, on "The Use of Spinal Methods in Digestive Disturbances." The article was reported as a paper read before the first Annual Convention of the American Association for the study of Spondylotherapy. The writer describes a method of treating the back for colic. He writes:

"My first example of spinal therapy will be that of my little daughter promenading up and down my back upon her knees. This primitive method of treatment is in use among the Bohemian peasantry of Europe, and, to some extent, among the Bohemians of this country. Although a crude form of treatment, it is none the less effective, and proves to be a quite successful method of relieving colic, when from a too free indulgence at the festal board the patient suffers from an overdistended stomach. Really it is a measure that affords such constant results, and leaves the patient enjoying that state of well-being, that some among the natives regard this method almost as a cure all."

It is strange that a standard medical publication should tolerate such material, and yet combat suggestions that there could be a scien-

tific system built upon a basis of manipulative spinal measures. It certainly seems a suggestion worthy of an "orthodox" allopath, "It is a measure that affords such constant results as to be regarded among some of the natives as almost a cure all." We repress a smile.

**The A. M. A. Arraigned** In the June issue of a periodical entitled "Jim Jam Jems", published by Clark and Crockard of Bismarck, N. D., appeared a scathing arraignment of the American Medical Association. We would like to have reproduced portions of this article for our readers' consideration, but found ourselves unable to do so. The publishers assert that they have proofs of their statements and certainly the A. M. A. is shown up pretty completely: that is, in its most prominent representatives. We understand that in a trial for libel brought against the publication, those responsible were found guilty. However they have appealed the case and we hear they are going to fight it to the end. We believe that many of our readers would be interested in the periodical if they care to obtain copies.

**Announcement to the Profession.** Feeling sure that every man and woman in the osteopathic profession are always glad to note anyone, or ones, especially adapted to the teaching of Osteopathy have become associated with any School, we are herewith making the announcement that Doctors S. S. and Ella Still, who were among the very first to take up the study of Osteopathy, and who have been practicing and teaching for almost a score of years, will return to their old positions in the American School of Osteopathy, commencing with the September Class, 1913. It is with pleasure that we make this announcement.

It will be remembered that they are the father and mother of Doctor George Still, who holds the chair of Surgery in our School, and who has recently visited all the Surgical centers of Europe. Doctor S. S. is one of the very best teachers in Anatomy. Doctor Ella is considered one of the very best of our practitioners and teachers among the ladies, and it is with a great deal of pride that we make these statements.

It is the intention of The American School of Osteopathy to always keep the very best possible teachers for all classes, and we feel we are especially fortified at the beginning of the new year by having such old and experienced practitioners and teachers join us. Our Faculty is composed of old and experienced teachers in every department. They

have all been tried and found capable, and are real specialists. I know this announcement will meet with the approval of all osteopaths, as Progress is our watchword, and we feel we are prepared to teach every subject taught from an osteopathic viewpoint. We also feel much pleased to know that our teachers are not only all osteopaths, but are educated along scientific lines, and we feel the future is well taken care of.

We would like to say to the old osteopaths, and especially the old friends of Doctors S. S. and Ella Still, any suggestions for the future of Osteopathy will be cheerfully received, and to the ones that are not personally acquainted with the Doctors Still, they will be glad to assist in any possible way.

C. E. STILL.

**Dr. George Still in Europe** Dr. George Still, chief surgeon at the A. S. O. has been spending a few months in Europe, attending clinics, visiting the Hospitals, etc. We reproduce the following most interesting letter that he wrote to the Kirksville Morning News:

Well we got out of France without the bees finding us, and indeed the only time we have been really stung yet was before we landed in Europe but we just learned about it.

There is connected with the wireless system of communication what they call "Ocean Briefs" or "Ocean Letters" supposed to bear the same relation to an ordinary aerogram as a night letter does to a telegram. When they are transmitted to shore by wireless, they are sent by mail, but theoretically they get to shore suddenly. We invested in a number of these and from letters just received regarding the time of delivery have decided that hereafter we will wait until we get home and tell it verbally or if there is a rush, stop off in England and send a Cable letter.

These Cable letters seem to combine speed and not too great cost.

Paris, if I may return to France a minute, proved to be as different from the average view of it as any place. We saw no "apaches" running loose, we did not find the "Can-Can", the usual method of locomotion on the part of the "gay Parisians", even at night; indeed it appeared to us in our short stay that anyone who found things very hilarious in Providence R. I. or Lawrence, Kan., and I believe these are noted to be the two most calmly peaceful spots in America.

On the advice of Mr. Henry, the hotel proprietor, we took a taxi one evening and told him to drive us on the liveliest streets and past the

gayest cafes (understand that wine tables line the streets for blocks in the evening and the cafes are more or less open air). Now if we hadn't already been in thirty some German and other towns where the open air beer and wine tables were the rule, this would have seemed to us, direct from a country of dark alleys, back room drug-stores and law and order leagues as something very dissipated.

When you have seen the way they really work it however, it doesn't look so bad. They will spend all evening (up to 1 or 2 A.M.) on a bottle of weak wine, such as they have been used to since as babies they first complained about the straight milk diet. Occasionally a bunch of tourists, students from the Latin quarters or sailors on leave will stir things up a bit but on the average one can take a street car at the south end of the loop in Chicago about 11 P. M. and ride out to fortieth street and simply watch out the windows on the west side of the car and see more without there being any tables on the sidewalks than he can in Paris all evening. When any one tells you of the wild and wooly doings that are going on in Paris, you can be sure of this, he either hired a local guide and went out and looked for the said w. and w. or he is one of those boys who can have an awfully good time smoking a cigarette.

These dreamy stories about the gay life of the European cities are on a par with the stories of the extreme cheapness of clothing etc. over here.

It is undoubtedly true that here and there one can get a bargain in some one thing but for that matter one can stay in America and do that. One can get a few miles off the beaten path in Arizona and get a Navaho rug for \$12.00 that would cost him \$60.00 in Chicago. Or one can buy an elk skin in Montana and risk the game warden when if he bought the same skin of a furrier in St. Louis it would cost ten times as much. Opals that cost 25 cents apiece at El Paso, Texas or Juarez are \$5.00 each in the east, but the point is that these places furnish only one bargain each and they are a long ways apart.

So it is in Europe, one can buy amber beads cheaply at Dresden, one can get a real chamois skin quilt for a song in Berne, Switzerland, one can get a meerchaum pipe or porcelain for 50 cents in Koln that would cost eight or nine dollars at home but the point is that one can do without the amber beads or the fancy pipes or even the chamois skin quilt at a pinch but if one really needs a shirt or a necktie or a pair of pants, it's time to come home.

No I wasn't in Russia or Italy but I have been in several other countries and incidentally have worn out some shoes and often needed clean shirts. Now it's true you can get them either American made, or native

but you pay for them. I had to buy two soft shirts in Berlin and gave five dollars for two \$1.50 shirts, also 75c for 50c ties to go with them but every one kept saying "wait till you get to Scotland, just wait till you get to Edinburgh."

I don't know who the press agent for Edinburgh is but he is all right. That story caused me to wear shirts a second time for several days and then I went throught London a day faster than I intended, just to get to those bargains.

Here I had been away from home nearly eight weeks and hadn't found a bargain yet in anything I could wear. Of course I didn't make the trip just for that purpose principally but everyone expects to get some bargain and I had made up my mind for shirts.

Besides, you can't get laundry done safely in a country that talks another language and runs on a low gear all the time, unless you make more than two or three days stops, as we had been lately.

Well to conclude a painful story let me say that I went into the Edinburgh Clothing Emporium and separated with \$2.12 each for three perfectly good \$1.50 white shirts and the same price for a beautiful fog colored soft white shirt, the right cuff of which parted gently from the sleeve when I put it on with the cuffs buttoned, the next morning. Isn't that the limit, to get through the hotels, restaurants, etc., etc., at a fraction of the expected cost and then pay more for a "bargain" than it would cost at home, but I had to have clean shirts. Anyhow, I'll get even on shoes; I'll wear these till I get home if I do have to put a few layers of newspaper in my right shoe each morning, and I am certainly glad to know that a certain tailoring firm in Kirksville made a mistake; just before I left, they made my "new suit" out of some cloth that was better than the sample; I will mention no names, as I would just about get home in time to hear of a suicide.

As long as these shopping trips aren't costing anyone anything but me, likely you are willing to hear one more. Of course I knew the boss would expect me to bring back some kind of a present (no married man needs any explanation as to who the boss is: they all have one) and seeing some especially pretty cut glass in a shop window, I sneaked in and priced it: it seemed high enough to be the best and I was about to operate, when unfortunately for my wife, I turned one of the bowls over and if it didn't have "Bridgeport Connecticut" stamped on it, I'll eat it. The proprietor assured me that "Wee, wee, the best cut glass in the world comes from the province of Bridgeport in the principality of Connecticut." He thought I was a German who could talk some English.

The next hard luck was in the near purchase of a Persian rug. No, I didn't turn it over and find a Chicago trade mark on it but a live wire I know in Chicago who makes Persian and Turkish rugs (genuine) for the social trade, once told me how to spot an imitation; so it amounted to the same thing. Isn't it remarkable what difficulties a man encounters spending money on presents for his wife. It's certainly hard luck—for her.

The main point, aside from all pleasantries is this; you can't buy many genuine articles amongst the things that I have any way of knowing their real value at any wonderful "bargain prices." You can find the same number of bargains in the same length of travel at home.

Well, forgetting the shirt tale, we had a lovely time otherwise, in Edinburgh. Dr. "Billy" McDonald who was with the A. S. O. for a year but had to return to Scotland on account of his father's illness and who has lived in Edinburgh from infancy entertained us at quite an elaborate banquet the first night at the "Silver Grill," their local Delmonico's or College Inn. Quite a bunch of local heavyweights including the Hon. Jas. McDonald were there. This one of the McDonald's is a journalist and wants to come to America and start a paper. He has plenty of money so all that was lacking seemed to be an invitation. He got three before he left the table, and we still hope he comes because he was a prince of good fellows.

Around the University, Dr. Billy was able to show us all the good operators during the next two or three days and as he is sort of a privileged character around the Universiy (having won the Lyme scholarship and made the highest grades at his graduation made since 1873) he was able to put us onto many things we couldn't have seen otherwise. One thing we noticed that while they are quite up to date in general diagnosis and internal medicine and indeed everything else but Surgery, they date back several decades in their Surgery; compared to the American operators.

As usual in Europe (except Vienna) they still use close woven cloth for their plaster cast bandages. Now this isn't very important but it's a sample and we quit it over in America (Northern U. S. anyhow) fifteen years ago or more and surgically it is about the same as using candles for illumination. Of course candles will give light but personally we prefer to pay periodic tribute to said greedy corporations, managed especially by Baxter & Sands; now I don't like to knock, but at the Royal Infirmary (the big hospital) we found one custon that surprised us. Any upper student who wishes may go in and examine any patient, any time of the day or night he chooses unless it is some very special case. As one of the doctors said "It's a bit rough on the patients but

good for the students." Amongst these students are Chinese, Japanese, Asiatic Indians, Africans, Boers, everything.

I believe we turn out better doctors at home by being more humane with the patients: we wouldn't think of allowing any student to examine even a charity hospital case, except under the direct supervision of the physician, and that in the daytime and when the patient's condition would warrant it. Throughout Europe, they are long on diagnosis and pathology and short on treatment. Their motto seems to be "what did he die with?" (grammarians take note) or "what will he die with?" We at home are more interested in "what will he live with" or surgically, more properly "what will he live without?"

Say Newt, I had an awful experience this morning. I was having a fine dream. I thought it was noon and I had cleaned up the usual plain rations out on South Osteopathy Ave. when Bertha brought in a whole half of a blue-berry pie, hot from the oven. Why couldn't I have dreamed two minutes longer. I could have killed that hotel clerk for waking me, if I did leave a call, because although the Germans can make good coffee, bake bread and cook a No. 1 steak, and the English can make tea and cook roast beef just right, God knows no selfrespecting pie ever wandered east of Portland, Maine, at the farthest.

I wonder if I could get home for the 4th if I caught a fast mail steamer?—who let that dog in here?

As I was saying, Dr. Franklin Hudson on behalf of the Scotland Osteopathic Association took us on a motoring tour beyond the Fourth bridge the second day (this corresponds locally to our "lower iron bridge"); and the next night he and Mrs. Hudson (both of whom are well known in Kirksville) gave us a theatre party. Now the only reason I went was because I couldn't lie out of it; a Scotch theatre didn't sound good to me. At this time of the year there is only vaudeville but you do a post on two dollars for a good seat. After the first number I had a chill and my temperature was subnormal; an escaped inmate of the old ladies home had tried to do a clog dance; and next came a student of music who made a noise on a bagpipe. I looked around at Hudson and saw that he wasn't paying any attention to the show yet, and later I knew why. Scotch vaudeville consists of three Scotch numbers and seven American. The audience consists of three hundred Scotch, Irish and English and seven hundred homesick.

The curtain raised for the third number and a nigger wandered out onto the stage with a banjo. We had seen four darkies in Europe but this was a real "cotton-nigger" or at least he looked it and when he sang

"Dixie," seven hundred white folks stood up and cheered so loud the police came in, thinking it was a suffragette demonstration.

Don't tell me that anyone means it when he says he would rather live in Europe than the U. S.

Of course you know the other songs that black-boy sang and I thought of the difference in the way those songs took and the absolute indifference of even the native part of the audience when at the close, the orchestra played the national tune.

We certainly enjoyed that show, and the other Scotch number even was fine. It was one of their best comedians and he was good, very good.

As I was saying, we had a good joke on Blondy in London. We got in there in the evening and put up at a rather exclusive but very convenient hotel in the west end. We had a bite to eat and were standing around wondering how fast one could do Europe if he had to; whether the English kept open on Sunday or not, etc., etc., when we decided the best thing to do would be to get on a motor bus and ride a couple of hours and see what we could and go to bed. We didn't have a map of London so appointed Blondy to ask one of the hotel flunkies if the motor busses that passed there made a round trip and came back or if we would have to transfer. When Blondy asked this absolutely wooden-faced individual if he could get on the bus and stay on and come right back to the same place, "Wooden-face" couldn't possibly see how any man in his right senses could have any object in getting on a bus to ride around in a circle and back to the starting point, without getting off. To him, a bus was a vehicle to go somewhere, too far to walk but necessarily the starting point and the finishing must be widely separated. So he just decided that Blondy must be drunk and he said "Now I sye, old shap, wot sense could thare be in taking hay bus to summers, where ye ad already was; I sye, old chap, adent ye best go to yer room; yer'll be halright in the morning; thats hay good chap. I thought B—would die of anger and Slaughter and I of mirth."

The next morning a Sumon cop proved however that some of them can get off a joke and recognize it, I was inquiring my way to the British Museum and knew I was close when I asked the policeman the way. He said pointing west, "Go down there and turn to the right." I, absent minded said "right there at the corner, eh?" He looked at me a second and then said "well yes, at least most people use the corner; a man of your size might make it through that small stone house, but it ain't much closer." Then when I asked him, he denied being Irish or even Scotch.

In London lives a surgeon named Lane and he is a genius on two operations (cleft palate and one intestinal operation); now his "Sanes' kink," as it is called (a condition of the bowel) and his "short circuit" operation are classical and some years ago had quite a run in the U. S. and indeed, even yet, this operation is often employed but we don't think of calling it "new," any more. Well up at Edinburgh we found that it had just struck there and they could hardly talk about anything else. Think of it, not much farther from London than Des Moines from Kirksville and much faster trains and yet four years ago at the American Association of Clinical Surgeons in Chicago, I saw Murphy, my old instructor at Mercy hospital, demonstrating a whole group of new and old cases, but not as something "new"; rather more like a bunch of appendix cases, and for that matter, whenever there is anything of real value developed in Europe, in surgery, there are at least two places in America where you can hear about it and see it demonstrated while it is new; John Hopkins at Baltimore and Northwestern at Chicago, and as for the "short circuit" operation, I did it over five years ago, at the A. S. O. Hospital myself and thought nothing of it. Yet it is the main topic of conversation (surgically) in Edinburgh now (June 1913).

Oh well, at that, as I said before we have gotten our money's worth and our time in what we really have learned over here and ten times that much in satisfaction we have gained in home products.

GEORGE STILL.

#### **Speaking of Trusts.**

The American Medical Association has, as a machine, been sufficiently powerful to secure suppressive legislation—or legislation which handicapped other schools—in practically every State in the Union. But, as one of their "old guard" stated, they found these laws difficult to enforce on account of public sentiment. They said they must turn to the Federal Government, because, as another doctor put it, "What the States had been unable to do the Government might be able to do in crushing out Christian Science, Osteopathy and other incompetents and fakirs."

Well, well! So those practitioners who cure by other means than drugs are "incompetents and fakirs"?

The worst of it all is, the "incompetents and fakirs" are rapidly increasing, not only in numbers, but in popularity.

Hence a National Bureau of Health—alias the Medical Trust—for self-protection.—Life.

## SKIN DISEASES AND THEIR TREATMENT

B. A. WILLIAMS, D. O., Gallatin, Tenn.

### **Treatment of Eczema and Other Skin Diseases**

We will combine constitutional treatment with general etiology as the mere mention of the different constitutional disorders that may produce or aggravate various skin diseases will be sufficient to indicate the osteopathic treatment. Some cases do not require more than local treatment as the disease arises and remains in the cutaneous tissues and has no relationship to the general body economy. In this class are placed most of the atrophies and hypertrophies, and the local parasitic diseases with those produced by external irritating causes, as heat, cold, irritating drugs, poison ivy, etc. Climate, seasons, unhygienic surroundings and improper ventilation play a prominent part in skin diseases as in other disorders.

### **General Etiology**

**Diatheses:** Digestive disturbances (auto-intoxication) and the influence of the nervous system are important causative factors. For example, boils, acne, and eczema are often seen in individuals who have a TUBERCULOUS DIATHESIS. Moreover a URIC ACID DIATHESIS AND RHEUMATISM play an important part in the etiology of eczema, psoriasis, and pruritus so that no external treatment will be very satisfactory until these constitutional disturbances are properly treated. DIABETES has for years been associated with eczema, pruritus, boils, and carbuncles.

OVARIAN AND UTERINE disorders are at times directly or indirectly responsible for erythemata, acne, chloasma, and other skin diseases.

DIGESTIVE DISTURBANCES are thus in many cases the exciting or predisposing causes. They produce their resultants either by reflex action—in this way influencing metabolism—or probably more frequently by the development of ferments or toxins (auto-intoxication).

This last factor is one of the most important and indeed is probably the sole cause in many cases.

### **Influence of Nervous System**

All authorities agree that the nervous system is of considerable import, not only in its effects upon the distribution of the eruption but also as a direct cause. Among the diseases most frequently caused by the nervous system are pruritus, glossy skin, Raymond's disease, hyperidrosis, some cases of alopecia areata, scleroderma, herpes zoster, dermatitis herpetiformis, and pemphigus.

**Foods:** Spoilt food may be a causative factor and the idiosyncrasy of certain individuals to strawberries, lettuce, buck wheat, etc., is well known in the production of urticaria and erythema multiformis. It would indeed be a very unorthodox osteopath who would not claim the greatest confidence in Osteopathy to relieve in the quickest and safest manner the constitutional disturbances mentioned.

#### External Treatment of Skin Diseases

There are certain principles in the local management of skin diseases that should be kept in mind.

First, the affected surface should be freed from the products of the disease—the crusts and scales. This can usually be best accomplished with sweet oil, olive oil, or some simple ointment, supplemented in suitable cases with soap and water. In acute cases of eczema, where soap and water are frequently irritating, cold cream or petrolatum may be used.

Remember the DEGREE of inflammatory activity must be considered more than the length of time the disease has been running. Some cases of eczema, for example, are of chronic type from the beginning while others are persistently acute. This is an important point to remember as the choice of lotions, powders, ointments, fixed dressings, etc. used depends largely on the grade of inflammation. It can be said, on the whole, that lotions with sediments are most useful in the acute and subacute moist types while clear lotions should be used with ointments except in erythematous types; in these latter they may be used alone or with dusting powders.

If the type of the disease changes, from moist to dry, for instance, a change of the plan of treatment is also often a necessity. Some skins exhibit marked idiosyncrasy to certain of the best remedies and this fact will often necessitate a change.

#### Methods of Applying Remedies

The clear lotions can be applied with a soft linen rag or pledget of cotton. Those containing sediments should either be dabbed on for several minutes and allowed to dry on or the patches can be kept constantly and freely wet by the application of linen cloths from time to time. Ointments may be simply smeared on or in chronic dry cases may be well rubbed in.

#### Control of Itching

One of the most troublesome phases of the management of some skin diseases is the control of the itching. Of the remedies for itching

carbolic acid probably stands at the head of the list. Thymol and menthol are also useful. Hot water applications are effective especially if they contain about one grain of sodium bicarbonate to the ounce.

#### Prescriptions for Eczema

In acute cases in which there is not much infiltration or epidermic thickening the lotion having the widest range of usefulness is the following:

	Zinc oxide.....	1-2 oz.
No. 1.	Pulv. Calamin precipitate .....	4 scruples
LOTION.	Glycerine .....	1 oz.
	Lime water.....	7 oz.

5 to 10 minims (drops) of carbolic acid may be added to each ounce to allay itching.

For acute erythematous and popular varieties the following is useful:

	Boric acid.....	2 drams
No. 2.	Carbolic acid .....	1-2 dram
LOTION.	Glycerine .....	1-2 minims.
	Water sufficient to make	1-2 pint.

This alone may be sufficient or its value may be increased by applying ointment No. 5 or dusting powder No. 4 immediately after the lotion dries. In acute erythematous cases, especially in regions where two surfaces are in contact powder No. 4 alone may be very satisfactory.

The range of the application of powders is not very wide. In acute general erythematous eczema or in cases where neither lotions nor ointments are tolerated powders may prove of some value.

A good anti-pruritic powder is this one:

No. 3.	Pulverized starch .....	6 drams
POWDER.	Zinc oxide.....	1 1-2 drams
	Pulverized camphor.....	1-2 dram.

A serviceable and clean powder is the following:

No. 4.	Pulverized boric acid.....	30 gr.
POWDER.	Talc.....	1-2 oz.
	Zinc oxide.....	1-2 oz.

In some cases of the acute inflammatory type especially in the dry varieties, when there is a tendency to cracking, ointments are found more comforting than lotions. The following is useful:

No. 5.	Zinc oxide.....	20 parts
OINTMENT.	Benzoinated lard .....	80 parts.



If ointment No. 5. proves irritating the following paste will often agree:

No. 6.	Zinc oxide.....	2 drams
PASTE.	Starch .....	2 drams
	Petrolatum.....	4 drams.

Ointments or salves are of special value when there are crusting and exudation and as the great majority of the cases that come to us are in this stage it is important to know what is best in this line. When it is desired merely to protect the surface with a mild salve, cold cream will be found excellent. It is also a fine base.

The following ointments are both very serviceable in chronic cases with crusting and exudation. The carbolic acid may be left out if there is no itching.

No. 7.	Bismuth subnitrate.....	1-2 oz.
OINTMENT.	Carbolic acid.....	10 minims
	Cold cream .....	1 oz.
No. 8.	Icthyol .....	25 parts
OINTMENT.	Benzoinated lard.....	70 parts
	Carbolic acid.....	5 parts.

In chronic eczema of children the following will be found of much value:

	Zinc oxide.....	1 dram
No. 9.	Tar ointment .....	2 drams
OINTMENT.	Cold cream.....	2 drams
	Lanolin .....	4 drams.

For chronic, dry surfaces the following paste forms a fine protective coating and may be used with good results:

	Salicylic acid.....	10 grains
No. 10.	Zinc oxide.....	2 drams
PASTE.	Pulverized starch .....	2 drams
	Vaseline .....	1-2 oz.

The following ointment is also very useful in chronic eczema:

	Icthyol .....	1 dram
No. 11.	Zinc oxide.....	2 drams
OINTMENT.	Starch .....	2 drams
	Lard .....	4 drams.

It should be remembered that stiff ointments should not be applied to hairy parts.

In acute eczema of scalp use the following:

No. 12.	Olive oil .....	50 parts
LOTION.	Lime water.....	50 parts
	Carbolic acid .....	1 part.

If chronic cases, zinc oxide ointment No. 5. may be used in addition.

It is a safe plan always to try mild remedies first, and later to use the stronger ointments. When these all fail good results can be obtained from the X-rays and ultra violet rays in most cases. Sometimes everything fails to give permanent results.

### Prescriptions for Psoriasis

This disease requires remedies with powerful anti-parasitic properties.

The following is probably the most valuable:

	Chrysophanic acid .....	1 dram
No. 13.	Salicylic acid.....	15 grains
PAINT.	Ether.....	1 fluid dram
	Castor oil .....	5 minims.
	Collodion sufficient to make 1 fluid ounce.	

Apply paint on diseased area with camel's hair brush. It quickly dries into a thin film. Repeat every few days or as soon as film becomes cracked or detached. It stains healthy skin deep mahogany color and leaves psoriatic patches white. Continue until diseased spots are affected exactly the same as healthy tissue.

Icthyol is useful in this disease. Ointment No. 7 will be helpful. This is frequently a very stubborn disease to cure permanently and most cases do not suffer great inconvenience.

### Prescriptions for Seborrhea

Resorcinol is the most valuable remedy. The following lotion is to be rubbed into hair on scalp once or twice daily with brush. No 15. is an ointment for the same purpose.

	Resorcinol .....	4 scruples
No. 14.	Pure castor oil .....	4 scruples
LOTION.	Alcohol .....	5 oz.
	Balsam Peru .....	12 drops.
No. 15.	Resorcinol .....	15 grains
OINTMENT.	Sulphur precipitate.....	1 dram
	Cold Cream .....	2 oz.

For irritation after removal of scales employ powder No. 4. Constitutional treatment is usually necessary to build up a "run down" condition.

#### Prescriptions for Scabies

	Sulphur sublimate . . . . .	4 drams
No. 16.	Balsam Peru . . . . .	4 drams
OINTMENT.	Benzoinated lard and Petrolatum sufficient to make 4 oz.	

Balsam Peru alone in some cases is efficient; it is a substance with a not unpleasant odor.

#### Hints for Pediculosis Corporis

Bed linen, and clothing must be thoroughly baked or boiled. A general bath with 2 to 3 drams of bichloride of Mercury in it will destroy all nits. In Pediculosis pubis, blue ointment can be used or the employment of bichloride of Mercury 1:250, will be found a cleaner procedure.

#### Hints for Impetigo Contagiosa

Open fresh lesions and remove crusts with soap and water. If crusts do not come off readily apply some mild ointment 2 or 3 times daily till they can be removed. Rub ointments into secreting base. Ointment No. 15 or any mildly antiseptic ointment should be used.

#### Hints for Acne

Constitutional treatment, according to the predisposing influences in each individual case is necessary. Also lotions and ointments are both usually important. Lotions should be dabbed on for 5 to 10 minutes thoroughly soaking affected region, and being allowed to dry.

The ointment should be rubbed in for several minutes and any excess may be wiped off. It is frequently necessary to change from lotion to ointment and vice versa.

Wash parts first with mild toilet soap, then rinse and sponge them from 5 to 10 minutes with hot water; then wipe dry and apply remedies. For external use lotions No. 1 or No. 2 and ointments No. 8 or No. 11 may be employed and in stubborn cases No. 15. I have also found the X-rays and high frequency curative in some very stubborn cases.

#### Treatment for Dermatitis Exfoliativa

Cases with no constitutional involvement usually recover, but those with septic indications may end fatally. External treatment is necessary to relieve irritation, but ointments, etc., do not cure.

	Boric acid . . . . .	15 gr.
No. 17.	Carbolic acid . . . . .	3 gr.
OINTMENT.	Pulverized starch . . . . .	1-2 dram
	Petrolatum . . . . .	1 oz.

This is a fine mild ointment and may be used where a mild antiseptic ointment is indicated.

#### Hints for Favus and Ringworm of Scalp

These diseases are considered together as same treatment will cure both of them. The order of treatment is: First, removal of crusts; second, epilation of loose hairs; third, application of the numerous parasiticides. On the thoroughness of these procedures depends the success of the treatment.

To remove crusts soak scalp with

Carbolic acid . . . . .	1 dram
Glycerine . . . . .	4 oz.

Dip strips of flannel in the glycerin and bind on scalp for 24 hours. Crusts may then be readily removed with dull knife or spoon handle, after which scalp should be washed with water and potash soap. Remove all loosened hairs in affected area by grasping the hair between thumb and spoon handle. By this procedure only the loosened hairs are removed and it is rapid and painless.

No. 18.	Chrysophanic acid . . . . .	10 grains
OINTMENT.	Lanolin . . . . .	1 oz.

Whatever parasiticide is used it must be thoroughly rubbed and kneaded into the skin twice daily. A cure may be considered to be obtained if no scaliness or crusts are found in six to eight weeks after discontinuance of treatment.

In ringworm of the body, ointment No. 8 may be used, and in severe cases tincture of iodine should be painted over patches once or twice daily.

#### Treatment for Herpes Simplex

If this is about the face use spirits of camphor several times daily; if about genitalia strict cleanliness is necessary and powder No. 4 or lotion No. 2 are helpful.

In herpes zoster it is especially important to correct bony lesions, and powder No. 4, if bound on with cotton and gauze bandage, will do good service to protect parts.

**Hints for Lichen Planus**

External treatment is of great importance for influencing any eruption and to allay itching. In children lotions No. 1 or No. 2 are good. Ointments No. 5 or No. 17 may be used to advantage.

**Treatment for Lupus Erythematosus**

Constitutional treatment is important. For external use, No. 1 lotion is good especially in the beginning. The lotion should be dabbed on freely night and morning. After a week or ten days apply liquor potassæ pure and let this dry on; then paint over several coats of colloid. After 2 or 3 days go back to lotions and repeat as before. The X-rays will be found of some service in certain cases.

**Hints for Urticaria**

In acute urticaria due to digestive disturbances remove offending material from stomach or intestine as quickly as possible. Carefully regulate diet and exclude those foods known to cause trouble. Lotion No. 2 or powder No. 4 should be employed in mild cases. Plain soda water will relieve itching and burning to some extent.

**Hints for Miliaria**

Lotion No. 2 followed by powder No. 4 is useful. Powder No. 4 alone is all that is necessary in mild cases.

**For Pityriasis Rosea**

This disease tends to run its course in from three or four weeks to a few months. Ointment No. 16 may be employed.

**Hints for Pruritus**

LOOK FOR CONSTITUTIONAL TROUBLES AND REMOVE THEM. Patient should not wear wool next skin. Carbolated vaseline, ointments Nos. 5, 7 or 8, and lotions Nos. 2 and 14 may be employed. In some instances high frequency will cure desperate cases after all else has failed.

**Treatment for Erysipelas**

Treatment should be constitutional, symptomatic, and stimulating. External treatment is of great value. Any application used must be of mild antiseptic nature to be beneficial. Icthyol has the greatest number of advocates. Ointment No. 8 will do good service. The following is also valuable:

	Boric acid.....	1 dram
No. 19.	Carbolic acid .....	20 grains
LOTION.	Resoreinol .....	15 grains
	Alcohol and water each.....	2 oz.

**Hints for Erythema**

Dusting powder No. 4, lotion No. 1, or ointment No. 17 may be advantageous.

**For Sycosis Vulgaris, Barber's Itch**

X-rays and high frequency are helpful. Insist on patient shaving every day or every second day. In the early stages, zinc oxide ointment, or Icthyol ointment No. 8 are good. One of the most valuable is the following:

No. 20.	Precipitated sulphur.....	1 dram
OINTMENT.	Icthyol .....	1 1-2 drams
	Petrolatum to make 1 oz.	

**For Sunburn**

Use cold cream.

**For Burns**

In first and second degree burns use one per cent solution of picric acid applied in form of compresses. This should not be applied on large surfaces for fear of absorption. The graver cases belong to surgery.

**For Poison Ivy (Rhus Plants)**

Treat the same as acute eczema. Lead water locally is of some value.

**For Chapped Hands and Lips**

The following mentholated ointment will relieve pain at one application:

	Menthol .....	15 grains
No. 21.	Salol .....	30 grains
OINTMENT.	Olive oil .....	1-2 dram
	Lanolin .....	1 1-2 oz.

**For Chillblains**

No. 22.	Icthyol .....	10 parts
OINTMENT.	Vaseline .....	80 parts.

As a general dusting powder the following may be used:

	Carbolic acid	.....0.1 per cent
	Eucalyptus	.....0.1 per cent
No. 23.	Thymol	.....0.1 per cent
POWDER	Salicylic acid	.....0.5 per cent
	Zinc sulphate	.....12.5 per cent
	Boric acid	.....86.6 per cent.

This is an antiseptic and astringent germicide—analgesic and deodorant.

Use 1 teaspoonful to pint of water for vaginal injections or use 1-4 teaspoonful to glass of water for nose or gargle.

#### Materials used in Prescriptions Given

**ZINC OXIDE.** A white powder, odorless and tasteless. Used externally as a mild, soothing astringent.

**CALAMINE.** A native zinc carbonate, used as a dusting powder.

**GLYCERINE.** A liquid, obtained from the decomposition of vegetable or animal fats. Locally useful as emollient and softening agent.

**LIME WATER.** Locally has astringent and sedative effect.

**BORIC ACID.** Feebly germicidal and antiseptic.

**CARBOLIC ACID, (Phenol):** Antiseptic, disinfectant, and locally anesthetic.

**THYMOL.** A phenol contained in oil of Thyme. Like carbolic acid it is a powerful antiseptic, disinfectant, and locally anesthetic agent.

**MENTHOL.** A secondary alcohol obtained from oils of peppermint. It is antiseptic and locally anesthetic.

**STARCH.** A protective and absorbent powder.

**CAMPHOR.** Antiseptic and rubifacient.

**TALC.** A grayish white powder, odorless and tasteless.

**BISMUTH SUBNITRATE.** A heavy white powder, odorless and almost tasteless. It is feebly astringent, and produces a sedative effect on the end organs of the nerves.

**PETROLATUM, (Vaseline).** A mixture of hydrocarbons obtained from petroleum. Vaseline is a trade name for a brand that is claimed to be very refined. It is a valuable protective dressing and an excellent base for ointments as it will not become rancid.

**COLD CREAM.** The ointment of Rosewater.

	Strong rose water	.....19 parts
	Expressed almond oil	.....56 parts
FORMULA.	Spermaceti	.....12 1-2 parts
	White wax	.....12 parts
	Sodium borate	.....1-2 part.

It is a pleasant emollient and protective agent and is used as a base for ointments.

**TAR OINTMENT.** A decided antiseptic and stimulant to skin. When not mixed with other substances it is irritant to skin.

	Tar	.....50 parts
FORMULA.	Yellow wax	.....15 parts
	Lard	.....35 parts.

**LANOLIN.** The purified fat from sheep wool. It does not become rancid.

**BENZOINATED LARD.** Ordinary lard with 2% benzoin incorporated to keep the lard from becoming rancid.

**LANOLIN AND BENZOINATED LARD** are preferred to vaseline or petrolatum in some cases, as a base. This is because they will readily pass through the skin carrying any medicament with which they are charged. This is especially true of Lanolin. Lanolin is inferior to vaseline, lard, or cold cream for a protective dressing.

**ICTHYOL.** Ichthyol was introduced about 25 years ago by a famous skin specialist, Dr. Unna, as an efficient remedy in chronic skin diseases, particularly eczema and psoriasis. In 50% ointment it is not irritant. Its application in medicine depends chiefly on its reducing property, its antiseptic power, and its contractile action on the vascular system.

**SALICYLIC ACID:** A fine white powder. It is an energetic antiseptic agent and germicide. Locally it is anhydrotic and stimulant.

**CHRYSAROBIN.** A parasiticide whose use is confined to superficial skin diseases of vegetable parasitic origin.

**ETHER.** Locally a powerful refrigerant and anesthetic.

**CASTOR OIL.** Locally a sedative and protective agent. Used to neutralize effect of other drugs.

**COLLODION.** Used as a protective covering for burns, ulcers, wound, cuts, fissures, etc.

**RESORCINOL.** A diatomic phenol. It resembles carbolic acid in action but is less toxic. It is an antiseptic disinfectant, and a parasiticide.

**SALOL.** Antiseptic and deodorant.

**ALCOHOL (Externally).** Refrigerant, and astringent; also rubifacient and lightly anesthetic. 60 to 40% alcohol is good antiseptic.

**BALSAM PERU.** A thick brown-black liquid. Its action is antiseptic, stimulant to circulation, and sedative to nervous system.

**SULPHUR.** Mild vascular stimulant, and parasiticide, especially to itch mite.

**CORROSIVE SUBLIMATE**, (Bichlorid of Mercury). The most active germicide and parasiticide known. 1 to 2000 solution is an efficient antiseptic agent. 1 to 250 is usual strength employed against epizoa and parasites.

**PICRIC ACID**. Externally is antiseptic and analgesic.

**LEAD WATER**. Used locally as mildly astringent and cooling lotion.

**TINCTURE OF IODINE**. The tincture is 7% strength. It is a favorite counter-irritant employed locally.

**EUCALYPTUS**. Antiseptic and disinfectant.

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## BASIC PRINCIPLE OF OSTEOPATHY\*

H. J. EVERLY, D. O.

About three years ago, one hundred and fifty of the choicest specimens of mankind, in this land and in some of the foreign countries, were actuated by the same motive and purpose, and THE GREAT LAW OF CONVERGENCE drew them to a common center. For three years they have been here studying Osteopathy—the youngest and the newest Science.

Now another purpose has assumed control and another of the fundamental laws of nature is beginning to operate. It will be only a day or two until the LAW OF DIVERGENCE will scatter these same ones to the four corners of the earth to practice this Science they have been learning in Kirksville.

Every student of nature must see that there is A BASIC PRINCIPLE running through all nature. Certainly no one can study the mechanism of our planetary system without being convinced that a great law has put every planet in the place it occupies, in reference to a common center and in reference to every other planet. It was not chance that put the earth ninety-two millions of miles from the sun. Jupiter, which is 1300 times larger than the planet on which we live, does not happen to be located four hundred and ninety five millions of miles from the common center, but that planet is there and moves around the sun at that distance because of the Great Law of Adjustment. In the adjusting of this marvelous machinery of the skies, Neptune must be put 2,862,000,000 miles from the sun and 2,770,000,000 miles from the earth. So perfect is the adjustment that we can tell exactly where any member of the planetary family is or will be at any time. This law not only prevails above us, but around us, and in us. ADJUSTMENT IS THE NORMAL CONDITION OF THINGS HEREIN, AND MALADJUSTMENT IS THE ABNORMAL.

We see this principle on every hand. Every tree, shrub, and plant if it continues life must have right adjustment to the soil, the atmosphere, and the sunshine. THE BASIC PRINCIPLE OF EVERY SCIENCE IS ADJUSTMENT. In chemistry, organic and inorganic, the adjustments are so perfect that we are able to make formulas, and to write equations which represent the adjustments which can be made. Political economy is the science of right adjustments of the different departments of the govern-

\*From an address by the Vice-President of the June '13 class at the Graduating Exercises on May 31.

ment to each other and of the government to the governed. Sociology deals with right adjustments of the social relations.

In mechanics, every machine is builded with reference to the principle of adjustment. For example, the watch maker has been able so perfectly to apply this principle to all parts of the watch, that time can be marked to the fraction of a second.

In every piece of machinery, and in almost every phase of nature there can be maladjustments. It is the maladjustments that give us trouble everywhere. Elements that when properly adjusted may be great blessings and essential to life, when maladjusted may become agents of destruction and death. Fire in its right place is a great blessing, but in wrong relations to combustibles is a source of destruction. So it is with everything about us.

Dr. A. T. Still—the man we all delight to honor, the man with a mechanical mind, the man who lived close to nature's heart, the man whom God could entrust with a great secret—declares that the human body is a great machine and the master-piece of God's creation. He affirms too that perfect adjustment in the human organism is perfect health, and that maladjustment is disease, suffering, and pain. **RIGHT ADJUSTMENT IN THE HUMAN BODY IS THE NORMAL CONDITION, MALADJUSTMENT THE ABNORMAL.**

The basic principle of Osteopathy is the basic principle that runs through all nature. Adjustment is the basic principle of every science. The basic principle of Osteopathy is adjustment.

I want to declare upon this platform this morning: That Osteopathy is a Science, that it maintains the same relationship to the great family of sciences that every other science does and that it bears the finger markings of the Omnipotent and Eternal God.

The "Old Doctor" once said to me that life is intelligent wherever you find it, whether in the tree, or in the animal, or in the plant. If there is an abrasion in the tree or in the flesh there is a force that goes to work at once to fix the abrasion in the most intelligent way. **THIS FORCE IS LIFE.** Life is the great healing agent of God's universe. It is in every living cell in the animal and the vegetable kingdoms.

The **BASIC PRINCIPLE OF OSTEOPATHY** is adjustment.

The **MECHANICS OF OSTEOPATHY** is adjusting.

The **THEORY OF OSTEOPATHY** is that, if the adjustment is made, life the great healing agent will repair as far as possible all damages.

## THE OSTEOPATH IN DISEASES OF EYE, EAR, NOSE, AND THROAT

C. E. ABEGGLEN, D. O., Colfax, Wash.

This is an intensely practical age, and the physicians of today must be equipped for that age; it is an age, too, of specialism and there is no greater field open to the up-to-date osteopath than the diseases of the eye, ear, nose, and throat. I was once very severely criticized because I advocated other means of relieving pain, and of getting results than those obtained through the agency of the ten fingers, and I may be criticized for suggesting some of the measures that are hereafter to be mentioned.

The medical men have by no means a monopoly on the practice of the diseases here under consideration, in fact the general practitioner is no better equipped than is the osteopath to diagnose and treat them. As specialists of these diseases we, as osteopaths, have a decided advantage over any medical men, for we know, and they dare not deny, that many diseases of these organs are due to mechanical maladjustment, and this can be cured in no other way than by re-adjusting the parts. The local treatments—for the good they do—can be administered by us as well as by the medical men, and if the diseases could be cured by the lotions and the applications that they administer we would have no advantage over them. We can use those measures if we wish to and if they fail we have another way which will give the required results. The osteopathic physicians and surgeons are more conservative than most medical surgeons, and with them Surgery is the last instead of the first resort. The weak point of the general practitioner, medical as well as osteopathic, in dealing with the diseases of the eye especially, is without doubt the inability to reach the correct diagnosis.

Allow me to cite an instance or two. Several years ago, a patient came to me after having been examined by osteopaths as well as by medical men. The patient was almost blind, in fact she could not distinguish any person in the house, merely being able to see that there was an object without being able to make out what it was. In looking at the eyes you could not see anything wrong with them, that is without the use of the ophthalmoscope, and at that time I did not know the use of that instrument. The patient also complained that she could see specks before the eyes that looked as though they had a gold border around them. The osteopath examined her,—and I considered her a good one,—and told her that as soon as the spinal lesions were corrected she would be

able to see again. The patient lived in my town, and was told to go home and begin a course of treatments. This she did, and she continued them quite regularly for over two months. Her general condition was very much improved, but we could not see that her eyes were any better. The spinal lesions were corrected. Personally I never would have given the prognosis that the other doctor gave, but I went on the supposition that she was more competent than I to diagnose the case, and it was from this idea I treated her, as I was sure that I could correct the lesions. The patient finally went to a medical eye specialist, and in less than three weeks she could see to read and to write her own letters. I saw her soon after she returned and there was no doubt about her being able to see. There was evidently some disease that I was not able to diagnose and as a result I lost the case. The other physician received all the credit, and also all the money, as I have never received mine at all. I have wondered a great many times what he did that I was not able to do. Had I known more about the eye I might no doubt have accomplished what he did, and thereby have saved a patient to Osteopathy.

Another case is similar. A little girl, twelve years old, had a slight convergent strabismus. This was not very noticeable, however, and unless you were aware of it, you could scarcely detect it. She had been that way all her life so far as her parents knew.

I could find no spinal lesion that might cause such a condition, but a "Chiro" had examined her and told the parents that he could cure the case in six weeks at a cost of \$50.00. In examining the eye, with the trial case, I found that it was amblyopic, and that vision in it was only 3-200. Now, you, who have never studied the eye, what would you do in a case of amblyopia? In the first place how would you diagnose it, and then to what would you attribute it, in a case where there was no history of a toxic condition?

Many cases cannot be diagnosed without the ophthalmoscope, the trial case, test cards and contrivances for muscular balance, which the specialist has on hand all the time, and without which he would often be at fault. We must remember, too, that practitioners often fail to distinguish between the different kinds of conjunctivitis, and are thus led into error in regard to the therapeutic agent to be used, employing a strong medicine when only an antiseptic is needed, or vice versa. Again they may err in the opposite direction and misdiagnose photophobia, lachrymation, and hyperæmia of the conjunctiva due to the presence of a foreign body upon the cornea or under the lid and treat it accordingly, to the great detriment of the eye under consideration. Again an error

of refraction may exist or some muscular anomaly may occur and unless this is treated with glasses there will be no results to the patient.

It is well to know our limitations as well as our possibilities. It may prove disastrous not to be able to diagnose inflammatory glaucoma. Yet it is not infrequently mistaken for iritis or keratitis, and atropin would be distinctly contraindicated. Not making a diagnosis of such a case in time may cause the patient to lose the sight of the eye, for the process works fast and furious.

The time is fast coming when the laws of the states will require that all children of the public schools must be examined for diseases of the eye, ear, nose, and throat. Those who are not prepared for that work, and for such examining will not be enthusiastic over the law, but that we must meet such conditions there can be no doubt. Therefore I sound a warning for our practitioners to be ready to do such work. Not all will be able to do it, but we must have such specialists in all the large cities. Again I think no one has a right to do special work until he has had several years practice in the general work.

There are a number of ways of examining the eyes, but we will not have time to go into them in detail; indeed all that can be done is to simply make mention of them. Oblique illumination, eversion of the lids, tension of the eye, pupillary reaction, and determination of visual acuity are all employed in making accurate diagnoses.

Diseases of the eye are many, but the treatments are not as varied as might be imagined. The pathological conditions may be classed as contagious and non-contagious. By contagious we mean those which can be transmitted directly or indirectly from one eye to another. In all such diseases there is more or less discharge from the eye. The following are considered in this class: catarrhal conjunctivitis or pink eye; gonorrhœal ophthalmia; ophthalmia neonatorum; diphtheritic ophthalmia; and trachoma or granulated eye lids. The first four are highly contagious and the last slightly or highly so according to different authorities. It is certain that when this disease once gets a firm hold it is almost impossible to get rid of it, and in the end it leads to blindness. However, it is the only eye disease against which the U. S. government has a quarantine. A person with trachoma is not allowed to land in the U. S.

In diagnosing a case of gonorrhœal ophthalmia or ophthalmia neonatorum it is well in order to be sure of the diagnosis, to have a microscopical examination made.

In treating such cases it is necessary to know what to do, and it is about as necessary to know what not to do. Diseases of the eye in particular are ones in which we must be delivered from our friends.

Indeed if there is one class of diseases above another in which patients need to be delivered from the "grandmother" remedies and quack nostrums it is in the diseases of the eye.

Many are the treatments of the eye diseases that are recommended by the ignorant and they may be anything from bathing the eye in breast milk, poultices of tea leaves, bread and milk, flax seed, etc., or raw meat, oysters, cow dung, a piece of the placenta of a parturient woman, even to the bathing of the eye in the patient's own urine. It is from this last practice that many eyes have been infected with gonorrhoeal ophthalmia and the sight in consequence destroyed.

It is not the purpose of this paper to go into the detail of the treatment of these diseases, though a few suggestions may not be out of order. **POULTICES SHOULD NEVER BE USED IN TREATING CONTAGIOUS DISEASES.** Two reasons may be given for this; first, they retain the irritating secretion; and second, they often strip the delicate epithelium from the cornea and conjunctiva. As almost all cases of myopia, hyperopia, astigmatism, and presbyopia are due to errors of refraction the treatment must consist of fitting proper glasses. I have heard of some osteopaths who say that they have been able to cure presbyopia with the manipulative treatment. Presbyopia is physiological, and all eyes become presbyopic after about forty-five years of age. The claims of such remind me of a colored physician, who was called to see a patient whom another doctor had examined. When he asked what was the matter with the patient, he was told that the latter was convalescent. He replied: "Bress your hart chile, I has done cured many cases of that kind."

In diseases of the ear the osteopath has many advantages that the medical practitioner does not have. If he is properly prepared, there is nothing that the medical men can do that the osteopath cannot do also, but the osteopath can do some things that the other man cannot do at all and thus he is in a position of advantage. You cannot examine the ear with any satisfaction if you do not have the means whereby you can make a careful examination. There are some notions that have been with us from time immemorial, and they are often fostered by the medical doctors unless they are up-to-date. We have been taught, for example, that, when suppurative otitis media is beginning, nothing can or must be done until the ear drum ruptures and the pus is enabled to escape in that way. This is all a mistake. When we are aware that the drum will rupture it is necessary to perform a paracentesis, which is an incision through the posterior quadrant of the drum to allow the pus to escape from the middle ear. If this is done it will leave a smooth surface which will heal up nicely, whereas if the drum is allowed to

rupture there are ragged edges and if these heal up completely it is the exception rather than the rule. There are a number of electrically lighted specula which can be used in the examination of the ear.

Many cases of the nose are surgical, but it is well for the general practitioner to be able to diagnose them and send them to the proper surgeon for treatment. The transilluminator comes in handy to determine if there is pus in the accessory sinuses, and if there is it must be evacuated in some way, and if you are not prepared to do such work the case must be sent to the surgeon who can. I am pleading for the profession to prepare some one to do this work. There must be something else to do than merely to use sprays, because if that were all that was necessary the medical men have been doing it all the time, and we are to supply that something else. The sprays and douches are fine in conjunction with our treatment.

Throat work opens up a big field, to be able to know when a case is surgical and when it is osteopathic. The tonsils present a question upon which there is a great deal of debate. There are many osteopaths who think that the tonsils ought never to be removed, and there are a great many who think that they ought to be removed. I know that my mind has been changed in the last year or two. I am still very conservative and would try other means first, but if by the treatments their size was not reduced, or if I could see that the tonsils were in a diseased condition then I should advise their removal. Normally in adults there is but little tonsil tissue present and if there are enlarged tonsils in adult life I should certainly advise their removal. The removal of the tonsils and of adenoid tissue is a large subject. I think there are very few osteopaths who would not be in favor of removal of adenoids. That is another subject that is bound to come up in the public schools, that is: the examination of all school children for adenoids. We know that many boys and girls fail in their school work from the fact that they are suffering from these abnormal growths, and usually where you find a child who has adenoids that child has also ear difficulty. Allow me again to plead with the profession to prepare men and women along the line I have tried to suggest.





## LEGAL AND LEGISLATIVE

**The New California Law.**—"The Osteopathic profession out here has just gone through a very strenuous fight. I am enclosing you a copy of the new California Medical law. This law is remarkable in that it is the first of its kind to provide that Medical schools may grant advanced standing to Osteopathic Physicians. It is a direct slap at the A. M. A. It is the result of a legislative campaign instituted by Dr. Frank P. Young. Certain members of the medical board had endeavored to prevent recognition of the Pacific Medical College because it gave time credit to osteopaths. This, of course, was not in accordance with the A. M. A. The Medical Trust tried to prevent any change in the law but was beaten. The profession out here is generally favorable to the law." L. D. GASS.

We quote the following excerpts from the law.

**SEC. 8.** Two forms of certificates shall be issued by said board under the seal hereof and signed by the president and secretary; first, a certificate authorizing the holder thereof to use drugs or what are known as medicinal preparations in or upon human beings and to sever or penetrate the tissues of human beings and to use any and all other methods in the treatment of diseases, injuries, deformities, or other physical or mental conditions, which certificate shall be designated "physician and surgeon certificate"; second, a certificate authorizing the holder thereof to treat diseases, injuries, deformities, or other physical or mental conditions without the use of drugs or what are known as medicinal preparations and without in any manner severing or penetrating any of the tissues of human beings except the severing of the umbilical cord, which certificate shall be designated "drugless practitioner certificate." A "reciprocity certificate" shall also be issued under the provisions hereinafter specified. Any of these certificates on being recorded in the office of the county clerk, as hereinafter provided, shall constitute the holder thereof a duly licensed practitioner in accordance with the provisions of his certificate.

**SEC. 11.** In addition to above requirements, all applicants for "physician and surgeon certificates" must pass an examination to be given by the board in the following subjects: 1. Anatomy and histology. 2. Physiology. 3. Bacteriology and pathology. 4. Chemistry and toxicology. 5. Obstetrics and gynecology. 6. Materia medica and therapeutics, pharmacology, including prescription writing. 7. General medicine, including clinical microscopy. 8. Surgery. 9. Hygiene and sanitation.

All applicants for "drugless practitioner certificates" must pass an examination in the following subjects: 1. Anatomy and histology. 2. Physiology. 3. General diagnosis. 4. Pathology and elementary bacteriology. 4. Obstetrics and gynecology. 6. Toxicology and elementary chemistry. 7. Hygiene and sanitation. **PROVIDED,** that a person who holds a "drugless practitioner certificate," and who presents evidence of having successfully completed the additional courses required for the "physician and surgeon certificate" as hereinbefore provided, shall be permitted to take his examination in subjects required for a "physician and surgeon certificate" without being re-examined in "drugless practitioner" subjects.

All examinations shall be practical in character and designed to ascertain the applicant's fitness to practice his profession, and shall be conducted in the English language, and at least a portion of the examination in each of the subjects, shall be in writing. There shall be at least ten questions on each subject, the answers to which

shall be marked on a scale of zero to one hundred. Each applicant must obtain no less than a general average of seventy-five per cent, and not less than sixty per cent in any two subjects; **PROVIDED,** that any applicant shall be granted a credit of one per cent upon the general average for each year of actual practice since graduation; **PROVIDED FURTHER,** that any applicant for "physician and surgeon certificate" obtaining seventy-five (75) per cent each in seven subjects, and any applicant for "drugless practitioner certificate" obtaining seventy-five per cent each in five subjects shall be subsequently re-examined in those subjects only in which he failed, and without additional fee.

**Dr. Granberry in N. J. doing good work.**—Although the law giving the osteopathic practitioners a representative on the State Board of Medical Examiners is but a few weeks old, there is a difference of opinion already, and one of the first cases passed upon under the new law will likely reach the courts.

Judge Robert Carey, of Hudson County, appeared before the State Board, and in response to his request the Board has promised to give him a hearing on the action of H. Webb Granberry, the osteopathic member of the Board, in refusing to recognize the New Jersey Osteopathic College, of Passaic, as practitioners of Osteopathy without examination.

Dr. Granberry took his action upon the ground that the Passaic College did not maintain the standard contemplated by the law regulating the admission of osteopaths to practice.

The action of the State Board in giving a hearing is not likely to change the situation, however, with the possible exception that it may pave the way for a court appeal. Dr. Granberry is the osteopathic member of the Board, and according to an opinion from the Attorney General's office, he is vested with power to exercise his discretion in prescribing what osteopathic institutions shall be recognized.—Hoboken (N. J.) Observer.

**Appoint Commission on Medical Education in Toronto.**—Sir James Whitney, the Premier of Ontario, had a surprise in store for the guests at the formal opening of the new General Hospital on June 19. At the conclusion of his congratulatory remarks the Prime Minister digressed from the theme of the occasion long enough to announce that a Royal Commission would be appointed by the Provincial Government to inquire into the whole question of medical education in Ontario.

As many were aware, explained Sir James, hardly a session of the Legislature passed without applications of a variety of descriptions being received asking that the Government protect and place upon a proper footing in the Province members of various schools of medical thought and promoters of different forms of medical education. It was most difficult to deal with all such applications. "The Government," he said, "has decided to appoint a commission to deal with the whole subject of medical education and the practice of medicine. The object of this will be to secure information on which to base legislation under which every imaginable application such as I have described can be regulated and controlled and governed in the interest of the people."

Under the powers given to the commission medical treatment will include all means preventing, healing, or curing human disorders. It will be the duty of the commission to investigate and report upon any matter relating to education or practice of medicine; the constitution, powers, and by-laws of the College of Physicians and Surgeons of Ontario and the Ontario Medical Council; the medical faculty of the

University of Toronto; osteopathy and the creation of a school of osteopathy in the Province; nursing and the schools for training nurses; the practice in any branch of medicine of Christian Science; opticians and their training in relation to the human eye; dentistry and the training of dentists; the practice of any branch of medicine by the members of any class or sect.

This announcement at first was received with an ominous silence, but, as the Prime Minister concluded, applause broke out from several sections of the crowd.

Speaking to *The Globe* afterwards Sir James said that the outline of the scheme had only been drafted, and no move had been taken by the Government to appoint the commission.—*Toronto Globe*.

**Notice of Illinois Examination.**—The regular quarterly examination of the Illinois State Board of Health for midwives and other practitioners eligible to examination under the law of July 1, 1899, will be held in Chicago, at the Coliseum Annex, Wabash Avenue and Sixteenth Street, July 24 and 25, 1913. All applicants should be present at 9 o'clock a. m., Thursday, July 21. For further particulars apply to undersigned. Examinations will be held by the State Board of Health in Chicago, during October, 1913, and January, 1914. By order of the State Board of Health. AMOS SAWYER, Acting Secretary, at Springfield, Ill.

### UNFORTUNATE MAN.

Patsy surveyed with puzzled eyes a sentence in his reading lesson. At last he raised his hand.

"Well, Patsy, what is it?" inquired the teacher.

"What is a feebly, Miss Marsh?"

"A feebly!" repeated Miss Marsh, in astonished tones. "What do you mean, Patsy? Feebly is an adverb, not a noun."

Patsy was unconvinced. "It's something that grows," he said. "It says so here."

"Bring me your book," said the mystified teacher.

Laboriously Patsy read out the sentence:—"The—man—had a feebly, growing down—on his chin."

## ASSOCIATIONS

### A. O. A PROGRAM

#### Monday, August 4, 1913

- 10:00 Invocation.  
Address of Welcome.  
President's Address.....Dr. C. B. Atzen
- 11:00 Probable Mechanism of Body Defence in Infection...Dr. W. B. Meacham  
Discussion....Dr. Chas. H. Spencer, Dr. Thos. J. Howerton, Dr. J. Deason

#### Tuesday, August 5th, 1913

- 9:00 Gastritis, Osteopathic Methods of Diagnosis and Treatment  
.....Dr. S. D. Jackman  
Discussion.....Dr. Hugh W. Conklin, Dr. L. A. Bumstead
- 10:00 Practical Application of Osteopathic Hygiene.....Dr. Orren E. Smith  
Discussion.....Dr. F. E. Moore
- 10:45 The Milder Grades of Anemia.....Dr. Louisa Burns
- 11:15 Report of A. T. Still Research Institute.

#### Wednesday, August 6th, 1913

Celebration of the "Old Doctor's" 85th Anniversary.

#### Thursday, August 7th, 1913

- 9:00 Faulty Posture and Its Relations to Osteopathic Conditions  
.....Dr. Ernest C. Bond  
Discussion.....Dr. Dain L. Tasker, Dr. Ella Still
- 9:45 Question Box, "Gynecology".....Dr. M. E. Clark
- 10:45 Round Table—Pediatrics; Moderator.....Dr. W. C. Brigham  
Discussion.....Dr. Roberta Wimer-Ford, Dr. Ella McNicoll
- 11:00 Report of Publication and Education Committees.
- 11:30 Report of Legislative Committee.

#### Friday, August 8th, 1913

- 9:00 Generic Internal Secretions.....Dr. Ernest E. Tucker  
Discussion...Dr. C. W. Proctor, Dr. Geo. V. Webster, Dr. F. M. Schwarzel
- 10:00 Round Table—Acute Diseases; Moderator.....Dr. Wm. D. McNary  
Discussion.....Dr. Leslie Keyes
- 10:45 Main Points of Weakness of the Profession.....Dr. George Still  
Clinics.....Dr. George Still

The following will demonstrate Technic in the afternoons in sections:—

- |                      |                             |                    |
|----------------------|-----------------------------|--------------------|
| Dr. Frank C. Farmer  | Dr. Jennette Hubbard Bolles | Dr. Frank H. Smith |
| Dr. Earle S. Willard | Dr. Edith Ashmore           | Dr. P. V. Aaronson |
| Dr. Arthur D. Becker | Dr. Ethel Louise Burner     | Dr. A. S. Hollis   |
| Dr. C. D. Atzen      | Dr. Josephine A. Jewett     | Dr. H. W. Forbes   |
| Dr. C. W. Johnson    |                             | Dr. K. L. Seaman   |
| Dr. J. W. Hofsess    |                             | Dr. H. W. Forbes   |
| Dr. E. C. Link       |                             | Dr. F. H. McCall   |
| Dr. S. H. Bright     |                             |                    |

**Monday**

2:00 P. M. Eye, Ear, Nose, and Throat.  
Five Sections in Technic.

**Tuesday**

2:00 P. M. Orthopedics.....Dr. Geo. Laughlin, Dr. Kendrick Smith,  
Dr. Otis F. Akin, Dr. E. M. Downing  
Five Sections in Technic.

**Thursday**

2:00 P. M. Orthopedics.....Dr. Geo. Laughlin, Dr. Kendrick Smith,  
Dr. Otis F. Akin, Dr. E. M. Downing.  
Five Sections in Technic.

**Friday**

2:00 P. M. Six Sections in Technic

**EYE, EAR, NOSE and THROAT PROGRAM**

Dr. C. C. Reid, Chairman.

**Monday at 2:00 P. M.**

- 1 Indications for Refraction and Putting on Glasses.....Dr. C. E. Abegglen
- 2 Questions and Discussion.
- 3 Results of Osteopathic Treatment on Refractive Conditions of the Eye  
.....Dr. W. B. Dobson
- 4 Questions and Discussion
- 5 Interdependence of the Eye and Other Organs.....Dr. T. J. Rudd
- 6 Questions and Discussion.
- 7 Nerve Centers and Reflexes affecting the Eye, Ear, Nose, and Throat  
.....Dr. J. N. Waggoner
- 8 Questions and Discussion.
- 9 Bony Lesions and Color Vision . . . . .Dr. Louisa Burns
- 10 Questions and Discussion.
- 11 Osteopathic Treatment of the Tonsils . . . . .Dr. J. H. Hoefner
- 12 Questions and Discussion
- 13 Nasal Obstruction, Its Symptoms, Sequelae, and Treatment  
.....Dr. M. V. Goodfellow
- 14 Questions and Discussion.
- 15 Clinics.....Dr. J. N. Waggoner

**Colorado Association Semi-Annual Meeting.**—The fifteenth semi-annual meeting of The Colorado Osteopathic Association will be held on July 31st and August 1st, at Brown Palace Hotel, Denver. The motto adopted by the organization for this year was "Technique for the Osteopathist; Publicity for Osteopathy," and these slogans have furnished inspiration for both state and local societies. The Denver Association in carrying out this idea has devoted an hour to technique at each of its meetings during the winter, and this plan has proved helpful and interesting. Following the plan of the A. O. A. and in furtherance of this idea, classes in technique will be held in connection with the above meeting; these classes will be conducted by Dr. Dain L. Tasker of Los Angeles. The Publicity for Osteopathy will be furthered by a public lecture in the ordinary of the Brown Palace Hotel, on the evening of July 31, given by Dr. Tasker.

A large attendance from the state is expected for the National Convention and all who can will leave Denver for Kirksville on August 2nd to attend the Convention and to assist in celebrating the "Old Doctor's" 85th anniversary.—**MARTHA A. MORRISON, D. O.,** Rec.-Secretary.

**Annual Meeting of South Carolina Osteopaths.**—The fifth annual meeting of the S. C. O. A. was held June twelfth in the office of Drs. Lucas and Grainger, Main St., Columbia, S. C. The meeting was well attended by most of the osteopaths of the state. Matters of general interest were discussed. Officers elected as follows, President, T. C. Lucas, Columbia; Vice-President, R. V. Kennedy, Charleston; Sec.-Treas., Mary Lyles-Sims, Columbia. W. K. Hale, Spartanburg, and W. E. Scott, of Greenville, with the officers compose the executive committee. Several recent graduates were in the city having just taken the State Board examination. Next annual meeting to be in Columbia in June 1914.—**MARY LYLES-SIMS, Sec.-Treasurer.**

**Chicago Osteopaths in Regular Meeting.**—The regular monthly meeting of the Chicago Osteopathic Association was held June 5th, Hotel LaSalle, with the newly elected officers in charge. Dr. Evelyn R. Bush of Louisville, Ky., who was visiting in Chicago, responded most generously to an invitation to speak of her work, especially the gymnastic feature of it. Through her desire to improve the condition of her son as much as possible, she has studied out a very scientific series of exercises, from which he has derived much benefit. She is now using these in connection with Osteopathic treatments and is quite satisfied with results. It was an extreme pleasure and profit to the Association to have her give this talk and good wishes for her continued success were expressed.—**NETTIE M. HURD, Secretary.**

**Twelfth Annual Meeting of the Oregon Osteopathic Association.**—The meeting of the Oregon osteopaths was held in Portland June 13-14, 1913. Financial enthusiasm was the keynote of this session. The subscription for obtaining the National Convention in 1915 was raised to nearly \$2,000. In addition to this, \$100 was subscribed to be turned into the special research fund of \$8,000 now being raised.

In addition to this it was voted to allow \$50, toward the expenses of the Secretary as delegate to the National Convention.

A Committee of three was elected actively to push the publicity movement for "National Convention, Portland, 1915."

The officers elected for 1913-14 were: President, D. D. Young, McMinnville, Ore.; First V.-P., E. L. Howells, Corvallis, Ore.; Second V.-P., K. Reuter, Portland, Ore.; Secretary, J. A. van Brakle, Oregon City, Ore.; Treasurer, Wm. G. Keller, Portland, Ore.; Editor, H. C. P. Moore, Portland, Ore.

The board of Trustees consists of L. H. Howland, Portland, Ore.; F. E. Moore, Portland, Ore.; B. H. White, Salem, Ore.

The Program of this meeting was easily one of the best ever presented before the Oregon Association. In the papers practice and theory were well balanced. The papers of Drs. Roberta Wimer-Ford and Wm. E. Waldo, both of Seattle, Washington were especially well received, and added much to the value of the program.

Special features of the meeting were well carried out, the most pleasurable event being perhaps an evening at the Oaks, the "Coney Island of the West."

The following program was presented:

**FRIDAY, JUNE 13.**—2.00 p. m. Call to Order by President Luther H. Howland, D. O. Demonstration—Routine Examination of a Patient, D. D. Young, D. O., McMinnville, Ore. Osteopathic Treatment in Acute Diseases with Demonstration, Virginia Leweaux, D. O., Albany, Ore. A Few Osteopathic Observations, R. W.

Walton, D. O., Salem, Ore. Research in the Making, J. A. Van Brakle, D. O., Oregon City.

7:00 p. m. An Evening at "The Oaks."

SATURDAY JUNE 14.—9:00 a. m. Business Session: Reading of the Minutes; Reports of Officers and Committees; Unfinished Business; New Business; Election of Officers. 10:30 a. m. The Cervical Region, G. S. Hoisington, D. O., Pendleton, Oregon. High Blood Pressure, Causes, Significance, Treatment, William E. Waldo, D. O., Seattle, Wash. Diagnosis of Some Nervous Diseases and Their Treatment, Edmund B. Haslop, D. O., Portland, Ore. Luncheon: "Arcadian Gardens" Mult-nomah Hotel.

2:00 p. m. The Legislature, J. E. Anderson, D. O., The Dalles, Ore. The Osteopath—A Baby Specialist, Roberta Wimer-Ford, D. O., Seattle, Wash. Early Reminiscences of "The Old Doctor" Theodore E. Purdom, D. O., Kansas City, Mo. Question Box, by several osteopaths. Installation of Officers; Committee Appointments by Incoming President; Adjournment.

**King County, Washington, Meeting.**—The last program of the King County Osteopathic Association (Seattle) year's work, was very interesting, instructive and well attended. In the offices of Doctors Ford and Wimer, a number of patients of various ages who had been sufferers from Infantile Paralysis were presented as clinics by Doctors Crofton and Feidler. Dr. Feidler also read a paper and demonstrated the Shaffer method of Resuscitation. Dr. Wm. Waldo was elected delegate to the 1913 A. O. A. convention and the King County Association endorsed Portland, Ore. for the 1915 A. O. A. meeting, instructing all its members at Kirksville this year to work for that end. The meeting was adjourned till September.—ROBERTA WIMER FORD, Cor. Sec.

**Twelfth Convention of Oklahoma Osteopaths.**—The Twelfth Annual Meeting of the Oklahoma Osteopathic Association convened in the Chamber of Commerce, Oklahoma City on June 7. The following program was presented:

9:00 a. m.—Opening of Meeting. Address by President, Dr. W. A. Cole, Oklahoma City. 9:30 a. m.—"The Physician of Today", Dr. J. A. Price, Oklahoma City. Discussion. 10:15 a. m.—Auto-Intoxication, Dr. G. W. Denning, Ponca City. Discussion. 11:15 a. m.—Diagnosis, Dr. Elizabeth Broach, Norman. Discussion. 12:00 m.—Lunch.

1:30 p. m.—Business Meeting, Election of Officers, Etc. 2:30 p. m.—National Bulletin for Osteopaths, Dr. J. M. Rouse, Oklahoma City. Discussion. 3:15 p. m. Obstetrics, Dr. W. F. Nay, Enid. Discussion. 4:00 p. m.—The Needs of Our Profession in Oklahoma, Dr. J. A. Ross, Oklahoma City. 4:45—Expert Testimony.

The new officers elected were: Dr. W. A. Cole, Pres., (re-elected); Dr. Clara Mahaffy, Vice-Pres., Dr. J. A. Ross, Sec'y. Treas., all of Oklahoma City.—J. A. Ross, Sec'y-Treas.

**Annual Convention of Kentucky Association.**—The Fifteenth Annual Convention of the Kentucky Osteopathic Association was held at The Seelbach, Louisville, Ky., May 15-16, 1913. The following program was rendered:

MAY 15.—9:30 a. m. President's Address. 10-10:15 a. m.—Address of Welcome, Mayor W. O. Head. 10:15-10:40 a. m.—"The Teeth and their Relation to Disease," Dr. G. W. Parker, Madisonville, Kentucky. 10:40-11 a. m.—"Spinal Curvature," Dr. Evelyn R. Bush, Louisville, Kentucky. 11-11:30 a. m.—"Adenoids," Dr. Martha D. Beard, Hopkinsville, Kentucky. 12:00 m.-1:30 p. m.—Lunch. 1:30 p. m.—"Technique," Dr. F. A. Turfler, Rensselaer, Indiana. 6:30 p. m.—Dinner, Seelbach.

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MAY 16—9:30 a. m.—“Physical Diagnosis,” Dr. Frank Farmer, Chicago, Illinois. 12:00 m.—1:30 p. m. Lunch. 1:30 p. m.—2:00 p. m.—“Osteopathy and the Child,” Dr. E. O. Vance, Lexington, Kentucky. 2:00-2:30 p. m.—Discussion, Dr. Claud Wilson, Fordsville, Kentucky. 2:30 p. m.—Business meeting.

The election of officers resulted as follows: President, Dr. G. W. Parker, Madisonville, Ky.; Vice-president, Dr. R. H. Miller, Bardstown, Ky.; Sec.-Treas., Martha Petree, Paris, Ky.; Trustee, Dr. R. H. Coke, Louisville, Ky.; Delegate to the A. O. A., Dr. F. A. Collyer, Louisville, Ky.—**MARTHA PETREE, Sec.**

**British Osteopathic Society—Annual Meeting.**—The Annual Convention of the British Osteopathic Society will be held this year in London, on Saturday, September 27th., at the house of Dr. J. Stewart Moore, 4 Kingswood Road, Upper Norwood. An interesting program is being prepared, and a record meeting is looked for. Osteopaths visiting Europe at that time are cordially invited to be present. **E. H. BARKER, D. O., Secretary.**

**Dr. McConnell Addresses Rochester (N. Y.) Society.**—The annual meeting and banquet of the Rochester District Osteopathic Society was held in the banquet room of the Powers Hotel Saturday evening, presided over by the president, Dr. A. D. Heist of Geneva, N. Y.

Dr. Grant E. Phillips of Schenectady, N. Y., president of the New York Osteopathic Society; Dr. Charles C. Teall of Fulton, N. Y., ex-president of the American Osteopathic Association; Dr. E. M. Downing, York, Pa.; Dr. H. M. Vastine of Harrisburg, Pa.; Dr. Lucy Liese of Canton, Ohio, Dr. A. M. Breed, of Corning, N. Y., Drs. F. C. Lincoln, H. W. Learner, Louisa Diekman and Hugh L. Russell of Buffalo, N. Y., Dr. E. R. Larter of Niagara Falls, Dr. Lewis J. Bingham of Ithaca, N. Y., Dr. Charles A. Kaiser of Lockport and Dr. Francis J. Beall of Syracuse, N. Y.

In speaking of his subject Dr. McConnell explained in the following non-scientific language the significance to the lay mind of the disease known as “enteroptosis:”

Prolapsed or gravitated organs, such as the stomach, intestines, and kidneys, are among the most common disturbances that afflict mankind. A prolapsed organ is where the anchorage has become loosened or stretched, and as a consequence the organ gravitates to a lower position than is normal. This is followed by congestion and weakness of the involved parts with a consequent impairment of health.

The osteopaths have long contended that this condition is very general in all classes. Recent X-ray diagnoses have fully justified this contention. In fact, it is rare to find an individual with abdominal organs as precisely placed and related as the text-books of medicine have taught for many decades.

The upright position of man demands almost a perfect environment, as pertains to work and recreation, in order that undue stress and strain, and lessened resistance, and over-fatigue, do not enter as devitalizing forces to the human mechanism. To attain and maintain health demands a constant striving to establish a perfect equilibrium between the nervous and muscular forces on the one hand and the gravity force upon the other. Just as soon as poor nutrition, or lack of exercise or undue fatigue disturbs the equilibrium the force of gravity gains the ascendancy and a more or less general “slumping” takes place.

The round-shouldered youth, the narrow-chested individual, the humped-over stature, the flat-footed person, and the individual with a prominent abdomen are frequently the possessors of prolapsed and functionally impaired abdominal organs. An erect carriage wherein the abdomen is retracted, the chest elevated, the shoulders in easy poise, the spine flexible, and the feet parallel when walking is the antithesis of a slumped condition and constitutes one of the fundamentals of health.

## If this were your little girl, Doctor, what would you do?



What *wouldn't* you do?

You would search unceasingly for a method of cure. You would emphatically reject all means of treatment of questionable benefit, the antiquated instruments of torture, the plaster cast, the steel and leather jackets, and other unscientific apparatus.

You would be gentle, you would be *CERTAIN* of success. You would save the child from life-long misery and disfigurement. *Exhaustive investigation* would lead you to adopt a

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The prolapsed state is the most common cause of faulty digestion, that is, dyspepsia and constipation. A poor digestive apparatus is basic to the thousand and one disorders of nutrition. The food is not properly assimilated with a resultant disturbance of both bodily and mental vigor. Of the disorders frequently directly traceable to prolapsed and congested organs are those of appendicitis, inflammation of the large bowel, gall stones, various liver disorders, and even ulcers of the stomach as has been revealed by surgical operations. Adhesions of the intestines is a very frequent accompaniment of gravitated organs.

Auto-intoxication, or self-poisoning with its strain of complicated symptoms is almost invariably associated with this condition, and the recognition of the true cause of this distressing condition opens the way to relief.

The trend of all medical knowledge and research work to-day is a constant revelation that the human body is first and foremost, in-so-far as health is concerned, a highly complicated mechanism. The laws of mechanics are absolutely applicable to the physical mechanism, and the physician who does not realize and appreciate this, and, moreover, who does not put it to the practical test, is not doing the best possible, by far, for his patients.

The important time of life to put the machinery in order is naturally in youth when the tissues are particularly plastic; growth and development in the ascendancy; habits easily formed; and disease inroads have not secured a foothold. This means above everything else an erect carriage and proportioned configuration of the body based upon a perfectly adjusted spinal column, an elevated and retracted abdomen, elasticity of chest, and unrestricted poise.

In the adult considerable can be accomplished to reduce the condition, but owing to lessened plasticity of tissue, of greater rigidity of joints, and more or less impairment of general resiliency of structure, more time is demanded to adjust the mechanism.

Much can be done by osteopathic measures to correct prolapsed organs. Frequently the organs can be replaced; and through strengthening of muscles and ligaments the parts will be retained in their normal position and functions of the organs regained congestion and inflammation can be either lessened or improved if not always entirely eliminated. Adhesions, the bug-bear of the surgeon, can often be broken up, and thus the anchorage that prevents normal functioning removed.

This requires careful and intelligent work directly over the abdomen, as well as particular attention to the spinal segments that are intimately related to the special parts involved. Time and patience and thorough co-operation upon the part of the sufferer is necessary. There are various factors aside from the osteopathic adjustment one to be considered, namely, exercises, diet, hygiene, habits, and environment. This can be directed only by the physician himself, for every case is an individual problem.

There is no question but that Osteopathy is specially successful with these conditions for it has been proven clinically in innumerable instances. This is a field that is being rapidly developed. Many surgical operations have been performed owing directly to prolapsed organs and a variety of dependent diseases. Osteopathy is unquestionably materially restricting the surgical field.—Rochester (N. Y.) Union-Advertiser.

**Semi-Annual Meeting in Virginia.**—The Virginia Association held its semi-annual meeting in Lynchburg, May 31, and delegates from all sections of the State attended. The opening session was called to order in the morning at 10 o'clock by President S. H. Bright, of Norfolk, and the minutes of the last meeting, which was

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This work is of particular value to those interested in school life and physical education and, on that account, should be within the reach of those dealing with school children, as a help towards recognizing incipient spine disease, and because it points out in the chapters on Treatment, the best method of correcting such troubles.

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held in Richmond, were read by Secretary W. D. Bowen, of Richmond. The majority of the morning session was devoted to a clinic and a discussion of epilepsy, and an interesting paper was read by Dr. H. S. Beckler, of Staunton, on "Joint Tuberculosis."

The afternoon session convened at 3 o'clock and adjourned at 5:30 o'clock, the major portion of which was consumed by reports of the various committees. The first address was made by President S. H. Bright, and was heard with interest. This was followed by a paper by Dr. Chas. Carter, of Danville, on "Preventive Medicine From an Osteopathic Standpoint." Dr. M. L. Richardson made a talk on the spine which was illustrated with a section of the human spine, and Dr. H. H. Bell welcomed the guests to the city on behalf of the local osteopaths, and gave a history of Osteopathy for the last twenty years. The final speech was made by Dr. L. C. McCoy, of Norfolk, on "Disease of the Coccyx." The meeting then adjourned until the evening.—Lynchburg News.

**The Illinois Annual Convention.**—A plea that the same rights and privileges be extended to osteopaths as are accorded to other members of the medical fraternity was made on June 7 by Dr. J. B. Littlejohn in an address before the members of the Illinois Osteopathic Association in fourth annual convention at the Hotel Sherman. Dr. Littlejohn, who is treasurer of the organization, spoke on "Osteopathy as I See It."

"First of all," said Dr. Littlejohn, "the osteopaths should be thoroughly educated and trained; they should receive the same amount of education as any other branch of the medical profession."

"With this thorough education and the proper application of Osteopathy any and all the ailments of the body can be contended with successfully. And the osteopath should be extended the same standing, the same rights and privileges as are accorded the other members of the medical fraternity. We don't want to be favored; we want equal recognition and standing."

The officers chosen were: President—Dr. E. C. Thaaley, Peoria, re-elected. Vice-president—Dr. Nina Westhold, Quincy. Secretary and treasurer—Dr. A. P. Kottler, Chicago. Trustees—Dr. J. R. McDougall, Chicago; Dr. J. J. Moriarty, Ottawa; Dr. Canada Wendell, Peoria; Dr. C. P. Parenteau, Chicago; Dr. E. M. Brown, Galesburg; Dr. Emma S. Fager, Horace.

Legislative committee—Dr. A. N. Owens, Mason City; Dr. Emory Ennis, Springfield; Dr. Canada Wendell, Peoria; Dr. H. H. Fryette, Chicago; Dr. Edward Graham, Morris. Chicago was chosen for the meeting place of 1914.—Chicago News.

**At the Wisconsin Annual Convention.**—"Why should we, with our eyes open, consent to our own funeral?" exclaimed Dr. E. C. Bond, Milwaukee, at the morning's session of the fifteenth annual meeting of the Wisconsin Osteopathic Association, when the matter of taking a stand relative to the kind of a state medical board the association should favor, was being discussed.

"There are two kinds of M. D.'s," declared Bond. "There is the M. D. whose purpose is to alleviate human suffering. Then there is the M. D. who is in politics for what he can get out of it. This latter is the kind that we have to fear. The M. D.'s would swallow us if they could."

Warm discussion kept members of the association interested in the proposition of whether the Association should favor a composite state medical board, or whether they should favor a separate board of osteopaths. Sentiment was divided, but the separate board idea apparently was shared by a majority of the members.

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"There are two things to consider," declared Dr. K. W. Shipman, Janesville, newly elected president. "One is public opinion—the other is the future of Osteopathy. We have got to guard against the encroachments of the old school physicians."

Officers for the ensuing year consist of Dr. K. W. Shipman, Janesville, president; Dr. Bessie C. Childs, Milwaukee, vice-president; Dr. E. J. Elton, Milwaukee, secretary, and Dr. Harriet Whitehead, Wausau, treasurer.

An excellent talk of "Technic and Diagnosis" by Dr. Frank C. Farmer of Chicago was the feature of the first day's program. The earnest attention of all the delegates was given to the Chicago practitioner, and all were agreed that it was one of the most absorbing talks along that line to which they had ever listened.

The opening session was conducted by the committee on practice, with Dr. E. C. Bond in the chair. Dr. V. W. Purdy introduced a symposium on practical questions which lasted twenty minutes, and after it was presented ten minutes was given over to a discussion of it, led by Dr. G. F. McIntyre. "Purulent Pleurisy, Following Grip," "Organic Tumor" and "Post Operative Treatment of Typhoid Fever" were considered in a twenty minute talk by Dr. E. Randolph Smith.

**Convention in Atlanta.**—Dr. E. E. Bragg, of Atlanta, was elected president of the Georgia Osteopathic Association at the annual convention held at the Imperial Hotel on May 31. Other officers elected were: Dr. J. W. Elliott, of Cordele, Ga., vice-president; Dr. W. W. Blackman, of Atlanta, secretary and treasurer. An executive committee was appointed as follows: Dr. C. L. Harris, of Marietta; Dr. A. C. Lane, of Girffin; Dr. B. N. Riley, of Rome.

Dr. Blackman was chosen State Representative to attend the convention of the American Osteopathic Association, which will be held in Kirksville, Mo., in August.—Atlanta American.

**Two-day Convention in Little Rock, Ark.**—Osteopaths of the State met in Little Rock, Tuesday, July 1, for a two-day convention of the Arkansas Osteopathic Association. The program in full for the two-day convention follows:

**TUESDAY.**—10 a. m.—Call to order by president. Invocation—The Rev. Dr. H. F. Buhler. Address of Welcome—Governor J. M. Futrell; Mayor Charles E. Taylor. Response—Dr. Byron F. McAllister. Neurasthenia—Dr. Charles A. Champlin. Discussion—General. 12 m.—Lunch. 2 p. m.—"Infantile Paralysis"—Dr. J. Falkner. Discussion. 2:30 p. m.—"Osteopathic Treatment of Acute Diseases"—Dr. A. E. Freeman. Discussion—Dr. Lillian Higginbotham. 3 p. m.—Rib Lesions and Clinical Demonstrations Dr. M. W. Higginbotham. Discussion—General. 3:30 p. m.—Deafness—Dr. L. J. Bell. Discussion—General. 4 p. m.—Children's Diseases—Dr. Lillian Mohler. Discussion—Dr. Frank Glenn. 4:30 p. m.—Interesting Clinics. 5 p. m.—Recreation. 8 p. m.—Public illustrated lecture, "Evolution of the Practice of Medicine"—Dr. Woodal of Birmingham, Ala.

**WEDNESDAY.**—9 a. m.—Needs of the Osteopath and the Cause of Failure in Treatment—Dr. L. Cummings. Discussion—General. 9:30 a. m.—Technique of Cervical Lesions—Dr. Byron McAllister. Discussion—Dr. Fast. 10 a. m.—Demonstration of Abbott Method for Scoliosis and General Notes on Orthopedic Work—Dr. Harry Fowler. Discussion—General. 12 m.—Lunch. 2 p. m.—Business meeting. 3 p. m.—Pelvic Disturbances—Dr. Etta E. Champlin. Discussion—Dr. Grace Whallon. 3:30 p. m.—Technique of Dorsal Region—Dr. A. H. Sellars. Discussion—Dr. Dockery. 4 p. m.—Publicity and How to Advance Osteopathy—Dr. C. A. Dodson. Discussion—Dr. A. W. Berron.

## Summer School After the Convention

The following Professors of the A. S. O. will present courses in their specialties after the convention:

**DR. BIGSBY—Gynecology and Obstetrics.** The course in Gynecology will consist in the SCIENTIFIC demonstration of the use of instruments, including internal elevator—adjuster, tampons, curette, dilator, etc. The diagnosis and treatment of the more frequent pelvic disorders will also be shown. Clinics will be in daily attendance. This is a laboratory course lasting two weeks. In Obstetrics will be taken up sepsis and asepsis, pelvic measurements and their significance, deformities of pelvis, diagnosis of fetal positions, hemorrhages, etc. The use of all instruments pertaining to an obstetrical practice and all subjects coming under the Pathology of Pregnancy and Labor will be shown. One case will be demonstrated. \$15.00.

**DR. BOYES.—Demonstrative Anatomy.** This course will consist of demonstrations upon the cadaver. The dissections will show the normal Anatomy preparatory to work in Surgery and Gynecology as well as osteopathic mechanics. The course will be abundantly illustrated with lantern slides. Price, including use of cadaver, \$25.00.  
A course in nervous Anatomy will be given provided a sufficient number enroll.

**DR. GERDINE.—Physical Diagnosis.** This includes not only the Physical Diagnosis of the normal and abnormal body, but the symptoms as well as the Pathological conditions. If desired by a sufficient number a course in Neurology will also be given. \$15.00.

**DR. HENRY.—Laboratory Diagnosis.** This includes a comprehensive course in the analysis of urine, gastric contents, sputum, and blood. The tests shown are the simplest and most reliable, require very little apparatus and time, and are best adapted for an office laboratory. The blood work includes counting of the corpuscles as well as how to make blood smears and the common stains for pathological conditions. The laboratory end of diagnosis of the surgical and clinical patients of the other courses will be shown, so that the work in this department will fit in with that of the others. \$15.00.

**DR. HOLLIS.—Osteopathic Principles and Applied Anatomy.** This course will show the principles underlying osteopathic mechanics and the fundamental thoughts upon which the philosophy of Osteopathy is built. It will explain rationally wherein the strength of Osteopathy lies and will show the relation of Osteopathy to other schools of practice. \$15.00.

**DR. EARL LAUGHLIN AND DR. LYDA.—Osteopathic Mechanics.** Osteopathic mechanics will be taught in divisions, or if desired, by individual instruction. \$15.00.

**DR. GEORGE STILL.—Surgery and Surgical Diagnosis.** This course includes operations, as well as the surgical diagnosis of all pathological conditions. The difference between operative cases and those which will yield to osteopathic treatment will be strongly illustrated. \$15.00.

Apply to the individual member for further particulars or to enroll for the courses.



## BOOK REVIEWS

**Preventive Medicine and Hygiene.** By Milton J. Rosenau, Professor of Preventive Medicine and Hygiene, at Harvard; etc., etc. With additional chapters upon Sewage and Garbage; Vital Statistics; and The Prevention of Mental Diseases. New York and London. D. Appleton & Co., 1913.

This is as fine a book as we have ever seen upon this subject. The author is well qualified to speak authoritatively upon his specialty and he has written a splendid treatise upon this important phase of a physician's work. The book has been planned to include those fields of the medical and related sciences which form the foundation of public health work. The author says that so far as he is aware no other book on the subject covers the broad field considered in this volume. The work is the result of the experiences of twenty-three years service as quarantine officer, in epidemic campaigns, in epidemiological investigations, in public health laboratories, etc. The work is really in two parts, namely, that which deals with the person and that which deals with the environment. Both parts are quite fully discussed. We recommend the volume very highly to all who are in search of a splendid work dealing with Public Hygiene and Preventive Medicine.

**The Tonsils and the Voice.** By Richard B. Faulkner, M. D. A comprehensive monograph with an introduction by Prof. George M. Sleeth, Instructor in Elocution, Western Theological Seminary. The Presbyterian Book Store, Pittsburg, Pa.

This is quite an interesting book and presents a remarkable discussion of the function of the tonsils. The author claims that an intimate connection exists between the tonsils and the voice and writes most enthusiastically about the discoveries he is proclaiming. There are thirteen chapters dealing with Research Investigations; Anatomy of the Tonsil; Physiology of the Tonsil; Causes of Tonsil Diseases; Classification of Tonsil Diseases; Adenoids; The tonsils and the Teeth; Six Medical Questions; The Science of the Vocal Art; Six Voice Questions; Diagnosis of Tonsil Diseases; Hygiene of the Tonsils and the Voice; Treatment of the Tonsils. It is impossible to express any definite opinion of a book of this kind. We recommend it to our readers as of considerable interest and must leave it for individual approbation or criticism.

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PERSONALS

**Is Able to Resume Work.**—Dr. Rebecca Harkins of London, Canada, who was compelled to take a vacation of several weeks because of a fractured leg, is now able to resume her practice.

**Operated on for Appendicitis.**—Dr. Marie Leonardo of Salida, Colorado, was operated on at the Red Cross Hospital for appendicitis, June 11. Dr. Cochems, assisted by Drs. Parker and Schafer, performed the operation.

**Gave Talk on "Eugenics."**—Dr. J. A. Van Brakle of Oregon City, Ore., recently gave a talk on "Eugenics" at the Congregational Conference of the East Williamette Association, held at Hubbard, Ore. Dr. Van Brakle is the Secretary of the Oregon Osteopathic Association.

**Elected Mayor of The Dalles, Ore.**—Dr. J. E. Anderson, who is the Representative of Wasco and Hood River Counties in the State Legislature, was elected Mayor of his city, The Dalles, Ore., at the recent election. Dr. Anderson is a graduate of the A. S. O. and has practiced at The Dalles for more than ten years.

**Will Fish and Rest.**—Previous to coming to the Convention at Kirksville Dr. and Mrs. Luther H. Howland of Portland, Ore., will spend part of July fishing and resting at Manzanita Inn, on Nehalem Bay, in Oregon.

**Has Removed to Selauis, Calif.**—Dr. W. L. Nichols of Enterprise, Ore., has removed to Selauis, Calif., and is succeeded at Enterprise by Dr. C. L. Whiting a recent graduate of the Los Angeles College of Osteopathy.

**Guests at Meeting of State Association.**—Drs. Roberta Wimer-Ford and W. E. Waldo of Seattle, Wash.; Dr. Sarah E. Spicer, Minneapolis, Minn.; and Dr. T. E. Purdom, Kansas City, Mo., were guests from out of the state at the 12th annual meeting of the Oregon Osteopathic Association.

**Will spend Summer with Sister.**—Dr. E. Florence Gair of Brooklyn, N. Y., will spend the summer with her sister in Seattle, Wash.

**Gives Address before Annual Convention of the Oskaloosa District Epworth League.**—Dr. Wm. R. Stryker of Newton, Ia., gave an address on "The Building of the Man" before the 23d annual Convention of the Oskaloosa District Epworth League, at Newton, June 12.

**Resolutions of the New England Osteopathic Association.**

Whereas, It has pleased our Heavenly Father in His infinite wisdom to take from our ranks and call unto Himself our worthy brother, we feel moved to make a record of our great loss; therefore be it

Resolved, That by the death of Dr. Frederick W. Gottschalk this association has lost one of its valued members and a faithful worker.

Resolved, That our heartfelt sympathy be extended to his family, and that the loving memory of the departed one may prove a blessing to them, knowing that He who can separate, can unite them again.

Resolved, That a copy of these resolutions be sent to the bereaved family, copies to the osteopathic journals, and a copy spread upon the records of our association.

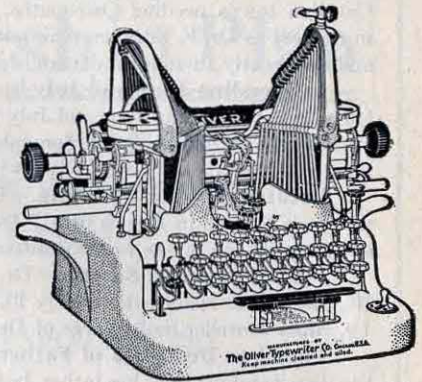
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**Is Spending June and July in Oregon.**—Dr. Theodosia E. Purdom of Kansas City, Mo., is spending June and July with her son and daughter, Drs. F. E. and H. C. P. Moore. Dr. Zudie F. Purdom, also of Kansas City, will join her mother for the month of July and they will return with Drs. Moore for the Convention at Kirksville.

**Located in New Building.**—Dr. Wm. O. Flack of Portland, Ore., is now permanently located in Rooms 916-17-18 Broadway Building, a new reenforced concrete structure in one of the best locations in the city.

**Visited Sister in Seattle.**—Dr. Nellie Lowe Parker and babies, of Carlinville, Ill., visited her sister, who is very ill, in Seattle, Wash., during the month of June. Dr. Mary Hoecker took charge of Dr. Parker's practice during her absence.

**Called to Deathbed of Father.**—Dr. Nelle Evans was called to Kirksville by the illness and death of her father, but has now resumed her practice in Seattle, Wash.

**Visited Coast Practitioners.**—Dr. John A. McCabe of Winnipeg, Canada, recently visited osteopathic practitioners in Seattle and at other points on the coast.

**Free Osteopathic Dispensary in Sight.**—If plans of the Harrisburg Osteopathic physicians are carried out, before many months have passed there will be established in the city a free osteopathic clinic, or dispensary, centrally located, where local osteopaths will give their attention to deserving patients, free of charge. A certain amount of charitable work is now being conducted by the osteopathic physicians of that city. At a meeting of the Harrisburg Osteopathic Society recently, the first actual plans for the free institution were favorably considered. Present plans call for an actual start of the dispensary early in the fall. A house will be secured by the society and fitted up by them. Patients will be treated who are unable to stand the cost of regular treatment. The physicians will take turn.

**Announcement.**—Drs. Ira S. and Elizabeth B. Frame, having determined to go abroad for a period of rest and study, are pleased to leave their practice with Dr. H. Alfred Leonard at 600 Franklin Bank Bldg., Philadelphia, Pa.

**Prehistoric Relics of Missouri.**—The Missouri Historical Society, organized in 1866, is now at home in the Jefferson Memorial, St. Louis, on the site of the Louisiana Purchase Exposition. This is a half million dollar fire-proof structure. The society is making a special effort to collect, preserve and study Indian Relics found in Missouri. Ample case room has been provided for the collection. Specimens of Indian relics contributed to the archeological museum will be placed on exhibition with due credit to the donors and become a part of the largest and most valuable collection of Missouri Indian relics ever made.

Persons having specimens are invited to correspond with the Department of Archeology, Missouri Historical Society, Jefferson Memorial, St. Louis. The museum is open daily from 10 a. m. to 6 p. m. Admission free.

**Is Taking Post Graduate Work.**—Dr. Henry F. Miles of Sacramento, Calif., spent the month of June and part of July taking a six weeks Post Graduate Course at the A. S. O.

**Notice to Colorado Osteopaths.**—The Transportation Committee for the State of Colorado have selected the Union Pacific-Wabash lines as their official route to the Kirksville Convention, and they have arranged to handle one or more special cars as follows: Leave Denver 1:25 p. m. Aug. 2nd. Arrive Kansas City

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**Located in New Building.**—Dr. Wm. O. Flack of Portland, Ore., is now permanently located in Rooms 916-17-18 Broadway Building, a new reenforced concrete structure in one of the best locations in the city.

**Visited Sister in Seattle.**—Dr. Nellie Lowe Parker and babies, of Carlinville, Ill., visited her sister, who is very ill, in Seattle, Wash., during the month of June. Dr. Mary Hoecker took charge of Dr. Parker's practice during her absence.

**Called to Deathbed of Father.**—Dr. Nelle Evans was called to Kirksville by the illness and death of her father, but has now resumed her practice in Seattle, Wash.

**Visited Coast Practitioners.**—Dr. John A. McCabe of Winnipeg, Canada, recently visited osteopathic practitioners in Seattle and at other points on the coast.

**Free Osteopathic Dispensary in Sight.**—If plans of the Harrisburg Osteopathic physicians are carried out, before many months have passed there will be established in the city a free osteopathic clinic, or dispensary, centrally located, where local osteopaths will give their attention to deserving patients, free of charge. A certain amount of charitable work is now being conducted by the osteopathic physicians of that city. At a meeting of the Harrisburg Osteopathic Society recently, the first actual plans for the free institution were favorably considered. Present plans call for an actual start of the dispensary early in the fall. A house will be secured by the society and fitted up by them. Patients will be treated who are unable to stand the cost of regular treatment. The physicians will take turn.

**Announcement.**—Drs. Ira S. and Elizabeth B. Frame, having determined to go abroad for a period of rest and study, are pleased to leave their practice with Dr. H. Alfred Leonard at 600 Franklin Bank Bldg., Philadelphia, Pa.

**Prehistoric Relics of Missouri.**—The Missouri Historical Society, organized in 1866, is now at home in the Jefferson Memorial, St. Louis, on the site of the Louisiana Purchase Exposition. This is a half million dollar fire-proof structure. The society is making a special effort to collect, preserve and study Indian Relics found in Missouri. Ample case room has been provided for the collection. Specimens of Indian relics contributed to the archeological museum will be placed on exhibition with due credit to the donors and become a part of the largest and most valuable collection of Missouri Indian relics ever made.

Persons having specimens are invited to correspond with the Department of Archeology, Missouri Historical Society, Jefferson Memorial, St. Louis. The museum is open daily from 10 a. m. to 6 p. m. Admission free.

**Is Taking Post Graduate Work.**—Dr. Henry F. Miles of Sacramento, Calif., spent the month of June and part of July taking a six weeks Post Graduate Course at the A. S. O.

**Notice to Colorado Osteopaths.**—The Transportation Committee for the State of Colorado have selected the Union Pacific-Wabash lines as their official route to the Kirksville Convention, and they have arranged to handle one or more special cars as follows: Leave Denver 1:25 p. m. Aug. 2nd. Arrive Kansas City

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9:15 a. m. Aug. 3d. Leave Kansas City 10:00 a. m. Aug. 3d. Arrive Moberly 1:55 p. m. Aug. 3d. Leave Moberly 2:05 p. m. Aug. 3d. Arrive Kirksville 4:03 p. m. Aug. 3d.

There has been no rate authorized for this convention, and the best that can be done will be the regular one way rate in each direction which is \$16.65. This would mean of course, that choice of routes could be had returning.

The cars to be furnished will be standard Pullman sleepers, electric lighted through out, each berth to have individual light. The train that these sleepers are to be operated on is the finest train between Denver and Kansas City and St. Louis. Pullman rates are as follows: Lowers \$4.50, Uppers \$3.60. Drawing room \$16.00. Would suggest you make your reservations early so as to insure good location, and so we can make arrangements for the necessary number of cars.

Please write to Mr. R. S. Ruble, A. G. P. A. U. P. R. R. 941-17th Street, Denver and he will be glad to make your reservation.

Yours truly,

DR. J. F. BASS, 625 Empire Bldg.

Chairman Transportation Committee.

**A Talk on Osteopathy.**—On June 13, Dr. J. A. Malone, of Houston, Texas, delivered a talk on Osteopathy before the Rotary Club. We give the following excerpts from it:”

“As long as the human machine is in perfect order, like a well oiled locomotive or any other mechanical contrivance, it will perform properly the functions for which it was intended. Every living organism has within it the power to manufacture and prepare all the chemicals and forces needed to build and rebuild itself, together with all the machinery and apparatus required to do this work in the most perfect manner.

“When each organ and part of the human system is provided with an unobstructed blood and nerve supply it will do its full share of work; and the normal condition of health, toward which all vitality is constantly striving will be restored and maintained.

“The Osteopath does not claim to cure disease. He merely adjusts the machinery of the body and nature does the work. It is based wholly upon the simple laws of nature, and nature is a wonderful physician if given a chance.

“That Osteopathy is gaining ground will be admitted by everyone. The cause of this is that we are getting a better course of instruction than formerly, are making advancements in our profession, and are able to cure maladies that have heretofore been pronounced incurable, and lessen the time of recovery of all the acute diseases.

“A great many people do not think that we can handle acute diseases. This is probably due to the fact that they have not given the matter sufficient thought. All of the chronic troubles were of an acute nature at one time, and if we are able to handle the old chronic cases that are pronounced incurable and cure them, we most certainly can cure acute diseases much easier.

“Perhaps I should say right here that, while some have the idea that lady patients have to be exposed in taking treatments, such is not the case, since not the least bit of exposure to any lady patient is necessary, even though some Osteopaths do employ this method of treatment. In this connection I wish to say also that I have a lady attendant that is in the treating room every time I treat a lady or girl, not as an assistant, but simply in an accompanying capacity.

“At this juncture I do not think it amiss for me to correct a few mistaken ideas some people have about Osteopathy. In the first place a great many people think