

# **The Journal of Osteopathy**

**December 1909**

**Vol. 16, No. 12**

Reproduced with a gift from the Advocates for the American Osteopathic Association (AAOA Special Projects Fund) and Michigan Auxiliary to the Macomb County Osteopathic Association

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# The Journal of Osteopathy

Edited by W. K. Jacobs.

VOL. XVI.

DECEMBER, 1909

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**A Joyous Christmas and A Happy New Year.** Christmas time is again almost upon us. Spring, summer, autumn, truly have a glory of their own, but winter, although to many it

means a season of hardship, has, besides its superb mantle of ice and snow not to be appreciated by those living in regions of perpetual summer, associations which give the season a charm incomparably its own. Without these associations it would be a long dreary wait for beautiful, budding spring. It is the spirit of Christmas, gift-bearing, joy-bringing Christmas with its fond anticipations, reunion of family, the festive board, Christmas trees, the unmixed delight of the little ones with tinsel and toys and burning tapers, the spirit also of the new year, all these enhance a hundred fold the charms of the season. What would the world be without them all? There may be surprises and disappointments, but

“So it happens every year—  
Always has as yet—  
Such a lot of things we want  
And so few we can get.  
Always happens, always will,  
Don't know who is to blame—  
Wish you all a very merry  
Christmas, just the same.”

**What is the Matter With Texas?** Much complaint has come from osteopaths seeking to locate in Texas, on account of the the treatment received at the hands of the state board, of the composite variety. In fact, at long range, it looks very much as though Texas had all the osteopaths it cares to accommodate, no matter how well fitted osteopathic applicants may be. Most osteopathic members of state boards succeed in making at least, a few “dents” in the medical defenses, but in the case of Texas, the external coat of whitewash does not seem to have been even soiled.



**The Journal For 1910.** There have been so many requests for articles dealing more specifically with the different diseases and their treatment that plans have been formulated during the past month which from present indications will result in the very material strengthening of the scientific phase of the Journal, and we believe the demand for more scientific literature will be adequately met. In the January number will be published a forecast of special articles which will appear each month during the entire year, and others will be included from month to month as they are contributed, but which we are not in a position to forecast so long a time ahead. However, those included in the forecast have already been arranged for and will be published in the order outlined.

**\$100,000 for Tuberculosis Cure.** A mysterious donor has put into the custody of Yale University as trustees, the sum of \$100,000 which awaits the person who discovers a cure for tuberculosis. Many well known physicians have been invited to become members of an advisory board whose duty it will be to pass on the merits of cures submitted.

Although the situation presents difficulties of prejudice to the osteopath, yet it should encourage research work as the offer is open to any scientist or physician in the world. Why not some osteopaths get busy? To the "osteopath who succeeds" it will have been an admirable way to combine "bread and butter" with the cause of the science.

**Reports of Association Meetings.** While the reports of the meetings of the different Associations published each month by the Journal of Osteopathy are undoubtedly appreciated in a way by our readers, as news items, yet we believe a little "reformation" in the make-up of these reports would add much in making them of more general professional interest. If the secretary reporting the meeting would embody in the report some of the salient points brought out in the discussions, an element of interest would be added of which so many reports are entirely void. If this were done the reports then would become of direct interest to every osteopath. Of course, we are always glad to receive reports of association meetings, and while we, and we believe the profession generally, would appreciate a "reform" along these lines, it is hoped that this "suggestion" will not deter anyone from sending in such reports of meetings as he may have been able to obtain.

**N. Y. Osteopaths Stand Together.** Notwithstanding the perplexing situation in New York City, a great deal of satisfaction exists on account of the unity which prevails in the osteopathic ranks. The recent report by the retiring secretary showed that the state society numbers 325 members and the society is a unit in its fight against the antagonism of the New York Board of Health which has taken upon itself to restrict privileges granted the osteopaths by the state legislature.

**Seemingly a Matter of Routine.** Almost every number of some of our medical exchanges contains the report of the meeting of some medical association with, seemingly as a matter of routine, an expatiation on the subject of "The Fallacies of Osteopathy," or some kindred subject. For the most, there is a striking similarity of argument, the writer always "having thoroughly investigated," quoting authorities nearly always medical or quack, wondering how in the world osteopathy can cure a case of pneumonia by "rubbing" a man's shin bone or "massaging" his gluteal region or some other equally preposterous proposition, altogether displaying, notwithstanding his alleged "careful investigation," an assinine ignorance bordering on the impossible. Many of the leading medical authorities, while not openly espousing the cause of osteopathy, have been thinking and writing "osteopathically," only under another name, their investigations often leading directly to the very principles for which osteopathy has so long contended. As to the real science of osteopathy and the courses offered by its recognized colleges, the most superficial investigation would make it impossible for them to make the ridiculous statements they do, granting that it is really a lack of information which is responsible. Thus, in the final analysis, we find these "elucidating medical wiseacres" not only ignorant of the most patent facts concerning the science of osteopathy, but pitifully behind the times with regard to the most advanced ideas of the best men of their own profession. How long will it be before some of these medical men will comprehend fully the facts which are demonstrated to them in the physiological laboratories of their own schools? How long will these schools continue to disregard these demonstrated facts? We will not venture a guess. Truly "none so blind as those who will not see," especially if they are supplied with an additional "pad of wool" pulled securely over their optics, which they are not willing to remove. Of course, the purpose of these periodical ebullitions with regard to osteopathy, is undoubtedly to promote a feeling of security and of well-being, a sort of "local narcosis," and seemingly the purpose is well served.



**Another Milestone Passed.** On Thursday, December 2nd, was the thirty-fifth anniversary of the landing of Dr. Andrew Taylor Still, the venerable father of osteopathy, in the city of Kirksville. Speaking more accurately, he came to the town on December first and gave his first treatment on December second, thirty-five years ago. In the doctor's own words, "Some of them thought that I was doing wonders, but many believed that I got the power from the devil." Had it not been for the absolute faith he had in the truth of his discovery, his system of healing might not have outlived the persecution and hardships of these early pioneer days. Time, however, has not only proved the truth of his discoveries and justified the sacrifice and heroism of a single-handed battle, but it has served to place the name of Dr. Andrew Taylor Still among those of the few of humanity's great benefactors. It is gratifying indeed that in his declining years he can not only enjoy the fruits of his labors, but can have the satisfaction of seeing his science well established and of knowing that the work he has so well inaugurated will continue to be a blessing to humanity. Anent this anniversary, and the question of "adjuncts," we are pleased to append a few paragraphs of the "Doctor's" own dictation:

"After thirty-five years of close observation and hard work, mental and physical, with all the devices, adjuncts, etc., I am still of the opinion that the hand of a well-posted, mechanical anatomist is the instrument and the only device necessary to adjust any bone, reducing the abnormal condition to the normal. A fixed point at which to hold the body or limb firmly while the hand applies the leverage necessary to adjust the bone, is necessary. I have used the table for the body to rest on, while I would seek for and adjust variations or abnormal positions. I have used all kinds of belts, swings, and other devices, hoping that they might be of some assistance to me. Being an educated mechanic myself, I have made many devices, but at the end of all efforts, I have found nothing equal to the well-trained human hand to do the work.

After the patient is put in position upon the stool, table, or against a tree or wall, which would hold the body in position while I proceeded to adjust by proper manipulations of the bones as levers, I have had no difficulty in all ordinary cases, in readjusting bones of the hand, wrist, elbow, etc., and all bones of the neck, spine, sacrum, jaw, head, or any other bone in the whole body, with my hand, without the aid of anything but a fixed point or fulcrum by which the bone became the lever. I have always contended that the hand is the greatest mechanical invention of all nature."

**"Nerve Juice."** How is this for an up-to-date osteopathic theory?

In a full page advertisement in a recent issue of a leading Texas daily, an osteopath attempts to explain the importance of vertebral adjustment and alignment in the following way: Referring to two zinc etch illustrations of two adjoining vertebrae with the intervertebral cartilage, the doctor points out (explanations in parentheses are the editor's) "In cut 1, notice how the two vertebrae of the spine, kept apart by a sack of fluid (i.tervertebral cartilage) and the nerve coming out of the opening is large and normal. You will notice how the nerve has been overworked in cut 2, (representing the intervertebral cartilage much thinner and the nerve trunk much smaller) by the taking of some drug or stimulant or some intemperate excitement of it, until the nerve has exhausted the fluid from the sack and allowed the two vertebrae or bones of the spine to close together and to press on the nerve and deaden and paralyze it." Such junk! Does this osteopath really adhere to the long ago discarded theory of "nerve juice," the nerves being hollow tubes? Is it any wonder that the medics in his locality are trying their best to put him out of business? They deserve to succeed.

\* \* \*

#### LIKE MOTHER MADE.

You can talk about your Christmas in the gay and festive town,  
With its crowds of Christmas strollers promenading up and down;  
With its lavish decorations, and its music sung and played,  
But the Christmas to my notion was the kind that mother made.

As to mother's bread and doughnuts I shall simply pass them by.  
Not a word about her cookies or her golden pumpkin pie;  
Not a line about her puddings or her jams or marmalade,  
But a volume in the praises of the Christmases she made.

Oh, the presents they were simple and devoid of tinsel bright  
And were fashioned by her fingers while we calmly slept at night;  
And the stories that she told us were as true as true could be,  
'Cause she'd heard her mother tell them Christmastimes, the same  
as we.

Oh, the place where mother "fitted," leaving others in the shade,  
Was the genuine, old-fashioned, bang-up Christmases she made.

—Joe Cone.



## An Open Letter to the Profession.

DEAR BOYS AND GIRLS:—

It should be the intention of all up-to-date physicians, regardless of School to keep abreast of the times. Most of the States at present are requiring the equal of a four year high school certificate before one can make application for an examination to practice their profession. Under such a rule and without an endowment it is only through the combined efforts of their friends that Schools young as the Osteopathic can exist. It is the intention of the Management of the A. S. O. to undertake this, hence this letter.

We hope to have the co-operation of all our graduates and friends. We appreciate the fact that some of the best men in our profession, as in all professions, have not had the advantage in school that the States are demanding at the present time, but be that as it may, it is up to us to meet the demands.

The January Class of 1910 will probably be the last class that will matriculate at the A. S. O. where the student is not required to have a four year high school education, or the equivalent, so if you have any friends that are contemplating taking up the study of osteopathy, not having the above requirements, we will be very much pleased to have them enroll with our coming January Class.

To say we appreciate everything in the way of encouragement and endorsement that we have received from our graduates in the field is putting it very mildly. I know I cannot always be with you, but I want to see the boys that are left at the helm encouraged, and to call your attention to the fact is all that is necessary.

I have been informed that one of the old graduates, my nephew, C. M. T. Hulett, or Turner as we call him, made the statement at the Minneapolis Meeting that the profession had not supported the Schools as it should. Now this may be true with some, but we feel that the majority have been very loyal. However, we would like to have you feel that the statement made by Turner applies to you so you will make an extra effort to make the January Class the banner class in the way of numbers that has yet matriculated.

From the start it has been my object to have the qualifications of an osteopath up-to-date in every particular, so he will be qualified to represent and defend the philosophy. I believe all Osteopathic Schools should work for intellectual perfection.

Wishing all a Merry Christmas and a Happy New Year, I am

Yours fraternally, A. T. STILL.

## Is There a Prospect of Eliminating Disease?

RILEY D. MOORE, D. O.

The question of health is one before which all others must pale. There may be wealth, intellect, station in life and what not, but to what do they all amount if their possessor is without health? Realizing fully the import of the subject, I have not thought it advisable to mince matters, neither have I seen fit to dodge important issues because I might trample upon some ancient canard or time honored belief. I am aware that many people do not thank one for attempting to arouse them while quietly napping in blissful ignorance of the fact that the world is moving, along all lines,—not just their own,—that old ruts are being fast filled up, and that we are just now entering upon a new epoch, the day of truth, the age of reason, when matters pertaining to health, like many other matters, are to be placed upon a solid foundation.

The old canoes and galleys of empirical drug medication which carried our ancestors upon the storm-lashed ocean of disease and perhaps at times took them a speedy journey to the other river shore, must give way to the more up-to-date ocean lines of to-day; ships laden with cargoes of truth, reason, and applied common sense, and manned by those who know the simpler methods of aiding a patient are far superior to the complicated artificial ones of that ancient mariner,—the allopathic physician.

He has done his best, he had a place to fill, and with his false training few could have done better, but let him not sleep aboard the old craft until her germ-eaten hulk, weighted down with the barnacles of drug-medication, serum-therapy, vaccination, corrupt politics and needless surgery, goes to the bottom with him aboard. Let him get aboard any of the various ships of rational therapy and aid, not hinder its progress by obstructing the way.

Let him not hesitate to forsake the old craft for the new, even though her lines seem strange and her seamen guide the ship with its human cargo over hitherto unknown paths on the ocean of disease. Neither let him attempt, as many are now doing, to take the new craft aboard his own old and crumbling one, for it will but impede the progress of the new and all that would be accomplished would be to hasten the already rapid disintegration of the old.

Of the physicians of the older schools of healing, permit me to say that to free this world from disease, much will depend upon them. They have progressed far along anatomical and physiological lines, and for this they deserve much credit, but lacking confidence in the self



regulating power of the body functions, they then deserted the solid rocks of anatomy and physiology to build their therapeutic house upon the shifting, vacillating sands of the pharmacopeia. They must change their system. Much of the health of future generations depends upon it.

You ask, is there a prospect of eliminating disease? Will there ever be a time when the dwellers on this earth of ours will be free from the aches and-pains to which all are more or less subject?

Many believe that this is possible. In regard to Christian Science, we find in "Science and Health" the following: "Give to it the place in our institutions of learning now occupied by scholastic theology and physiology, and it will eradicate sickness." That is a pretty broad statement. The material man is ignored too much by the Christian Scientist. There is no doubt that much good has been and is being done by this system, together with the various others systems of psychotherapy, whose very cornerstones appear to me to be suggestion, pure and simple.

Now that we may get to the bottom of our subject and get a basis from which to work it will be necessary that we scrutinize closely the various causes of man's ills. Then just so far as we find that these causes can be and will be eliminated, to that extent may we hope to do away with existing and prevent future disease.

A sweeping, but nevertheless a true statement might be made that the cause of all disease is due to some form of bodily abuse, and that bodily abuse is almost invariably due, directly or indirectly to ignorance or ambition and often both. The ignorant and the ambitious are like the poor,—always with us. It is a deplorable, but very noticeable fact, that people who are looked upon as educated, our teachers, lawyers, clergymen, editors are,—as a class,—almost as ignorant of the structure and workings of the human body as it is possible for them to be. Poetry, art, languages,—ancient and modern,—may be at their tongues' end, but the human machine, its structure, uses and abuses, are matters of little apparent concern to them.

Now why should this be so? Teaching in our schools of facts, not some pseudo-scientist's fantastic theories, along the lines of applied physiology, anatomy and perhaps psychology will do wonders for the ignorant.

Again the public has long been taught to believe that a person might infringe upon any and every known or unknown law of Nature, then go to the doctor, get a liver pill and a bottle of dope and go on his way rejoicing, happy in the assurance that this poison, which every thinking man knows, if put into the body of a well man would make him sick, will, if he takes it while sick make him well.

Then there are poor deluded fools, unfit to be called mother or father, who pride themselves upon the ignorance,—as they call it, innocence,—of a daughter or son. They let a child grow up to learn from the many and varied sources whatever distorted, unreliable facts or fancies they can about subjects that are a matter of interest to every normal human being who has reached the age of ten or less perhaps. The child grows into womanhood or manhood with just that supply of learning which is a dangerous thing; ignorant if not innocent, ever curious, seldom enlightened, unhappy, frightened, miserable.

Thousands of these, yes, millions! What do they need? Medicine? No! They need proper treatment to aid them in overcoming the effects of their applied ignorance, and education to prevent future treading upon the toes of Dame Nature. They have gone to their physician in all confidence, asking for bread and receiving a stone. Twenty minutes spent in educating some patients will do more good than all the drugs ever discovered or invented.

The late Dr. C. A. Bernays, one of the greatest, perhaps the greatest of American Surgeons, has this to say: "I am afraid the medical profession is not united in spreading enlightenment and crushing the hydra-headed serpent of superstition. It is so difficult to make earnest and persistent researches, deep and long continued studies in science, it is so easy to invent a plausible and high sounding theory about the mysterious workings of nature.

It is so difficult and a little depressing to acknowledge that there is much as yet unexplained and inexplicable about the laws of disease and health.

There is, moreover, even among the well-educated public a marked disposition to exaggerate the powers of the diagnostician, the surgeon, and even the plain practitioner, to invest him with a power and knowledge that savors of the supernatural. Many a man is not stout enough and honest enough to resist the blandishments of vanity, the whisperings of self-interest to tra e upon the stupidity of the public which fairly clamors to be deceived."

A moment's thought on the matter will convince any one that the only sound, reasonable system of either prophylactic (i. e., preventive) or curative treatment could be founded solely upon the removal of causes of disease, and yet "treat the symptoms (i. e., effects) as they arise" confronts us as one of the basic principles of the most widely practiced systems of therapeutics to-day. That this is sometimes denied, I am well aware, but a study of their text books supports the statement.



Symptoms of a disease are but the expressions of inward conditions. Can you stop a man's thinking by gagging his mouth? Symptomatic treatment may cover the expression of the disease but only aggravates the real trouble. People must learn that a certain symptom group is not the disease, not a thing to be treated; it is but the manifestation of the real disease. I am often asked, "How would you treat a fever?" I wouldn't. Fever is only a symptom. Treat the patient. All treatment which artificially stimulates or inhibits the activity of any organ or group of organs, defeats natural processes, increases instead of diminishing disease, and is directed toward the allaying of symptoms; not the removal of first causes. It is a self-evident fact that attempting to alter the function of the organs of the body without first removing the cause of their diseased condition, can but result in increasing disease. The functional activity is self-regulative, and nature will not be tampered with without inflicting sure and heavy penalties.

So we find in wrong or misapplied treatment one very potent factor in the cause of disease. So long as these methods of so-called treatment exist we may by their use alleviate in rare cases, but not in the least hope to eliminate a single disease.

We need education of the people that they will no longer submit to that ancient, barbarous, and disease-producing practice of poisoning the sick, known the world over as drug medication.

We need education of the people and with it a goodly supply of starch applied as a stiffener to their spines that they shall no longer be cowed by those, who from ignorance, the too common frailty of minding other people's business, or greed for dirty dollars, would compel children, healthy or diseased, to take into their blood animal filth,—corruption,—having its origin in sick calves, ailing horses, diseased guinea-pigs, or rabid curs, commonly known as vaccine virus, pure calf lymph, serums and antitoxins and foisted upon a credulous and ignorant public for the prevention or cure of disease.

I am proud to say that the 4135 members of the profession to which I belong are doing more to-day toward educating the public than the older schools which number their practitioners by the hundreds of thousands and turn out 4000 graduates from their colleges every twelve months. Our old school physician seems to forget that "doctor" means "teacher."

I said that disease was due to bodily abuses, brought on mainly by the two general causes, ignorance and ambition. 'Tis ignorance which causes those uneducated in bodily care to overstep the bounds of safety, and sickness results. 'Tis ambition which causes the educated to dis-

regard the laws of health and by loss of rest or various other bodily abuses, bring on disease.

I shall not take up your time with the multitude of diseases brought on by accidents and injuries; their cause is too evident and one would think their cure also, yet I know of a case of indigestion and constant headache started by a fall down stairs and several doctors tried to cure it with drugs.

Touchin, upon a few of the more specific causes of disease you ask about heredity, for example. Allow me to say that heredity is a word that is used in about nine cases out of ten as a cloak to cover the ignorance of the diagnostician. Neuralgia and idiopathic are also handy words kept ever ready for the same purpose. That there is such a thing as inherited disease in some cases I will not deny; but nearly all so-called inherited disease is not so in truth.

The disease often exists in both parent and child because the child is subjected to the same conditions as the parent. What these are, we are not always able to determine. Again there is a marked tendency in some people to lay their faults at the door of another, and those who have bodily ills brought on by their own abuses must saddle it upon their ancestry.

Some of you may know lots of folks who have consumption, and their mothers and fathers died with it,—and so did their sisters and their cousins and their aunts, for that matter,—and then as a clincher we are told that the great Dr. So and So said that it was inherited. Show me a family where several members have died of pulmonary T. B. and in nine cases out of ten I'll show you one where each one holds himself in constant terror of catching cold and then does just the thing to give him one while laboring under the delusion he is taking precautions to prevent it; then wonders why he takes cold, for he is so careful.

Yes, and you know a woman who has stomach trouble and she must have inherited that, for didn't her mother have it also? See if she don't cook mother's way also. Look for lard, pickles, cabbage and such junk on her grocery list. Note the signs of wear on her frying-pan. Verily, education is the panacea for most of man's inherited ills.

This paper would be very incomplete if I should neglect to take into account the list of occupation diseases whose name is legion, e. g., diseases of the respiratory tract in millers, coalminers, foundrymen, stone-cutters, tobacco-workers, glass-blowers and cornet-players, bone and joint diseases in those who work in high temperatures, skin and other diseases in lead workers, backache, called by that very indefinite and senseless term, lumbago, in locomotive engineers and those



who work in stooping positions, heart disease in athletics, blacksmiths, etc., eye affections in electric welders and crucible workers, deafness in blasters and boiler makers.

Education of the employee and prosecution of the employers for negligence, demanding hygienically constructed factories and shops, and restriction of child labor will do a great deal for those ordinarily subjected to unhealthful occupations.

Germs, parasites, bacteria, bacilli, bugs, they're saprophytic and pathogenic. Nearly every disease is catching if we are to believe some doctors and all health officers. Dr. Chas. McCormick of Chicago remarks that "judging from current medical literature, the only thing which isn't contagious is common sense." We can't help ourselves either, for aren't the bugs everywhere; every thing we eat and drink, the air we breathe and the clothes we wear are saturated, plastered over, swarming, teeming, seething with countless millions of micro-organisms whose sole aim in life is to torture mankind with Latin diseases, make shekles for the inventors of the endless variety of antitoxins and germicides, dupe the members of state legislatures into appropriating public moneys for their extermination, and bluff the dear people into paying good hard dollars as salaries and fees to several thousand of the superfluous members of an already very much crowded profession, said members to be designated by the very misleading term, officer of health.

Perhaps a certain few kinds of germs may, under very favorable circumstances, cause a very limited variety of diseases, but, as Prof. Osler said of the only four drugs with curative properties: "I shall not attempt to name them."

Physician and layman alike have gone germ-crazy, in their futile attempt to find a tangible cause for disease. Medical books are filled with minute accounts of the thousand and one deplococci, streptococci and staphylococci, the spirochaetae and micrococci; there's bacteria and bacilli and heaven alone knows where the list will stop.

Quarantine officers and city physicians have been raised to the noble position of bug-sheriff and their one great aim in life is to catch and kill the bug, or if unable to do that, to incarcerate the fellow who has it, to protect the neighbors, don't you know?

Listen. Corrosive sublimate is no stronger germicide than pure, circulating blood serum, and as Dr. A. T. Still has often said, "the rule of the artery is supreme." No germ can thrive in a part which has a normal circulation of pure blood. As for external germicides, what better has any one to offer than the free use of water and old fashioned sunshine?

Germs are the scavengers of the body; the buzzards, the flies, the ants and the ravens.

If our only chance for the future elimination of so-called germ diseases lay in killing of germs, we had just as well stop where we are.

Many of us are compelled to live in climates, which are, we believe, the cause of many of our ills. But climate, like heredity, is much exaggerated as a cause of disease.

That altitude, temperature, and humidity may alleviate or aggravate certain disease conditions, I do not deny. We all know of people whose conditions have improved or been made worse apparently by a change of climate. But a word of advice.

**Beware of the doctor who advises a change of climate for many of his patients. It is an easy way to dispose of "undesirable citizens" in the community, i. e., those who, as incurable, are a poor advertisement to their physician. Do not bother your brains about climate as a cause of disease. It is a possible, but small factor in the exciting of human ills.**

Psychic disturbances as a cause of disease are not to be forgotten. There is no surer way to lower the vitality and so make disease possible, than these. Who will deny that worry saps vitality, anger lessens and poisons secretions, fright throws the whole body machine out of gear, and the old saying that "fear doubles danger" seems certain.

The power of the mind over the so-called involuntary functions of the body is a demonstrated fact. Ribot cites the diminished muscular innervation in fear and sorrow and the increase in joy, anger and impatience. Also the vaso-constriction in fear (though I do not entirely agree with him on that point) and sadness, with dilatation in joy and anger. James says the emotions depend not only upon physiological but still more upon chemical changes taking place in the tissues and fluids of the organism. The indigestion following a fit of anger or the colic in a baby who nurses an angry mother, are phenomena familiar to many observers.

My advice, if you desire to become healthy and stay so is to remember (and act accordingly), that water is cheap and you all are entitled to three to five pints every twenty-four hours. The body cell is an aquatic animal and can thrive only when bathed in fluid, which is necessary to bring it nourishment and carry away the products of tissue waste.

Air is free,—at the present time,—and you need as much in winter as in summer.

Eat less and not so often. Chew your food more and don't wash it down.

Don't worry about Armour and the price of meat. Boycott him.



Work is natural and necessary.

Remember that man is a machine with pumps, valves, levers, and pulleys without number. The human machine cannot run smoothly unless all parts are in normal relation, each to the other, and that poison put into the stomach would have no more power to bring about proper adjustment of these parts than a pill would to change the tension on a sewing machine.

Remember that the cause of disease is within the body, not something that is without. Disease is not some mysterious monster watching for an opportunity to pounce upon us; something which must be scared away by the beating of gongs, have its stomach upset by the odor of asafoetida, and other equally preposterous performances having their origin in ignorance, superstition, and credulity.

Don't be too ready to let some one cut you open. Rocks in the pocket is too often your most serious malady. Dr. Bernays reminds us that "the abdomen has become the favorite field of operators who don't know much about anatomy." Surgery to-day is too often the first and not the last resort.

Again remember that when you get angry that it is you yourself who must suffer for it infinitely more than the object of your wrath.

When you go to a physician for examination and treatment let him ask all the questions he cares to, and don't fib when you answer them, either. It is to learn your true condition, not to satisfy his curiosity, that he asks them. When he has had his inning it is your turn. Ask him what course of treatment he intends to pursue, and why. You have placed the greatest of all earthly possessions, life, health, and future happiness, in his hands and are paying for his services and are entitled to know. You owe yourself and family this as a matter of protection. The methods of the doctor who is unwilling to explain to you, when asked, the nature of the treatment he is using, will not bear investigation. If he doesn't know what he wants to do, or why, it is evident you are to become the subject of experiment; if he does know and is unwilling to explain his treatment, you had better pay for the examination and find another doctor. The physician who must be jammed into a corner and have every bit of information squeezed out of him, needs watching. But be reasonable, don't expect him to know everything.

Bear in mind that much disease is due directly to artificial living, the result of civilization which demands the suppression of many of man's natural tendencies.

We need education to change our present artificial standards and

ideals. Is there a prospect of eliminating disease? I think from what has been said in regard to the causes of disease (directly or indirectly) and, where not self-evident, the possible means of eliminating the same, that all will agree with me that there is a possibility and prospect of eliminating a very large per cent of man's ills.

That the time will ever come when civilized man will be entirely free from disease, I am inclined to doubt but predictions are very risky when we stop to think that the possibilities of osteopathy, psychotherapy and natural living are almost unknown.

The first school of osteopathy was founded only fifteen years ago.

The practitioner is sometimes as greatly surprised as his patient at the ease with which the body recovers if given an opportunity.

As for psycho-therapy, it has never had a chance to show its possibilities. It has been tabooed and hooted by the "regulars", few of whom have dared think or talk outside the narrow confines laid down by their instructors in college. The progressive ones who dared to speak their minds and act upon their convictions were straight way branded "quack," ostracised from medical associations, and often the State board attempted to revoke their licenses for "unprofessional conduct." As a result psycho-therapy has been confined in its practice mainly to those who were ignorant of the material man,—his anatomy and physiology,—and consequently we often hear very preposterous statements which have brought their systems into disrepute with many, though not in the least detracting from the power of their methods to make some cures.

Remember this,—man fell heir to health, not disease. Health is natural, disease but the result of treading upon Nature's toes. Let "back to nature" mean more to you than the heading of some fake breakfast sawdust advertisement. I am neither a prophet, nor the son of a prophet; I am not superstitious but I do believe in signs; I have read the "handwriting upon the wall" and will venture to interpret a part of it to you.

The time will come when people will no more think of boasting of having had an operation than they do now of having been confined in an insane asylum.

When the "lunger" will be censured for his ignorance and fear and people in general wake up to the fact that pulmonary tuberculosis is a curable disease.

The time will come when the laborer will not worry himself sick because he cannot clothe and feed his family.

When people will cease to pour out poison for themselves and families while laboring under the delusion that drugs cure disease, they



will some day learn that the well don't need it and the sick can't stand it.

When doctors will cease to shoot miniature bolts of lightning through a man's body because, as the instrument maker advertises, it will help them to hold their patients.

The time will come when the public will learn that boards of health, public physicians and the like are not so much for the purpose of protecting the health of the poor, dear, ignorant people who don't know enough to do it for themselves as to furnish jobs for a bunch of cheap politicians who can't make a good living practicing their profession.

**"When city physicians will be replaced by the sanitary engineer whose principle duty will be the inspection of alleys, sewers, etc., to discover the source of unsanitary conditions instead of tacking up red cards and suffocating bugs:**

**"When school boards won't dare, under the pretense of a state law, to keep your child out of your own schools because you refuse to have a filthy and dangerous surgical rite inflicted upon them at 50c. or a dollar each: no, not even if the motion for compulsory vaccination was made by one who should have known better and probably collected a neat little sum of blood money for his trouble.**

The time will come when the disgrace now fastened upon the "dope fiend" will be placed where it belongs. Upon the doctor who taught him to use the hypodermic needle, and when tons of cocaine will not be annually consumed in this country.

When ability, not mystery, will be the physician's main pillar of support so that doctors will cease to continually remind us of their unprogressiveness and that their system is buried so deep in the ruts of the past that prescriptions must be scratched in dead languages.

I expect to see the time when there will be a funeral and the biggest organized trust in America will ride in the glass-wagon. This organization spends nearly a quarter of a million annually forwarding its nefarious schemes, in legislatures, moulding the thought of the public through scare head press notices that you shall remain in constant terror of disease and disease germs and continue to fall down and worship at the shrine of its members. There will be few mourners at the funeral of this trust for few people know and many will not believe that it exists. 'Tis a trust boasting of 28000 members and unlimited political power, a trust which is largely responsible for the present anti-Foraker movement, a trust which is preparing to introduce a bill into Congress to create a national health bureau with its secretary in the Cabinet. Writing of the possibilities of the passage of this bill the "National Druggist" says, "God help the people generally if this association ever succeeds in its

undertaking. It will hedge the people about with a lot of petty regulations under the pretense of protecting the public health."

It is a trust which is now forwarding a movement to force medical inspection and accompanying graft into every school in the United States. Let this be a word of warning to parents. Well meaning but innocent laymen are often enlisted to push the matter. The public can't see anything but the feline paw, and don't recognize it as such. This is a trust which gambles with things of far more importance than stocks, oil or transportation, coal lands or beef. Its stock in trade is human health and human life. I speak of the American Medical Association.

I expect many, perhaps all of these changes to come to pass and that before I die. These changes are bound to come, but when they do, and not until then will we be in position to make accurate predictions as to what extent we may hope to eliminate disease."

\* \* \*

#### HIGH LIFE AT CHRISTMAS.

When the turkey's on the table  
And the mince pie's on the way,  
An' my plate is filled with fixin's  
That belong to Christmas Day,  
I fergit I'm over eighty  
An' about my rheumatiz  
An' it seems to me thet livin'  
Is the best thing that they is.

Every year the time gets shorter  
'Twixt the Promise' Land and me,  
An' perhaps the oyster stuffin'  
Ain't just what it used to be.  
But I've made my peace with Heaven,  
An' I ain't a word to say  
When the turkey's on the table  
An' the mince pie's on the way.

—Albert Bigelow Paine.



## Drugless Dermatology.

DR. RALPH KENDRICK SMITH.

Osteopaths have been too timid, as a rule, in attempting to handle skin diseases. Many practitioners of our school have fallen in the habit of shying at skin disease and considering it from the standpoint of parasitic origin and therefore of local application therapeutics.

I believe this is a great error. In the few skin diseases which are parasitic there is no question regarding the application of an antiseptic which will kill the parasite.

But the vast majority of skin diseases are not parasitic and not only do not require local treatment, but actually do better without drugs either internally or externally. My authority for this statement is not osteopathic, but a most eminent specialist of the regular school. In private practice I have met with surprising success in curing a number of cases of apparently incurable skin diseases of life long duration.

Because of my special interest in cases of this character I have been particularly interested in the surprisingly radical anti-drug statements made by Dr. George Henry Fox, Professor of Dermatology, College of Physicians and Surgeons of New York, consulting dermatologist to the department of health, and physician to the New York Skin and Cancer Hospital, in his "Photographic Atlas of the Diseases of the Skin." It strikes me that what Dr. Fox states in the following quotations constitutes ample authority for osteopaths to go ahead and treat skin diseases from the standpoint of correcting anatomical causes of perverted bodily function:

"For the student of dermatological therapeutics, the first thing to learn is the great importance of treating the patient, and not merely the patient's skin. For some mysterious reason, this seems to be the hardest lesson for the average physician to learn. In a case of measles or scarlatina no physician thinks of relying upon local remedies for the cure of the disease, although he may wisely use cocoa-butter or some other application to lessen the burning sensation of the skin or to soften and disinfect the dry and desquamating epidermis. In many other dermatoses, although they may not run a definite course like the common exanthemata, the disease is quite as far removed from the surface of the skin, and there is no more need for local treatment except in so far as it may be productive of a comforting or palliative effect. But too often, in such cases, the physician will persist in treating merely

the patient's skin (either by arsenic internally or ointments locally) until the disease gets well of itself through accidental cessation of the undiscovered cause, or until he has tried everything and given up in despair. \* \* \* \* \*

"In all cases of skin disease the main factor in the production of a cure is the vis medicatrix naturae. There is a natural tendency manifested by nearly all eruptions to disappear under certain conditions which do not merely act upon the skin, but which influence the function of every organ of the body. In treating a skin disease, it is the first duty of the physician to restore these conditions. \* \* \* The greatest mistake which a physician is liable to make in the treatment of skin disease is the complete reliance which he so often places upon remedies, both for internal and local use. \* \* \* \* \*

"If the physician could be induced to take a broader view of cutaneous medicine and pay less attention to the integument, his therapeutic success would be greatly enhanced. If, when he meets with an intractable case of eczema or psoriasis, he were willing to treat the case as if the patient had come to him without any skin disease whatever, seeking by various means to put him in his best possible physical condition, he would often find that the obstinate eruption which has withstood all methods of special treatment at his command would yield spontaneously or disappear under the very remedies which he had tried in vain and pronounced of no value.

"In the general treatment of a patient suffering from a disease of internal origin the main object should be to discover and remove the cause.

"Arsenic has long held a prominent place in cutaneous therapeutics. It is regarded by many as the chief dermatological remedy and prescribed in a routine manner, as discreditable to the physician as it is injurious to the patient. \* \* \* Its injudicious use is so common that very frequently more harm than good results. \* \* \* \* \*

"Indeed, there are few, if any, prescriptions which, in the treatment of a rebellious skin disease, will accomplish as much as systematic bathing, exercise, and diet. Theoretically every physician professes to be a strong advocate of these measures, but in actual practice very few succeed in impressing upon the patient's mind an adequate sense of their importance. Good advice is not infrequently given as an accompaniment of the Latin prescription, but no pains are commonly taken to see that the advice is acted upon. No only in the treatment of skin diseases, but in many other ills for which medical advice is sought, both physician and patient are prone to rely in great part, if not wholly, upon



an exclusive medicinal treatment, and both in the profession and among the laity the idea seems to be as prevalent as it is erroneous that for the cure of every ill a Latin prescription is absolutely essential.

"It is a severe reflection upon the medical practice of the present day, but it is nevertheless a fact, and one well worthy of thoughtful consideration, that many patients suffering from chronic eczema and psoriasis would recover sooner under the strict regimen of an athletic trainer than in the hands of an inveterate pharmacophile, whose idea of cutaneous therapeutics has never reached beyond the narrow confines of Fowler's solution and a frequent change of ointments. \* \* \*

"In our dispensaries, the physician in charge finds it more convenient and more in accordance with the ideas of the patients to prescribe rhubarb and soda, and this or that ointment, than to spend time in regulating the diet and insisting upon out-of-door exercise. But in the great majority of dispensary patients, especially women, improper diet and household confinement are the principal causes of the eruption, and here, as in many other cases, the best and speediest results may be obtained by simply removing these causes.

"Exercise is rarely thought of as a dermatological remedy, and few, if any, writers on cutaneous therapeutics ever condescend to mention it. And yet there is a large class of skin diseases in which systematic daily exercise of a more or less vigorous character will accomplish far more than a whole pharmacopoeia. \* \* \* \* \*

"When the physician meets with an obstinate case of skin disease which refuses to yield to arsenic and ointments, why should he not give up his cherished *secundum artem* treatment and assume the more successful role of an intelligent medical trainer? Of course it is not essential to pound a sand-bag or to row a boat in order to gain strength and health. Although many a sufferer from chronic skin disease would willingly adopt the most rigid course of training in order to secure a healthy skin, there are simpler and pleasanter forms of exercise which, combined with a strict diet, will accomplish the result. The patient need not be required to enter either a fight or a race, but if he is thoroughly prepared to do either, he will doubtless find that the chronic skin disease has disappeared in the process of preparation. \* \* \*

"Medicinal tonics are often a delusion and a snare when nourishment is all that is required. \* \* \* \* \*

"The prescription of sugar and starch is based largely on the theoretical assumption that most patients suffer from gout, and many skin diseases result therefrom. This is one of the current medical fads. Twenty years ago nearly every man who failed to follow the simplest hygienic

laws and felt at times more or less miserable was informed by his physician that he had malaria. Now the same patient under similar circumstances is gravely told that he is gouty, and that his salvation depends upon the avoidance of sweets.

"Drinking freely of pure water every day tends not only to improve digestion, but facilitates the functions of nearly every organ and does far more to keep the skin in normal condition than is generally imagined. Taken frequently in copious draughts, it will wash out the stomach as thoroughly as by lavage, if not as speedily. It will tend to clear a coated tongue and regulate the bowels as no single remedy of the Pharmacopoeia can possibly do. It will remove the lithaemic condition upon which many skin diseases depend, and by striking at the root of the trouble will effect a permanent improvement which could not be expected from any external application.

"Most of the lithia waters on the market have no special advantage over plain water, in spite of their numerous testimonials, and some contain very little lithia, notwithstanding their name.

"Many of the waters bottled at springs in various parts of the country are erroneously supposed to possess marvelous therapeutic properties. \* \* \* When the product of these springs has been bottled for many months before reaching its final destination, it is very apt to have lost its freshness and original flavor. Unlike wine, water does not improve by age, and should therefore be expressed from the spring to the consumer with the utmost speed and directness.

"The physician in general practice often makes a great mistake in thinking that he must employ some special remedy in every case of skin disease, and is very prone to select the latest therapeutic novelty mentioned in the medical journals. In so doing he is very apt to forget the simple, and perhaps old-fashioned, measures which would certainly improve the patient's general condition. \* \* \* \* \*

"Arsenic according to Zeisler, exerts little, if any, influence upon the eruption, even if given perseveringly and in full doses.

"If the cause of the pruritus can be discovered and removed, the treatment of the cutaneous lesions becomes a simple matter. The general treatment of the patient who suffers from intense pruritus is always of prime importance. The treatment of the patient's skin can only be regarded as a palliative measure.

"The use of narcotics in the treatment of pruritus may sometimes seem advisable for a brief period, but they soon lose their effect when continued indefinitely and often do far more harm than good. Opium is especially objectionable since it not only tends, like cocaine, to induce



a pernicious habit of reliance upon the drug, but it usually aggravates the pruritus. \* \* \* \* \*

Local applications have little effect upon the cutaneous lesions.

"If a man saw another shivering with cold on a bleak corner, and wished to restore his pinched and blue nose to a normal condition, he would probably suggest to him to go indoors and get warm. If he saw another one indulging in supernumerary cocktails or irritating his stomach in some one of many other common ways, he would surely not expect to dissipate the resulting nasal blossoms by the mere application of a topical astringent. And yet many physicians strive to cure rosacea by the local use of soap, sulphur, ergot, etc., without paying the slightest attention to the cause of the trouble."

\* \* \*

#### A CHRISTMAS LETTER FROM AUSTRALIA.

But cold winds bring not Christmastide, nor budding roses June,  
And when it's night upon your side we're basking in the noon.  
Kind hearts make Christmas—June can bring blue sky or clouds above;  
The only universal thing is that which comes with love.  
And so it's Christmas in the South as on the North Sea coasts,  
Though we are starved with summer drought and you with winter frosts,  
Feel sure that we shall think of you, we who have wandered forth,  
And many a million thoughts will go to-day from South to North.

\* \* \* \* \*

And now, good night! and I shall dream that I am with you all,  
Watching the ruddy embers gleam athwart the paneled hall;  
Nor care I if I dream or not, though severed by the foam,  
My heart is always in the spot which was my childhood's home.

—Douglas B. W. Sladen (arranged.)

## Wanted: A Consensus of Opinion.

TO ALL AND EVERY OSTEOPATHIC PHYSICIAN—EVERYWHERE.

Your careful attention is called to the following: Please read it. Then read it once more. Then get busy with your "think pot." Consider the matter from the standpoint of your individual self-interest; then from the standpoint of the best interests of the entire profession; then from the standpoint of the welfare of our Colleges—the conservators and disseminators of osteopathic learning;— and lastly but not least, from the standpoint of the relation of this matter to the "public." Doctor: Your bridled or unbridled, fair or unfair, partial or impartial, temperate or hot criticism is invited, actually sought. Discuss it with yourself, your friend, another osteopath, in your local Association and everywhere; crystallize your thoughts on paper and send it to the undersigned. Do you see a fault? Can you suggest an improvement? Can you add, subtract or amend anything? Let's have it. Do so as freely as you want. We want your opinions, suggestions, corrections, advice—in short—the best in each individual for the common good. Please write it down. Address Dr. A. P. Kattler, 204-67 Wabash Ave., Chicago, Ill.

It is proposed at first to have a consensus of opinion as outlined above. After the matter is thoroughly threshed out in this manner and the rank and file, in a manner, prepared, it is proposed that the entire matter, thoroughly revised, amended, concentrated and perfected, shall be submitted to the A. O. A., State Associations (Canada), Local Associations and all Colleges for official action.

"A proposition to thoroughly organize every member of the osteopathic profession into membership of Local, State (and Territorial and Canada), and National Associations (A. O. A.)"

First—Every practicing osteopath and every graduate of an osteopathic College (recognized by Associated Colleges) as soon as such graduate has qualified for practice in his or her chosen State shall be deemed eligible to apply for membership in their Local Society.

Second—Fee for membership shall be: \$. . . . . (to be decided upon). NOTE: This fee to be in the nature of initiation fee.

Third—Dues in the Association shall be \$10.00 per annum, payable in advance and due July 1st each year.

NOTE: Amount and when due to be decided upon.

Fourth—The payment of initiation fee and dues shall be applied



to cover all dues for the applicant's membership in the Local, State and National Associations, and are to be apportioned as follows:

\$2.50 for Local; \$2.50 for State; \$5.00 for National, respectively.

Fifth—All applications to be addressed to Local Secretaries, acted upon by Trustees of the Local Society and, in the event of acceptance of application, the per capita sums to be forwarded by the Local Secretary to the State and A. O. A. Secretaries, respectively.

NOTE: In case of rejections money to be returned to applicant.

#### Initial Comment.

The intent and purpose of this proposition is: To have every practitioner an active member of the A. O. A., his State Association as well as Local Society.

At present we have the following varieties of members:

1st, Members in Local Societies only.

2nd, Members in State Societies only.

3rd, Members in A. O. A. only.

4th, Members in Local and State Societies only.

5th, Members in Local and A. O. A. Societies only.

6th, Members in State and A. O. A. only (probably).

Let's have but one variety. It will not cost any more.

We will have a greater membership in all three Societies.

We will have stronger and better Local, State and National Associations.

We will have larger bank deposits in all three.

We will have unity and strength—correspondingly.

We will have less expense involved in carrying on business of the Association.

We will be able to concentrate our combined efforts (of the three Associations) on any point of attack or offensive activity; for instance: In two or three States in the Union (or somewhere in Canada) there is a legislative struggle, contemplated, impending, imminent or forced and in actual process. The balance of the States have satisfactory laws or are not, for the time being, engaged in making or changing their respective laws—in other words are quiescent. There we have a situation where, if we are organized on the proposed plan, we have the moral and financial backing and support of every man and woman practitioner individually and through the Local, State and A. O. Associations, collectively, the Associated Colleges, and the Combined Treasuries having funds not needed, for the time being, locally, all available to be concentrated on the legislative battle in localities where most needed;

will be able to hire bestlawyers, lobbyists, use the influence of the press and persons in our behalf. From the dues apportioned to every Society a small sum could be automatically set aside for the General Legislative Fund. I believe we should rather welcome than discourage newly graduated osteopaths to become members as soon as they qualify for practice in their chosen State. They are most enthusiastic workers—splendid timber, new blood and all of that—just at this time; and if found unworthy later, can be easily dropped.

I believe the Secretary of the Local Society should receive the application because neither the State Association nor the A. O. A. are in as good a position to judge of the applicant's eligibility as the Local, through a committee.

Then without further ado the applicant becomes a member of all three. All this is done by one uniform application blank. The Local Secretary recommends the issuance of certificates by the National and State Societies and upon receipt of the per capita dues the respective Secretaries issue their Membership Certificates. In case of rejections the State and National Secretaries are not even bothered. Merely informed that said applicant was rejected. The matter is disposed of by Local Secretary.

What opportunities for work and success in obtaining a uniform, standard law in every State!

Also a reciprocity clause would logically follow.

Respectfully submitted for your earnest consideration,

A. P. KOTTLER, D. O.,  
204-67 Wabash Ave., Chicago, Ill.

\* \* \*

“Old Christmas is come for to keep open house,  
And scorn to be guilty of starving a mouse;  
Then come, boys, and welcome; for diet, the chief,  
There's plum pudding, roast goose, minced pies and roast beef.  
Then let us be merry and taste the good cheer,  
And remember old Christmas but comes once a year.”

—Old Christmas Carol.



## The Pancreatic Activity.

During the past few days numerous methods have been advocated for the estimation of the secretory activity of the pancreas, most of which, though possibly useful in the laboratory, have proved of little value to the practicing physician. Metabolism experiments though of great value in research work, are much too complex and tedious for practical application; the Cammidge test requires a skilled chemist to carry it out; and Adolph Schmidt's nucleus digestion method, while reliable, is of qualitative value only and gives no quantitative indication of the activity of the gland. Recently, however, Wynkhausen has been experimenting with a new test for which, in an article in the *Berliner klinische Wochenschrift* for July 26, 1909, he claims the two advantages of simplicity and quantitative accuracy. His method consists in estimating both the diastatic and the proteolytic power of the stools. The carbohydrate-splitting ferments of the digestive tract come from the saliva, the pancreatic secretion, and slightly from the secretion of the intestinal glands. The former is practically destroyed by the acid of the stomach, and the latter is small in amount, and acts only on the disaccharides, not affecting the polysaccharides, such as starch. Wynkhausen's method is an estimation of the starch-splitting power of the feces.

The stool, which must be fluid, either from diarrhea or made so by cathartics, is filtered, and quantities are put into twelve test tubes, as follows: Of undiluted filtrate, 0.25 and 0.1 c. c.; of filtrate diluted ten times, 0.6, 0.4, 0.25, 0.16, and 0.1 c. c.; of filtrate diluted one hundred times, 0.5, 0.25, and 0.1 c. c.; and of filtrate diluted one thousand times, 0.5 and 0.25 c. c. To each tube is added 5.0 c. c. of a one per cent solution of soluble starch. After twenty-four hours in the thermostat, the tubes are filled with distilled water nearly to the top, and to each is added one drop of a one-tenth normal solution of iodine. If any unchanged starch remains the solution turns blue; if erythro-dextrin is present without starch, it becomes red; while if there are the lower digestive products only, no color is produced by the iodine. The author takes the colorless solution as the end reaction of his test, and adopts as a unit of digestion the number of cubic centimeters of starch solution which would be completely digested by 1 c. c., of the undiluted feces. For example, if 0.1 c. c. of the filtrate is required to digest the 5 c. c., of starch solution the digestive power of the stool is considered to be of

fifty units, while if 0.01 c. c. only is needed, it is of five hundred units.

In examining nearly two hundred patients, Wynkhauser found that the diastatic power varied as a rule between 500 and 20,000 units. Considering 50 units to be the low limit of the normal he found seven cases falling below this, among them one of obstruction of the pancreatic duct, two of hemorrhagic pancreatitis, and two of advanced cardiac disease, in which he believed that chronic passive congestion reduced the pancreatic secretions. Simultaneously with this diastatic test he ran twelve other tubes with similar dilutions of feces to which he added casein, to estimate the proteolytic power according to the common method of Fuld and Gross. As a rule the diastatic power of the stool and the proteolytic power were about equal, though variations occurred, in some cases one factor, in some the others, being the greater. The simplicity of the technique of this method, speaks in its favor, as does the fact that it offers a fairly definite quantitative determination of pancreatic activity. If further investigations prove it to be reliable and accurate it should be a useful addition to the clinical laboratory, and a valuable aid in the diagnosis of some of the obscure abdominal conditions.

\* \* \*

## ATAXIA FOLLOWING DIPHThERIA.

The occurrence of the common form of flaccid paralysis following diphtheria, appearing as it does, either in the palate, the ocular muscles, or as a monoplegia, diplegia, or hemiplegia, is such a frequent complication of the disease, that it is apt to overshadow in one's mind a different type of post-diphtheritic nervous disease, which, if not appreciated, occasionally leads to grave errors in diagnosis, and more especially in prognosis. This is the postdiphtheritic ataxia, a condition which appears suddenly following an acute attack of diphtheria and may at first, and even after careful study, be extremely difficult to differentiate from true tabes dorsalis the definite diagnosis being at times possible only when, at the end of from one to six months, the patient makes a complete recovery. These cases, though rare and scarcely mentioned in the text-books, should always be taken into consideration in determining the diagnosis and especially the prognosis of cases of ataxia with sudden onset. Still another type of postdiphtheritic ataxia, possibly even more rare than the last, is illustrated by a case reported by Bruckner in the *Berliner Klinische Wochenschrift* for August 23, 1909. The patient, a little girl of four, during the second week of laryngeal diphtheria suddenly developed inability to speak, and at the same time a high grade of ataxia, without paralysis or altered sensibility. The intelligence was



affected, and on the return of the power of speech the phrasing was of a delayed, monotonous, expressionless, and at times explosive type. Later paralysis of the bladder and the sphincter ani developed. The disease lasted for several months and then gradually improved, ending in complete recovery. The case here reported Bruckner considers to belong to the type of acute cerebral ataxia, and he holds very justly that its occurrence following diphtheria is a distinct rarity.

\* \* \*

## The Return to Breast Feeding.

It is no recent discovery that no milk, however ingeniously "modified," can ever entirely replace in all essentials normal milk from the breasts of a healthy mother. Even before a scientific study of the composition of cow's milk, with a view to its adaptation for infants was well undertaken, no less a person than Oliver Wendell Holmes declared that "a pair of substantial mammary glands were worth far more than the most learned dissertation from the shiveled forefinger of the most-learned professor." In a recent issue of The Journal of The American Medical Association, Ostheimer of Philadelphia enters what he calls a plea to physicians not to begin artificial feeding without first trying to help the mother maintain her milk supply. Too often at the urgent request of the mother or some member of the family the physician is induced to "dry up" what little milk the breasts were endeavoring to secrete and begin the discouraging task of working with top milk, boiled water, milk sugar, lime water, cereals, etc., prescribed as to the percentage of this or that which might start the baby properly on its fight for life. Too often also the physician has found a less scientific and more practical attendant succeeding him, working wonders by calling in the right kind of a wet nurse, when the marasmic baby seemed to be swiftly and surely sliding away from life. It has been recently shown that women are about as able in these days to nurse their offspring as ever they were, and that in general, failure to do so has been the fault of inclination rather than ability. Even though the mother dislikes the task, persuasion encouragement, good advice, and perseverance have taught her at least to tolerate it, and have made her heart glad through the splendid health which her offspring, as infant, and child, has thus secured. As in many other matters of medical management, preparation and prevention are watchwords to success.

Breast feeding influences favorably not only the stomach but other organs of the child, notably the skin. L. Duncan Bulkley, upon

investigating mothers who declared their inability to nurse, frequently found metabolic errors, which, when corrected, permitted the function again to be restored. In eczema of babies he treats the mother with arsenic and iron, stops tea and the taking of stout, and also directs the mother to drink eight ounces of milk with one-third hot water upon rising in the morning, and leaves the baby alone. He declares that in many cases the infantile eczema disappears.

Probably it is quite as important to analyze the mother's milk after labor as to examine the urine before labor. At any rate the child must live on milk, and it seems rational that we should know pretty definitely the exact percentages as well as the quantity secreted in twenty-four hours of that important fluid. Hitherto analysis of breast milk has been carried out chiefly by pediatricists, and the general practitioner has contented himself with knowing something of the microscopic qualities of the patient's secretion. It may be that closer attention to this essential would reduce infant mortality, and do away with much vexatious figuring of bovine milk prescriptions.—Medical Record.

\* \* \*

"Kings have waged warfare, armies lost and won,  
Tyrants their battle-bolts long years have hurled;  
But lo! the Virgin and her little Son  
Still rule the world."

—Ladies' Home Journal.



## The Necessity of Finding Lesions.

J. R. SMITH, D. O.

One cannot get the required results without it. We hear it said by some osteopaths that there are some diseases wherein they cannot get good results under the osteopathic treatment. Why? Because they do not look carefully enough for the lesion. Now it is just this, every patient gets a general treatment and you make the spine pop from top to bottom; you may by accident correct a lesion but it is only an accident and in so popping the spine you are apt to cause other lesions. Your patients may tell you that they feel better but you do not reduce the lesion and therefore do not remove the primary cause, which by so doing you do not get the good results that can be obtained by carefully looking over the patient and reducing the lesions one by one. The reduction of lesions is a great art, and the finding of them is another; so that a doctor that can do both is a great artist. If you want to be a great artist you must study continually, keep your mind and fingers both working. The training of the fingers is great in itself. There are many lesions so pronounced that any amateur can find them, and again there are others that it takes a very sensitive touch to detect. I do not think there is one single osteopath who if he or she studies carefully and keeps the theory of osteopathy before him or her, but can in time detect very small lesions as well as very large ones.

When in school every student does see either one or the other of the faculty examine and treat a patient, it looks easy to you at the time but afterward when you try it, you do not do it, as they did, do not get the results and wonder why. They have found the way to do those things after long and careful study. You can do the same as they, but it takes hard continual study till you get the right way. Here is what the majority of students say to themselves when they get their diplomas, (The hard part is over with and now I can go out, have a good time, and make some money). But they are mistaken, the hard part is still to come. If they want to forge to the front and be a success, they must study hard all the time. If they don't it will only be a short time till they are in the general treatment class. By that I mean an osteopath that gives a general treatment for every thing and pays very little attention to specific lesions. There are a number in this class. Don't think I condemn general treatments in every case for I do not. We find patients that need a general treatment but always with a specific treat-

ment. Now in regard to the reduction of lesion. We very often hear others say, that they do not know how to reduce this or that lesion. Why again? Because they have not spent enough study on the anatomical part. Don't think for a moment that the Old Doctor found every thing easy for he did not, he found many stumbling blocks in the way but did not stop, kept right on and overcame the hard parts.

I think if the osteopath who is continually running against the stumbling blocks would study more from his or her osteopathic practice and technique, and less from the medical practice, he or she would find less blocks in the way to success. But all this alone will not do as you must have a thorough knowledge of anatomy, physiology, and pathology of the part, of every disease.

In writing this I just wish to communicate some of my experience to others, who may profit thereby.

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"The earth has grown old with its burden of care,  
But at Christmas it always is young.  
The heart of the jewel burns lustrous and fair,  
And is soul full of music bursts forth on the air,  
When the song of the angels is sung."

—Phillips Brooks.



## Science Circles of Osteopathy.

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

### Report of Washington Science Circle, Series VI.

1. Cannot trace any patients directly to the use of osteopathic magazines but think it a good thing to circulate them.

Reports good recovery in a case of typhoid. Is treating the sister for the same disease. Had temperature down to normal in morning of tenth day. Now the eighteenth day and temperature has been normal all day for three days. Is treating a prominent banker for the same disease and fever is down to 99 degrees on the morning of the twelfth day. He wants to know how we can give corrective treatment to spinal lesions when the patient is flat on his back with typhoid. All our books say to do so.

3. Has had marked success with cases of severe constipation. Always uses rectal dilation in severe cases in addition to other treatment. Always recommends shredded wheat or triscuit in constipation because of the stimulation to the bowels that comes from the undigested fibrous residue.

Quotes the following from a book recently published by J. H. Tilden, M. D., of Denver: "I was brought up in the drug profession and I discarded drugs only after I was convinced of the truth that drugs cannot cure anything, and all the relief procured by them costs too much in life and health to justify their use."

4. Has never prescribed or given drugs in any form. (Antiseptics excepted). In treating constipation puts in at least twenty minutes work on liver and bowels. Has made a permanent cure in nearly every chronic case. Urges the drinking of plenty of water and coarse diet. Impresses the importance of a regular time for going to stool on the patient.

5. Case report. "Girl, twelve. Bad paternal gastric history. Nervousness, headache, gastric pains and distress, astigmatism. Slight upper dorsal and cervical lesions. Stomach badly dilated. After twelve treatments, stomach reduced almost to normal size, distress almost gone, and eyes doing school work without glasses. Treatment has been chiefly relaxing tissues and stretching spine."

#### South Dakota.

Ladies' Circle:—1. Reports a number of cases of diphtheria treated successfully. A sample of sputum was taken, and a test made showing

that the cases were genuine. One case had been attended by an M. D. but no anti-toxin had been used. The mother of the children was found to have diphtheretic enteritis, with a subnormal temperature and frequent vomiting. She remained with the patient through one night and administered a creosote enema and the patient was better the next morning and went on to complete recovery. Anti-toxin was used in one case, which seemed to get along better than the cases in which it was not used. She reports a case of tubercular hip in a boy age 6; he complained of pain back of the knee when he placed his foot down and threw his weight on that foot. The lesion was found to be a posterior innominate, which was corrected and the limb placed in a plaster cast, extending from the waist down below the knee. At the close of the second day all pain had ceased and at the end of two weeks the cast was removed and a Thomas splint applied. The child has been using crutches and has been quite active out of doors as much as possible.

2. Gives some advice to other members on cases reported. She says in cases of amenorrhea she builds up the general vitality first, as it is often weakness that is the cause. She had just dismissed a young girl cured, who had been ordered to have an operation for ovaritis, appendicitis and other itis, but after one month's treatment, she was all right. The "Uncle Sam's breakfast food," reported in a previous letter had helped several cases of constipation and a few had not been benefitted. She reports another case in which the normal menstrual rhythm is eight weeks; another patient who suffered intensely at her periods was greatly surprised after one month's treatment to have no pain.

3. Reports a case of a little girl with a flexed knee making fair improvement. The little girl has named her lame limb Susie and the well limb Georgia; but the doctor treats both limbs as the little girl is rather delicate and needs a general building up of the entire system. She is not strong enough to take an anaesthetic and have the limb forced out at once. She reports a case of a girl who menstruated at the age of fifteen and only menstrates about once a year and is now twenty-two; she seems well but not strong, and her spine is not normal. She reports a case of paralysis of a man, who could not walk, who now walks to her office a distance of four blocks. She asks the advisability of an operation for ovarian tumor in a lady age seventy-two in good health otherwise.

4. Enclosed a circular letter from the A. O. A. urging all members of the profession to join the A. O. A. and announcing that the "Year Book" had been discontinued and in the future only the A. O. A. Directory would be issued to members. She reports a case of tubercular



hip, patient age sixty-two in which she found a slipped innominate on which she is working with satisfactory results. She reports two cases of amenorrhea cured in two treatments.

5. Was sick in bed with lumbago and wrote a very brief letter. She says she would not wish her worst enemy to have lumbago. Her partner had to leave on account of the high altitude which affected his heart, and she was without osteopathic treatment. While she is confined to her bed she is reading Dr. Fletcher's books on "Fletcherizing" in which she thinks there is much truth.

6. Says she recently attended the fifth Iowa district meeting at Sioux City and heard a very fine lecture by Dr. Fiske of Kirksville. She reports a case of a baby, age fourteen months, she was called to see and found her temperature 102 and bowels moving quite often with a watery discharge and with frequent spells of vomiting. About three weeks previous she had eat a lot of apple peelings, grape skins and swallowed some beads. After three days treatment the fever and vomiting subsided and the peelings, grape skins and beads passed and she soon recovered. She reports a case of catarrhal deafness that is improving, in which she found a misplaced atlas, which was corrected and improvement followed and she asks for the experience of others in such cases. She lives in the town of the State University and is thinking of taking some P. G. work of two branches at a time.

#### Minnesota.

1. Thinks there is more in adjustment, than simply the adjustment of the bones. He says the narrow minded Chiro thinks if there is not a bony lesion there is no use to touch the case. When there is an inflammatory condition he does not wait for the inflammation to subside but goes to work to reduce the inflammation. He knew of a case of such waiting and the patient went to another D. O. who used a little hydrotherapy and antiphlogistine and the sensitiveness was soon reduced and the lesion corrected. It is a mistake to try to reduce a bony lesion before removing the contractures. Where the bony lesion cannot be found, then look for other causes. "Ten-fingered" osteopathy is all right where you have only an office practice, but in an acute practice it requires something more. He has no hot air oven but uses antiphlogistine in cases of arthritis. He thinks the "Consolidated Certificate" is a mistake as it has too much of a graveyard appearance. He favors conferring the "B. O." degree as it would encourage greater activity in research work.

2. Says he is a thorough lesion osteopath, but in the case of synovitis mentioned in a previous report, he could not find a subluxated vertebra, innominate nor femur-tibial displacement. He does not approve the "Consolidated Certificate." In regard to "Tissue salts" a friend of his was always taking so much of No. 6 or No. 11, or a combination of various numbers and soon died of pernicious anemia. He says while satisfied patients are the best advertisers, there is a need of some kind of field literature to educate the people. He favors conferring degrees on those who have distinguished themselves as benefactors of osteopathy.

3. Agrees with those who do more than adjust a bony lesion in a small town, as they would soon have to seek other ways of making a living. He thinks there is some value in "tissue salts" but the doctor must know what is needed and osteopathic treatments must be given at the same time. He read Dr. Elfrink's article in the O. P. and thought there were many good things in it. He thinks a P. G. course on the circle plan would be a good thing as many cannot get away to take a P. G. course, who could give spare moments to that kind of work. He favors conferring a degree on those who distinguish themselves in the work, for the science. In regard to advertising much depends on the class of people you advertise among, as what will suit one class will disgust another.

4. Thinks he can work in an idea about once in each four letters. He reports a case of a railroad fireman who had his face badly burned and he dressed the burn with antiphlogistine and it soon healed up very nicely. He used a layer one-fourth inch thick, covered with gauze and a layer of cotton and held in place by adhesive strips. He approves Dr. Elfrink's article but thinks when the proper adjustment has been made the body will produce its own tissue salt needed. He thinks the day of the "ten fingered" osteopath is over, and the fellow who goes up in the air whenever any thing else is mentioned will get a broader view while he is up there, and he may have occasion to change his mind. He is opposed to the "Consolidated Certificate." He is opposed to conferring degrees on those who do special work for the science.

5. Says the letters are better every round they make as they seem to have more interest and more spirit and snap to them. He thinks we must adjust the thoughts and nourishment as well as the bony lesion. He has been taking a course of osteopathic treatments himself, which brought him out all right. He thinks the "Certificate of Consolidation" would be of no use, as the question now a days is whether you can deliver the goods rather than what certificates you hold. He says the best



diploma is the book of Act. The world lifts its hat to the man who can do things. He overheard a man say he cared not how renowned a physician is if he only has common sense and uses it. He prefers suitable foods and proper eating to physiological or tissue salts. He thinks people pay more attention to how they feed their fine bred stock than how they feed themselves.

6. Thinks we already have a P. G. course on the circle plan; at least he thinks he is getting as much out of the letters as he would out of a P. G. course. He says for bad cases of constipation he uses brand tea, one to five parts water and boil five minutes, and have the patient drink four glasses a day. He believes in the three fields of adjustment says if he had limited himself to the bony lesion he would have been looking for a new location long time ago. He thinks the "Consolidated Certificate" is a mistake as it would give a bad impression to have a graveyard certificate hung up in one's office. He favors conferring a degree for meritorious work in the cause of the science as it would stimulate more enthusiasm.

7. Says osteopathy in its broadest sense is Adjustment (Physical, Mental and Environmental). Maladjustment in any one of these three fields is pathological and will result sooner or later in an expression of disease. He thinks the A. T. Still brand of osteopathy is not limited to ten fingers, but is as broad as common sense. He thinks Dr. Booth made an apt comparison in grouping Lincoln, Holbrook and Dr. Still. Lincoln freed the people from human slavery; Holbrook freed them from educational slavery; and Dr. Still freed them from drug slavery. He says he was a student under Holbrook, and the old Professor used to tell the students that they were just as good authority as any if they could back their ideas by the proof. The Old Doctor says we should depend on our own native genius for our ideas, rather than medical books. He does not require us to treat just as he would, but mix our treatments with our own common sense. We can all agree on adjustments though we may differ in our methods in the three fields. He believes in investigating the merits of tissue salts, but thinks the body when properly adjusted will select the necessary salts if proper foods containing the salts are used. He reports treating the head chemist of a wholesale drug house to prevent an attack of pneumonia. The chemist said it might look strange for a man of his profession to come to an osteopath for treatment, but being a manufacturer of drugs he was in a position to know their unreliability and he did not care to risk them. He said the strength was seldom the same as much depended on the

season of the year when the leaves or roots were collected, the age of the plants, their location and country. He said he had known digitalis to vary as much as a thousand points. These facts coupled with the fact that the same size dose varies in different patients and where is the science of medicine? A blind guess.

#### Iowa.

1. Had just returned from his vacation and found that his assistant, who had been left in charge of the office had overworked and had been taken to the A. S. O. hospital, and it was very doubtful as to her recovery.

2. Thinks the letters become more interesting every round they make. He says he cannot get his mind to consent to the proposed law, requiring all non-legalized practitioners to have a certificate of qualification from the state Board of Health, on the principle of the pure food law. He thinks osteopathy is the only right way. He speaks of a Vital Science healer under arrest in his town for practicing contrary to law. He has had great success treating tumors by osteopathic methods and reports several cases treated by his predecessor several years ago, which have remained cured. He asks what success and what methods others have used in treating chronic diarrhea. He thinks there is danger of D. O's. after they are away from school awhile, drifting into adjunct treatment, but Science Circle work will prevent that.

3. Says the letters had been in his office a week before he had time to read them, on account of a heavy country practice, which had about laid him on the shelf. He favors the proposed law as it makes every fellow sail under his own flag and to deliver the goods in his own way, if he can, and the people will know what they are paying for. He says he is a sectarian in religion and he gives every man the right to believe as he may and only asks the same in return for himself.

4. Reports a case of synovitis of the knee, brought on by an injury, and the knee was badly swollen. He applied a bandage soaked in glycothymoline and treated the circulation. The patient got along very well until the seventh day, when severe headaches set in; also pains over the hips and back. He had been drinking cistern water, which he advised him to have boiled. The case don't seem to be pyemia nor septicemia. He had been troubled with a skin rash for twelve years on his right shin, beginning while a soldier in the Philippines. These eruptions have not healed over at any time and look like varicose veins. He asks for the



experience of others in similar cases. He cannot agree with proposed law as it looks as though the state was backing the fakes.

5. Was called to Colorado to take care of a case of typhoid and was not at home to give a report.

6. Had just returned from his vacation and found work piled up so that he didn't have time to write.

7. Says he don't like to read excuses and wonders why those taking their vacations didn't take them at the time of the A. O. A. meeting and get in closer touch with the profession, as well as to have a good time. He says he is bound for the Golden Gate next year. He reports a case of poliomyelitis, man age twenty-six, weight 260, symptoms began very much like the case reported by number four, but soon became paralyzed from waist down; he did not get the case until it had run five weeks and he has had the case now six weeks, and while the man is still unable to walk he has made great improvement. He could not sit up in bed when he took the case, but after three weeks, he was able to sit up in a buggy and drive in seventeen miles for his treatments. He is able to crawl and has considerable movement in his limbs and he thinks he will soon be able to walk. He does not see anything in the proposed law to condemn and thinks it would be all right to introduce in states where independent boards have been secured, as it is what every body should be interested in, as it is in harmony with the pure food and pure drug law. He has been making a special study of the Thorax and says that a thorax that can be put through its normal motions by treating cannot be the seat of lung trouble. Authorities give from three to four inches expansion with a diaphragm excursion of two to two and three-quarters and shortest three-fourth inches. He also makes a record of the posterior and lateral expansions in diameters. These figures are of interest, when one is interested in the study. Correcting lesions about the thorax helps the patient to increase his expansion. Any thing that reduces the amount of expansion reduces the oxygen capacity, which lowers the vitality not only in the lungs but of the whole body. When in school there was a saying, "when in doubt always treat the spine;" but we would say when in doubt always treat the thorax.

S. W. HEATH, Sioux Falls, S. D., Leader.

## A. S. O. Hospital Notes.

In regard to clinic operative cases of a minor nature, it is well for the field practitioner to note that there is to be a series of surgical clinics during the holiday week, beginning December 27th, and ending January first, and that all sorts of simple cases can be handled at this time, and also that during this week, Dr. George Laughlin will be conducting general clinics and orthopaedics and that he will handle a few tubercular hips, congenital dislocations, etc., also that either he or Dr. George Still will examine before the convention many interesting clinics of an osteopathic or surgical nature, whether or not they are to be operated on, and that the examinations, including any subsequent necessary laboratory examinations will be made free.

This convention week of clinics is a private affair of the two Doctor George's, and any questions about it, or any arrangements about cases to be handed them should be addressed to them directly, as indeed should all orthopaedic and surgical cases, whether connected with the convention or not. It will be possible to handle during this week only a very limited number of major cases, and indeed only such cases as would be of interest to the Convention will be used, as it is not the intention to take up otherwise valuable time doing any operations that are not distinctly instructive to the visitors, and long tedious operations, like massive adhesions or cancers of the stomach will not be undertaken at this time; but such cases as perineal or cervical lacerations, club feet; dislocations, either fresh or old; simple hare lips; tonsilectomys; adenoids; circumcisions; hypospadias; and so forth will be gladly attended to but where it is possible we should be notified in advance what the case is and also these cases should all arrange to be handled on either the 28th, 29th, 30th, or 31st, as both the 27th and the first day of January will be devoted to other work exclusively.

Note that these clinics are not a part of any organization or convention, but that they are a part of a little class work or review work that is being given by these two men, as a venture during the holidays, and that those who have not received programs but wish them can get them by writing to either one of the two.

Minor clinics for any other time than the convention should when possible arrange to get here in time for the Wednesday morning class, between ten and twelve each week, as that day has been set aside for minor surgery clinics, in order that they won't be scattered along, and won't interfere with text work.



Of course where small cases that can be quickly handled are brought in by practitioners on other days, when they can't arrange to come on this day, we always make an effort to handle them at these hours on any day, but this particular day is the special one provided. These clinics will run through the entire year, up until the summer vacation, and most likely for a month or so into the summer.

Major surgery clinics will be handled on any day that they are arranged for in advance, as the major cases have no especial day set aside for them.

Whenever the ten to twelve hour is insufficient, as indeed it has been on every Wednesday since the weekly clinic was established, the operations are handled during the noon hour, or afternoon, without stopping the clinic, and the cases are taken in turn just as they arrive. When the trains are on time, cases often come in on the Burlington at 10:10 or on the Wabash at 11:06, and if they have not eaten that morning, are in plenty of time to get their anaesthetic and operation, as the class sometimes runs as late as two or three o'clock.

One very interesting case of compound fracture was handled this month, in a patient who had a fracture of the ulna which protruded through the skin of the forearm, and a very dirty shirt and coat. Dr. George Still handled the case, however, without getting even a fever, by means of good asepsis, and by using a drain through a window in a plaster case.

Dr. W. H. McCoach of Breckenridge, Mo., brought a case to the hospital recently, which had a large goitre about the size of two fists removed.

Dr. Minnie Potter, of Memphis, Mo., brought a patient to the hospital for the removal of a vaginal cyst.

Mrs. Murchison, of Bishopville, S. C., was operated on recently for a cystic ovary, and floating kidney.

Several simple dull curettines and hypertrophic endometritis, small polypus and so forth have been performed the past few weeks, all of the cases doing well.

Dr. F. C. Smith of the 1908 class recently sent a patient here from Caldwell, Idaho, for an operation for hemorrhage of forty years standing. Three large pouches of hemorrhages and redundant tissue were removed.

One of the patients with broken back which was reported some time back as having been operated on to try to unite part or all of the injured cord, reports a great deal of improvement, now that the time has arrived for the beginning of the improvement that may occur in

these cases. It is of course understood that improvement does not begin to be pronounced for some three to six months, and that one has to wait about six months, to know how much improvement there is to be in such cases. The case mentioned in the last Journal has not been operated on long enough ago to know what improvement he will get in his cord, but the operation itself healed up nicely, and he recovered from it perfectly in every way, without any bad symptoms at all.

The first and only death to occur in the hospital since the school year began, or indeed for some months even previous to that, was the case of Mr. Edward Reynolds of Wayne, Nebr., who was operated on for biliary obstruction. Mr. Reynolds was sixty-five years of age.

R. E. Flynn of St. Michael's, Alaska, but for some time a patient at the Infirmary, has been lately confined to the hospital with typhoid.

Drs. Graham and Stewart of Centerville, Iowa, brought a patient to the hospital recently for perineorrhaphy.

Mr. William Stryker one of the senior students was recently confined to the hospital for about a week under the care of Dr. George Still, with a severe case of appendicitis. The case was handled by osteopathic treatment in such a manner that operation was not needed.

Drs. Smith & Smith, of Carrollton, Mo., sent a patient to the hospital recently for primary operation on a partially unripe senile cataract.

Mrs. Calvert of Selma, Ohio, was operated on recently for cancer of the breast.

Mrs. Olivia Updyke Six of Kirksville was recently operated on for appendicitis, complicated with pelvic adhesions and also with biliary obstruction. She was able to leave the hospital in a little less than three weeks, entirely well.

Dr. Earle Laughlin had a patient in the hospital for fistula operation recently.

Mr. A. H. Porter of Smithboro, Ill., has been discharged from the hospital, following his recent operation.

Dr. Lillian Thompson of Washta, Iowa, brought a patient to the hospital recently for repair of umbilical hernia and lacerations.

Dr. Earle Laughlin had a patient operated on recently for cystic ovaries and appendicitis.

A patient of Arnette, Okla., aged sixty-five, was operated on before the class recently for a large ovarian cyst, and was discharged at the end of three weeks in perfectly good condition, healing having taken place, as is the case in most of our operations, by first intention, and she having recovered rapidly, due to the rapidity with which the actual cutting part of the operation was done. The ease in handling this case



was partly due to the fact that the cyst was not generally attached, and that it had a pedicle only an inch or two wide. The interior of the cyst, however, was filled with large, grape-like growths which looked like cancer tissue, but they have not yet been examined with the microscope.

Another successful appendicitis operation was performed on a patient recently from Iola, Kans.

Mr. William Gamble of Wayne, Nebr., was operated on recently for cancer of the nasal passages. It was naturally an extremely difficult and bloody operation, and also a very serious one, but the patient, for the time at least, has recovered nicely, and went home in excellent condition.

A considerable number of minor operations have been handled, including joint adhesions, varicoceles, abscesses, fissures, small hemorrhages, fistulas, adenoids, tonsilectomys, etc.

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### In Regard to Clinic Obstetric Cases.

We wish to notify the profession, in order to answer a large number of inquiries at once, that the practitioners who run across cases occasionally, where the patient wants clinic obstetrical attention, will be given all information in regard to the matter, whether the case wishes to be delivered in the hospital, at a private boarding house, before a small group, before the whole class, or entirely private; whether she wishes to be handled as an absolutely free case, or only partially so, if they will write to Dr. George Still, head of the department.

It is well to mention, however, that cases that are to be handled absolutely free, and all hospital bills and obstetrical fees paid for, will have to be delivered as class cases, and that this is the only way that hospital bill, board, nursing and everything is given free, and that a special ward for these cases, in an isolated part of the building, separate from all private cases, and indeed all other cases, is maintained, where they are kept until delivered. This department is a part of the school business, and not of the hospital business at all, and is entirely distinct from the private obstetrical department, a description of which will be found in another part of the Journal.

There are sometimes cases who wish to reduce the fee, and still have only a small group, but are willing to pay something.

Write us about your cases, giving all details, and everything they wish to know, and we will answer it fully and at once.—A. S. O.

## A Few Important Points About the Admission of Patients to the Hospital.

So many inquiries are received, asking the same questions about the admission of patients to the hospital that a short article regarding the rules and regulations seems advisable.

Most anyone in the profession may have opportunity to send or recommend patients to the hospital for surgical or general treatment, and it would be well to keep this article for future reference.

### In Regard to Sending Cases to the Hospital Without Previous Notice—

We will say that most often rooms can be secured for them, and of course if it were an extreme emergency, as sometimes might happen, we would arrange a room, if we had to double up some of the other cases, but when it is possible and just as convenient it is best to write a letter in advance, stating that the case is coming, or to send a telegram, mentioning whether the case is osteopathic or surgical, emergency or not, and since she is always here it is best to send such a message to the superintendent, just addressing it to the Superintendent, A. S. O. Hospital, or if it is strictly a surgical case, and since he is practically always here except sometimes on Saturdays, it will be well to address such messages to Dr. George Still, care of the hospital.

Telephone messages within three or four hundred miles can usually be heard, especially when there is a rather direct line.

Messages in regard to hospital cases, no matter who is to treat them, are best sent to the "A. S. O. Hospital," and not to the A. S. O., nor to the Osteopathic Infirmary, nor to the Still Sanitarium, nor to the Still Infirmary, as all the latter names are considered as referring to the school, and as the office force and the management at the school is distinct from that at the hospital, messages for one institution regarding the other are sometimes confused.

**In Regard to Having Patients Met at the Train—**It is well to note that all night trains are met by the night watchman, Mr. Starks, who is paid to look after any cases coming to the hospital. Also note that in nearly all cases cabs are at the train, and that the cab drivers know where the hospital is, and also that there are two ambulances, both kept at the Palace Livery Barns, which can be ordered ahead by a telegram or other message to the hospital or to the Palace barns, and that where the ambulance is not ordered ahead but is wanted it can be



ordered from the barn which is only one block distant, inside of a few minutes.

Naturally the treating staff do not meet patients at the train, unless there is some particular occasion for it, and patients who get off the train expecting to see the "Old Doctor" standing there waiting for them are usually disappointed. But, at that, when there is any especial reason for having a physician meet the train, arrangements can easily be made in advance to have this done.

**In Regard to the Kind of Cases Accepted in the Hospital**—All surgical and obstetrical cases will be accepted, and most chronic and acute cases needing hospital care will be accepted. But such acute contagious diseases as scarlet fever, erysipelas and smallpox, and in fact any disease which cannot be totally and effectually isolated without danger to other patients in the neighboring rooms will be accepted under no circumstances.

It will be noted that typhoid fever is not directly contagious, and that we have special facilities for handling it without danger, especially as our water supply is obtained from a famous spring in the Ozark mountains, and shipped here in carboys by the car load.

**In Regard to Prices**—It is well to note that the private rooms range from fifteen to twenty-five dollars, of which only two are twenty-five dollar rooms, and about half of the others are fifteen dollar rooms, and that all the rooms are similarly furnished, and that the general nursing and diet for all the rooms is the same, and that the higher price for some of the rooms is more a matter of location than anything else.

It is also well to remember that we cannot always promise any special priced room unless it is ordered in time in advance, and guarantee given that it will be taken at a special time; but that where cases who want, for instance, a twenty-five dollar room arrive and there is, for instance, only a fifteen dollar room empty, that they will be given the latter for a few days until one of the others can be supplied, which is usually not long, as most of our surgical cases are handled with such care and success that they do not have to stay here over two or three weeks, after which six to twelve hours fumigation and cleaning renders the room ready for a new occupant.

This fumigation and cleaning is carried on as a routine in all cases, even though they were not infected, and had no serious infectious trouble. It is merely a matter of hyper-precaution, but in the long run we believe it pays.

**In Regard to the Wards**—Remember that there are two small private wards, one male and one female, in which patients are accommodated for ten dollars per week, and in which the same board and nursing obtains as in the private rooms.

The so-called "Student Wards" are wards where about twenty to thirty patients are accommodated, and are given student treatment, at from three to ten dollars per week, depending on the circumstances and the conditions.

It will be noted that no incurable chronics will be accepted in this ward, and that there is no fund whatever provides for the care of strictly charity cases who do not live in Adair County, although in some instances the School itself has seen fit to take such cases under especial circumstances.

The ward is intended for those who are really unable to pay more, and people who are able to pay more will not be accepted in the Ward. Where it is possible, full arrangements should be made for entering cases in the students' wards in advance.

**In Regard to the Price of Treatment**—It should be remembered that osteopathic treatment, or treatments, given in the hospital by Faculty members are charged for at the same rates as when given out of the hospital, and are in addition to the board and room rent, although there is no charge for the faculty supervision of patients treated by students in the students' ward.

Remember also that patients who do not need hospital care, but are merely looking for a cheap boarding-house will either not be accepted or will soon be discharged from the students' ward, as it is not intended to take the place of the boarding-houses, and its conveniences are only for those really needing hospital care.

**In Regard to Clinic Surgery Fees**—Please note that patients needing charity will be handled as surgical cases free except for their anaesthetic and dressings, but that people not requiring charity, but still wishing to cut down expenses can be operated on before the class at a much reduced fee, but not free.

Sometimes cases that have been accepted as clinics for a low fee, but which were such complicated and tedious cases that they were not suitable for class work, have been operated on privately, before small groups of half a dozen or so, but this is a matter determined entirely after examining the case, and at the discretion of the surgeon.

The poorest cases are operated on with the same care as the wealthier cases are, and the same anaesthetist, assistant and operators, but are,



as already mentioned, operated on before the class or before the occasional conventions held here.

**In Regard to Surgical Fees in Private Cases**—One should remember that it is impossible to give an absolutely definite price at a distance and where the case is only known through a short description in a letter, and therefore its surgical difficulties cannot well be told, but that where it is demanded, we try to give an approximate cost or the average cost similar to the one described, and that on the average we believe our fees are as low as any honest institution, doing safe work can possibly make them.

**In Regard to Extra Cost for Nurse**—Please note that our cases are handled with such care and we have such a large force of general nurses compared to the number of patients, and allow so many nurses to the floor, that most cases do not require a separate nurse, that is a nurse that stays in their room all the time, and attends to them and them only.

It is to be noted that every room has not only a telephone but a silent enunciator, which enunciator is so arranged that a cord suspended over the bed allows the little push button handle to lie on the bed near the patient's head, so that at any minute of the night or day any patient can call a nurse by simply touching this little handle, which rings a buzzer in the call room where the nurses stay, or in the hall where they stay. Some nervous cases feel safer with a nurse, even when they don't need it, and an occasional case really needs one with them all the time, but it is the rarest sort of a thing for anybody to need one longer than three days following the operation. The cost for private nursing is three dollars a day, and as a rule they are not asked for in advance, but the patient is supplied with one if they feel that the general nursing is not sufficient, or if the physician sees that the case is too serious.

It is our custom to have one or two nurses stay with the case until they are safely out of the anaesthetic, and this of course is without any extra cost.

**In Regard to the Extra Cost of Dressings and Anaesthetics**—Please note that anaesthetics, either clinic or private, range from two to five dollars, and are not over that unless the patient is notified in advance, and that the five dollar fee is the common fee for the average major case.

There are two men, both graduate osteopaths as well as graduate M. D's. who do nothing else at the hospital except attend to the anaesthetic department, and they are quite skilful and as safe as any that can be found.

**In Regard to Anaesthesia**—We use that anaesthetic which suits the individual case best, but just like the most of the surgical institutions of the country, including the Mayo Hospital in Minnesota, we have found that ether is safest and most reliable in the majority of cases.

Where needed or required we are prepared to use spinal cocainization or eucanization; ethochloride or bromide freezing, simple cocainization, or any of the several other local anaesthetics; or in certain cases hypodermical anaesthesia, by means of H. M. C. tablets, etc.

We ask, however, that the choice of anaesthetics be left with us, as experience has shown that we are usually as well and sometimes better able to judge what anaesthetic a patient needs than the patient who knows nothing about anaesthetics.

**In Regard to Obstetrical Fees**—Note that where the mother and child are taken care of, as is common in obstetrical cases, that twenty-five dollars is charged per week for the room, board and nursing, and that one special wing of rooms is reserved for these cases, and that the obstetrical fees would be, unless the patient be a practitioner or a close relative of a practitioner, twenty-five dollars, when handled by the head of the department.

**In Regard to the Time of Paying Bills**—Please note that although the surgeon sets the price of surgical cases, the bill itself should be made either to the superintendent or to the operator, who will turn it over to the superintendent. The settling of bills with the superintendent, and the settling of all the bills under one account is to avoid confusion and to facilitate the bookkeeping.

Although this immediate payment is not demanded, it is requested where convenient, and it is demanded that some arrangement be made with the superintendent in advance as to the time when such a bill is to be paid, if not paid in advance.

The same rules are good for osteopathic and obstetrical cases, and these bills should be arranged for at the hospital and not at the infirmary.

**In Regard to the Field Physician Being Present at Operations**—We wish to state that the field physician is not only welcome to the operations, but that we are extremely desirous that he be present where it is convenient, and that where he has any particular interest in any part of the case we are always glad to demonstrate it to the best of our ability, if he will simply ask for it; and that where he cannot come we are glad to send the specimens to him if he wishes them, in such cases as tumor cases, etc., where gross specimens are removed, and that for his



own satisfaction free microscopic examinations are made where he asks it.

In addition to this please note that when field practitioners are visiting in the town, if they will see the surgeon and he has private cases who do not object to it, or where he has clinic cases, he will be glad to see that they get to see all that is possible, and that he is the one to see and no one else, as he is the one who will always know when operations are coming off, and what they are, and whether or not the patient objects to outside physicians seeing them.

**In Regard to Entertaining Relatives or Friends of Patients in the Hospital**—It is well to note that in the last two months we have on several occasions had considerable of a waiting list, and that for three or four days at times we were unable to supply rooms for patients, much less for relatives and friends, and that we are not at present running a boarding house, and that relatives and friends will not be allowed to stay in the hospital with patients, although they are welcomed as daily visitors at the regular hours, and except immediately after an operation when the patient should sleep and be quiet, they will be admitted at those hours and given all attention, and all liberty possible under the circumstances, but that the nurses are perfectly competent to take care of the cases, and that wives staying with their husbands who have just had their stomachs removed, or similar operations, will not be tolerated, nor vice versa; neither will children be kept with parents who have just undergone serious operations, nor will parents be kept with children.

It may sound foolish to quote these rules, but if one would stay around here a few weeks and hear some of the foolish requests made, one would understand the reason for publishing them.

It is to be noted that no well-kept hospital that does real surgery, allows anything of this sort, and it is only in back-woods village hospitals, or in "Imaginitis" sanitariums where family parties and conventions are entertained in the patient's rooms.

Statistics show that cases do very poorly where they are not handled by a skilled and efficient routine, supplemented of course with the same skill and training in the handling of any particular emergency which might arise.

In regard to quoting statistics on operations for any given condition, we will be glad to do so for any particular class of cases asked for, giving both our own statistics and the average general statistics, or indeed any other questions of a surgical nature that may be asked.

**In Regard to Consulting on Cases Out of Town**—We prefer not to when it is possible for the patient to be brought here, but when not,

it will be arranged to send somebody if a request is made, and where special osteopathic examinations are wanted it would be well to telephone to Dr. George Laughlin or Dr. C. E. Still, rather than to the hospital superintendent or the surgeon.

**In Regard to Operating Outside of the Hospital**—Please note that we will not operate on major cases here in town unless they enter the hospital, and that cases that can be brought here should be brought, and should not ask for operations at their home, as it usually cannot be supplied, and it usually is not to the advantage of the patient.

As to operating in little hospitals, or indeed big hospitals, at a distance; on patients that can be moved to a hospital, but simply prefer one close to home, please note that we do not operate in such places, unless there is a particular reason for it and the local osteopath is given every courtesy and privilege in that particular hospital, although of course where the local osteopath needs help, and sends for it, we will, if possible, handle the case wherever it may be.

Orthopaedic cases should not be sent to the general surgeon, nor should general surgical cases be sent to the orthopaedic surgeon, etc., as the departments are divided, and each man at present refers cases, no matter what they are that come to him to the correct department, and it saves time if they go there first.

**Any Other Questions Regarding the Hospital** will be answered as soon as possible after receiving them, either by the superintendent or myself.

G. A. STILL, Chief Surgeon.

\* \* \*

"Heap on more wood! the wind is chill;  
But let it whistle as it will,  
We'll keep our Merry Christmas still.  
Each age has deemed the new-born year  
The fittest time for festal cheer."

—Scott



## Hospital Saturday.

Nov. 6th, the day on which Hospital Saturday fell this year, was in every sense of the word, a great success. The weather was glorious, the costumes and attractions excellently prepared and arranged, and last but not least, money seemed plentiful, and the citizens of Kirksville responded with a right good grace to the constant demands made upon them.

The parade collected outside the School and Hospital at about 10 o'clock and the onlookers were entertained for some half hour or more,



SIS, HIRAM, AND MA.



"This kind's got classes on  
Lows it no chance back"

while the final arrangements were being made by a most realistic and vivid representation of a Zulu war dance by members of the I. T. S. Fraternity who had turned out in fullest force as fierce and awe-inspiring warriors. At last however all preparations had been completed and the parade started led by Old Glory carried by Merrel E. Thomas of the 1910 class, and followed closely by the A. S. O. band, all of whose members had been magically transformed into ladies, which seemed in no way to hinder their ability, to more than equal their best of other occasions.

The Atlas Club was represented by a fine float decorated in red and

white and with various catchy signs attached. On the float there was a patient—weak and pale—in an invalid's chair on his way to the Free Ward and close by him another in the bloom of health, the pain being labelled "Before and after." A "prize fight" was also organized by this Club for 2 o'clock in the afternoon and was well attended.

The I. T. S. fraternity are to be congratulated on the immense amount of trouble and pains they must have taken to get themselves



August '09

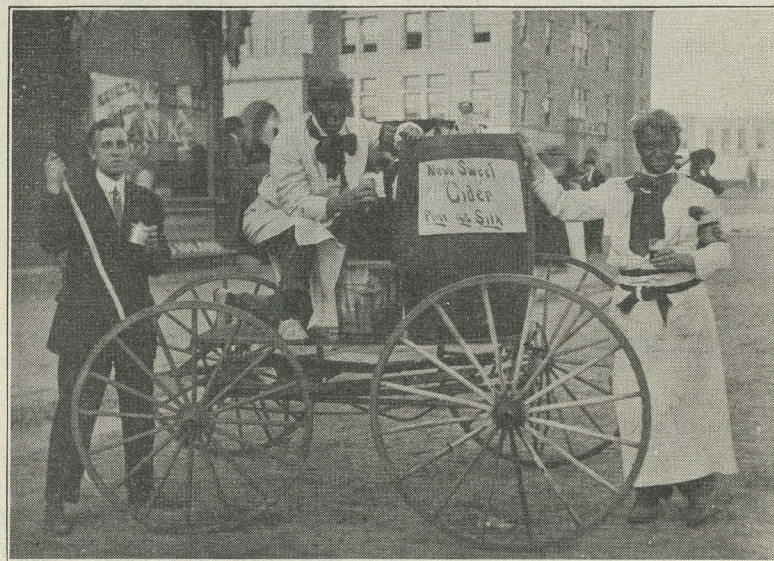
HANS AND HIS "FRAU"

up in such an amazing manner as they did. They had a band of their own and as before mentioned, they paraded as a Zulu army with all its war prancings and shouts. On the square they gave a nigger minstrel show which proved very popular and was especially fine in the double Zulu dance which would have done credit to the genuine article, if indeed it had not put it entirely in the shade.





THETA PSI "MINSTRELS."



THE "CIDER WAGON."

The Theta Psi Fraternity had a steam piano to whose accompaniment they sang numbers of songs to the great delight of the onlookers who kept close around their dray. They also presented two special pieces, "The Burns-Johnson Prize Fight" and "The Sensational Final Championship Base Ball game between Pittsburg and Detroit" which



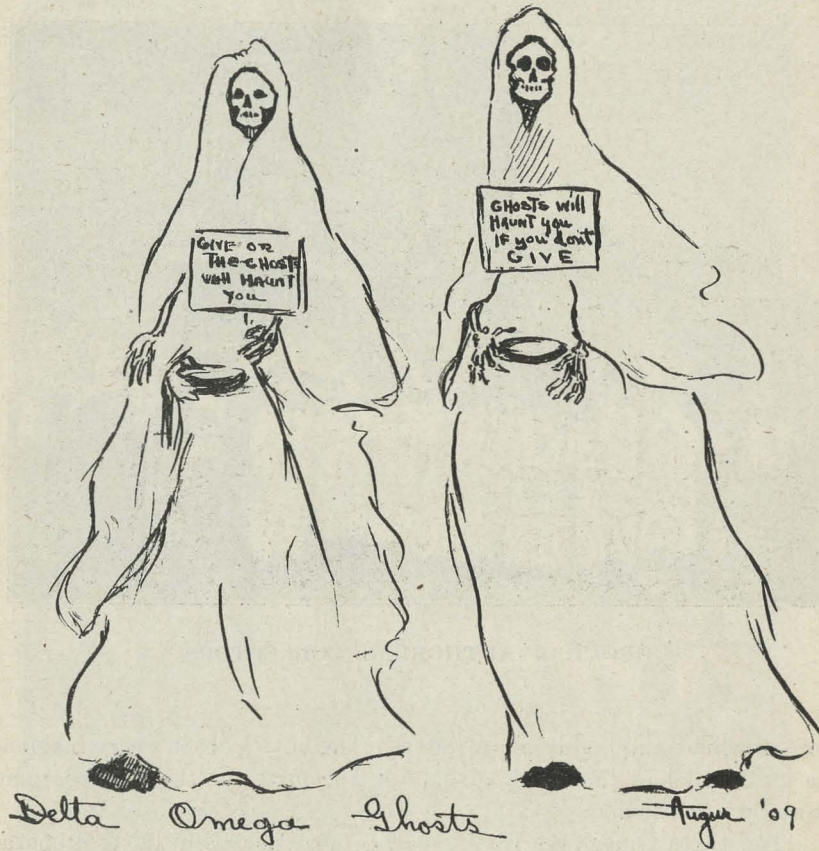
GROUP OF AUTHORIZED COLLECTORS.

were excellent and highly appreciated. The boys were in every imaginable garb and had the honor of gaining the prize for the best costume worn by a gentleman.

The Delta Omega Sorority was also most successful in its preparations. The girls had arranged a beautiful booth decorated with the Sorority colors—green and gold—which they paraded in a wagon. This booth, after the parade, was set up in the square and formed a most attractive candy store for home-made candy, which had been prepared by the girls themselves.

Another unique feature of the day's proceeding was the special session of the Kangaroo Court in the Friar's Club Rooms





No. *Kirkville, Mo., Nov 6 1909*

*Carl P. Werner*  
 Saving and Sewer Contractor

*Ma Hiram + Little Sis* \$  $5 \frac{00}{100}$

Pay to *me* Dollars

*Carl P. Werner*

TO THE CITIZEN'S NATIONAL BANK  
 KIRKSVILLE, MISSOURI

ONE OF THE CONTRIBUTIONS.

during the afternoon. Under the jurisdiction of "Judge" Bledsoe a body of the Friars, as a police Patrol, drove rapidly from place to place and captured many of the leading townspeople and school professors. Once captured, they were then arraigned on varying but—in nearly all cases—"most serious" charges and fined according to the nature of the offense. The amount collected by this method totalled \$110, which speaks well for the system of obtaining money.

The New York State Association had a large float commemorative of Dr. Cook and Commander Peary, and after the parade they sold "real splinters from the North pole." It was not publicly announced whether the Doctor or the Commander sent the blocks from which the splinters were chipped but it must suffice that the splinters were so skillfully shaped that it was difficult to distinguish them from tooth-picks.

The British Association was quite a striking feature of the parade, there being about twenty of the Britishers present, headed by one of their number with the Union Jack.

It would be invidious to pick out individual members for special commendation, seeing that so many were excellent, but we must say that there was no effort made to raise money either individually or collectively but was fully and gratefully appre-



ciated by the Hospital authorities and those in charge of the proceedings of the day.

In conclusion we will not itemize the amounts collected but will simply state that in all \$856.71 was obtained, a sum which beats all previous records by a fairly wide margin and holds up a high mark to be aimed at in the future.



A BAND "LADY."

## Dr. Link Goes into Private Practice.

Dr. E. C. Link, one of the best known men in the osteopathic profession, and who for the past seven years has been connected with the American School of Osteopathy as an instructor and staff practitioner, has finally answered "the call of the wild" and gone into private practice.

Doctor Link graduated from the A. S. O. in 1902, but after a short practice was recalled by the trustees of the school, to become a member of the regular staff and teaching force, since which time he has been continuously connected with the school, and has become acquainted with nearly every practitioner in the country, as well as patients in all parts of the world, and probably has as large, if not larger, a percentage of friends among his acquaintances than any other practitioner in the field, as he has always been extremely popular with both students and patients.

During the past three years Dr. Link's work has included the charge of the anaesthetic department at the hospital, and there, as well as in the rest of his work, his careful, painstaking technique has given him a special reputation.

Dr. Link left the school with the best wishes of everybody connected with it, and speaking for the hospital force, as well as for the school, the writer must say that his departure was regretted there by everyone connected with the institution.

Just before leaving, the nurses presented Dr. Link with a handsome present, and a few days later he was called down to Thomas's Jewelry Store to find there awaiting him another handsome present, a gift of the Faculty.

Dr. Link has settled in Elizabeth, New Jersey, which place he will probably make his permanent location.

To a man of Dr. Link's ability, good wishes and hopes for success are almost superfluous; but so far as they go he has them from the entire hospital and school staff.

A COWORKER.





## Pacific Coast Notes.

The County Osteopathic Association held an important meeting on the evening of November 15th. The program of the evening was an extended discussion of Typhoid Fever. This was lead by Dr. J. L. Adams and it proved to be a subject of more than ordinary value. Typhoid Fever is now definitely known to be a preventable disease and the time is not far distant when the local government will be held as responsible for cases of typhoid as they are now held responsible for the condition of roads and sidewalks. In a county like ours one should be in no more danger from typhoid fever than he should be from bandits, and the community which permits its milk, water and sewerage conditions to be such as to make typhoid fever possible is as culpable as a community which permits such holes in the sidewalks or such ditches in the road as to make traveling dangerous to life and limb.

As this was the annual meeting the election for officers for the ensuing year was held. The election resulted in electing Dr. E. J. Thorne for president; Dr. W. R. Laughlin for vice-president; Dr. C. H. Phinney for secretary; Dr. J. O. Hunt for treasurer and Drs. Emery, Bowling and Merrill for trustees.

The Drs. Emery and Dr. Lilliam Whiting have returned from their European trips and study. Drs. R. D. Emery and Whiting have resumed their work in the Pacific College. There is much reason to believe that their instruction will be more valuable than ever before.

The Pacific College has added a Freezing Microtome to its Laboratory equipment and methods of instruction in histology have been somewhat revolutionized.

One hears a good deal of talk in regard to the National Convention next summer. There is every reason to believe that Southern California will do its full duty. It is probable that a number of questions of far-reaching importance to the profession will be discussed in this meeting. Among other questions College Degrees will come in for its full share. From a superficial standpoint it seems just a little strange that people so anxious for an M. D. Degree as are a considerable number of the osteopaths should have such an attack of M. D.-phobia when the degree is proposed by our own colleges. But then it is always to be remembered that consistent people are very uninteresting.

The next State Board examination occurs in December. Not unnaturally the anxious seat will be pretty well populated until the results of this examination are known.—J. S. AILLSON.

## Associations.

The Rhode Island State Society will hold a meeting Saturday, Jan. 8th, 1910. There will be an election of officers at that meeting. The State society in Rhode Island has five meetings a year: September, November, January, March, and May. Meetings are held on the second Saturday in the month.—LALLAH MORGAN, Sec'y.

**Central New York Osteopathic Society Meets**—The Central New York Osteopathic Society held its semi-annual meeting at the office of Dr. M. E. Lawrence, November 11th. Dr. Darwin F. Cady read a paper on "The Articulations and Lesions of the First and Second Cervical Vertebrae" and gave some interesting demonstrations of treatment. A paper on "The Lesions of and Treatment to the Third Cervical Vertebra" was also read by Dr. C. D. Clapp of Utica. The out-of-town physicians in attendance were: Dr. Clapp and Dr. William H. Leffler of Utica, Dr. J. T. Drake of Auburn, Dr. G. B. Greenway of Seneca Falls, and Dr. E. B. Hart of Pittsburg.

**Meeting of Philadelphia County Osteopathic Society**—The regular monthly meeting of the Philadelphia County Osteopathic Association was held Thursday evening, October 28. There was a large and enthusiastic audience present.

Dr. E. M. Downing made an urgent appeal to all members of the profession present to become members of the local, state and National Associations, and as a result a number of applications for membership in the society were received.

The president, Dr. Beitel, then introduced Dr. George M. Laughlin of the American School of Osteopathy, Kirksville, the speaker of the evening.

His address, with practical demonstrations, on diagnosis and treatment was much appreciated by those present.—CECILIA G. CURRAN, Sec

**Sixth Annual Meeting of the North Carolina Osteopathic Society**—The meeting was held in the parlors of the Guilford Hotel, Greensboro, Nov. 20th. There was a good attendance. Out of twenty osteopaths in the state, all but a half dozen were present.

The Board of Trustees held a short meeting early in the morning before the society meeting was called to order.



The morning session was taken up entirely with business, and the afternoon session was given over to the following program:

Results of Treatment in Cases Showing Marked Lesions, Drs. R. M. Armstrong and W. B. Meacham.

Pediatrics, Dr. A. R. Tucker.

Minor Surgery, Dr. H. W. Glascock.

Pellagra, Dr. E. J. Carson.

Gynecology; Drs. S. W. and E. H. Tucker.

Officers were elected as follows: Dr. M. J. Carson, president; Dr. J. W. Blackmer, vice-president; Dr. A. H. Tealy, secretary-treasurer. Trustees, A. R. Tucker, A. D. Glascock, H. F. Ray. The next meeting will likely be held at Wilmington.

At the meeting of the Denver Osteopathic Association which was held at the Dispensary, Saturday, November 6th, the following officers were elected for the forthcoming year: President, Dr. M. W. Bailey; first vice-president, Dr. Katherine Curtis; second vice-president, Dr. J. A. Stewart; treasurer, Dr. C. C. Reid; secretary, Dr. Cora G. Parmelee.—CORA G. PARMELEE, Sec'y.

**Meeting of the Indiana Osteopathic Association**—Held its annual meeting at the Denison Hotel, Indianapolis, Nov. 3rd. The meeting was called to order by the president, Dr. Orren Smith of Indianapolis, after which he delivered a much enjoyed and able address. Dr. Smith is one of our good and reliable osteopathic practitioners.

In the afternoon, Dr. W. C. Montague, of Evansville, read an instructive paper on "Disease of the Middle Ear." This was followed by paper on "Myelitis" by Dr. Geo. Tull of Indianapolis. Dr. G. M. Laughlin, of the A. S. O. the guest of the Association gave an interesting talk on orthopedics using as a clinic a case of Pott's disease. He advocated the correction of the deformity if the bones were yet pliable enough to permit followed by the use of devices to relieve the pressure on the affected bone. He stated his theory and practice in the treatment of such diseases had undergone a radical change in the last few years, and that manipulative treatment during the active stage is wrong. Rest is the most important thing. Dr. Laughlin was not only given a vote of thanks for his lecture but also was voted (in the minds of most of us) to be the best authority on orthopedics in the country.

Dr. Kate Williams conducted an open parliament in which many questions were discussed by Dr. Laughlin.

The officers elected are as follows: President, Dr. Kryn Vyverberg, Lafayette; vice-president, Dr. Lydia Copper, Warsaw; Dr. M. E. Clark,

secretary, Indianapolis; Dr. Kate Williams, assistant secretary, Indianapolis; Dr. A. M. Oswalt, treasurer, Auburn. Dr. Frank Smith, member Legislative Committee. Drs. Fullam, Kinsinger, Thamasson, trustees.—M. E. CLARK, Sec'y.

**S. W. Iowa Association Holds Meeting**—S. W. I. O. A. District No. 8, met October 22, 1909, at Red Oak.

Among subjects discussed were: Are Osteopathic Lesions Present in all Acute Diseases, Dr. Gardiner, Corning, and Dr. Elliott, Glenwood; Tuberculosis of the Pelvic Organs, Dr. Thompson, Red Oak and Dr. McAfee, Chariton; Infantile Paralysis, by all present who had had cases, Dr. Thompson having a clinic, a recent case.

Election of officers resulted as follows: Dr. L. O. Thompson, Red Oak, president; Dr. W. L. Gardiner, Corning, vice-president; Dr. L. E. Wagoner, Creston, secretary and treasurer.

Next meeting to be held in February at Creston, Ia.—BY THE SEC'Y.

**Sacramento Valley Osteopathic Society Meets**—The Sacramento Valley Osteopathic Society held a very pleasant meeting in Sacramento, Saturday evening, Oct. 30th.

A good representation was present and a program of unusual benefit was rendered. Those taking part in the program were: Dr. J. P. Snare of Modesta; Dr. W. H. Ivie of Berkeley; Drs. Haines and Daniels of Sacramento.

Several interesting clinics were presented and discussed. Dr. Ivie gave a resume of the A. O. A. Convention in San Francisco next year.

At the conclusion of the meeting a luncheon was served by the ladies present.

The next meeting will be held at Stockton, early in December.—LESTER R. DANIELS, Sec'y.

**S. W. Missouri and S. E. Kansas Association Holds Session**—At the regular monthly meeting of the S. W. Missouri and S. E. Kansas Osteopathic Association held Saturday, October 30, 1909, we had a very interesting program as follows: Infantile Paralysis, Dr. Gass; Typhoid Fever, Dr. Strickland. A clinic was furnished by Dr. Cox.

The members present are pooling R. R. fares, making it possible for those at a distance to attend without greater expense than those near by.—Respectfully, MINERVA KENAGA, Sec'y.



**Report of Central Kentucky Osteopathic Association Meeting**—The Central Kentucky Osteopathic Association met at Carlisle, Ky., Nov. 9, 1909, in the office of Dr. J. S. Oldham. A proof of the enthusiasm manifested was the attendance of every member.

PROGRAM.

Anatomy and Physiology of Nose and Throat, Dr. Virginia Amos; Grippe, Drs. Martha Beard and Ella Y. Hicks; Tonsillitis, Adenoids, Dr. Josephine Hoggins; Elimination, Dr. O. C. Robertson; Pneumonia, Dr. Adaline Bell; Bandaging, Dr. S. W. Longan.

**Report of the Fourth Annual Meeting of the Maryland Association**—

The fourth annual meeting of the Maryland Osteopathic Association was held in Frederick, Md., on Thursday, October 21st, 1909, at the office of the president, Dr. Edward L. Schmid.

A full attendance of the membership with one exception, (the parent of a child, the latter being ill) evidencing a loyal interest of the members in our association affairs.

No unfinished business having to be dealt with, the meeting was given over practically to the election of officers for the ensuing year and discussion of legislative matters: The result of the election follows:

President, Dr. A. M. Smith, Hagerstown; vice-president, Dr. Aloha, M. Kirkpatrick, Baltimore; secretary and treasurer, Dr. H. A. McMains, Baltimore; Member of Executive Board, Dr. J. A. Boyles, Balto.

An extended, interesting discussion of "possible legislative matters" was had with no special action of import being taken with regard thereto, other than arranging for the payment of expenses and \$10.00 per diem, for such members whose emergency services may be required (in the wisdom of the Executive Board) in the interests of the Association as to legislation. It further appeared that a majority of the members deemed it unwise to take any initiative measures at present, as regards introducing an osteopathic bill in our next State legislature; further when such time may arrive, we shall insist on a single board, reciprocal law.

Belated trains delayed the Baltimore members so that the meeting was delayed nearly two hours in opening and as a consequence the single disappointing circumstance of the occasion followed, i. e.

We were prevented from attending the "great day" of the Great Frederick Fair, for which President Schmid had generously arranged as an hospitable incident of our entertainment.

The convention adjourned to meet in Baltimore during the week preceding Xmas next, should the Executive Board deem it necessary.—A. M. SMITH, Sec'y-Treas.

**Eleventh Annual Meeting of New York Osteopathic Society**—The eleventh annual meeting of this association was held at Hotel Ten Eyck, Albany, N. Y., on Wednesday, October 27th, 1909. The following program was carried out:

Morning, 9:30—Call to Order by President. Minutes of Last Meeting. President's Address, Dr. Wm. M. Smiley. Report of Secretary, Dr. J. P. Burlingham. Report of Treasurer, Dr. W. L. Buster. Constitutional Amendments, Election of New Members, Re-instatement of Members, Unpaid Dues and Assessments, Appointment of Special Committees, Unfinished Business, New Business, Election of Officers. Adjournment.

Afternoon, 2:30—"Orthopedic Surgery"—Demonstration; with Clinics, Dr. George M. Laughlin, Staff of the A. S. O. "The Work of the Section in Gynecology and Obstetrics," Dr. Ada A. Achorn, Boston, Mass. "Structural Diagnosis,"—A paper; illustrated, Dr. Charles E. Fleck, New York. Program Committee: Dr. C. D. Berry, Dr. C. W. Proctor, Dr. Geo. B. Greenway.

Officers for ensuing year: W. L. Buster, D. O., Mount Vernon, president; Hugh L. Russell, D. O., Buffalo, vice-president; Grant E. Phillips, D. O., Schenectady, secretary; J. H. McDowell, Troy, Treasurer.

**Program of the Tenth Bi-Monthly Meeting, Third District, Illinois Osteopathic Association**—This meeting will be held at the office of Dr. Cora G. Hemstreet, Galesburg, Ill., Wednesday, December 8th, 1909, beginning at one o'clock p. m. The program is as follows:

Anatomical Landmarks and Osteopathic Centers in relation to the Lung, Dr. W. J. Giltner, Monmouth, Ill. Cough, Dr. J. E. Olson, Bushnell, Ill. Pneumonia, Dr. Cora G. Hemstreet, Galesburg. Bronchitis Dr. Etta O. Chambers, Geneseo. Dorsal and Rib Lesions, Dr. Halladay, Galesburg. Pelvic Lesions, Dr. Ada Chapman, Galesburg. Every member urged to be present.

**Ohio Osteopathic Society Meeting**—The 13th annual meeting of the Ohio Osteopathic Society will be held at Dayton, Ohio, Dec. 15 and 16th, 1909. This is sure to be our best meeting and every wide-awake osteopath will be there for the good things. Dr. Geo. M. Laughlin of Kirksville and Dr. Ella Still of Des Moines have promised to aid in the program, which will be very interesting.

A feature of the meeting will be clinics. Every osteopath in Ohio is expected to come.—E. H. COSNER, Sec'y.

**King County Association Holds Meeting**—New officers were elected at the annual meeting of the King County Washington, Osteopathic Association held Nov. 16. The meeting was one of the best attended



of the year and the selection of the new officials was almost unanimous. Following were the officers chosen:

President, Dr. Walter J. Ford; vice-president, Dr. Augusta M. Brewer; treasurer, Dr. C. V. McNeil; and secretary, Dr. Roberta Wimer Ford.

**Louisiana Osteopathic Board Meets**—Officers were elected and the credentials of osteopathic physicians passed upon at a meeting of the State Board of Osteopaths October 29th, in the office of Dr. C. G. Hewes in the Godehaux Building. In addition to disposing of considerable routine business, the board passed favorably on the applications of Dr. H. A. Price of Alexandria and Dr. Della K. Stevens of Baton Rouge, and declared them eligible to certificates as registered osteopaths.

Dr. C. G. Hewes was again chosen president of the board, and Dr. Paul W. Geddes of Shreveport, secretary. Dr. W. A. McKeehan, whose term of office as treasurer has expired, was directed to remain in office until the Governor appoints his successor.

The Board of Osteopaths is a separate body, and is in no way connected with the State Board of Medical Examiners. All osteopaths desiring to practice in the State must be registered with the board, and possess a certificate from it. Those coming from other States where they have been practicing, or bringing with them duly accredited certificates, are issued certificates without examination by a reciprocal arrangement.

The board is composed of Dr. C. G. Hewes, Dr. W. A. McKeehan and Dr. Eugene Gaupp of New Orleans, Dr. C. W. Hamilton of Lake Charles and Dr. Paul W. Geddes of Shreveport.

**Report of Northeastern Pennsylvania Osteopathic Association Meeting**—The Northeastern Pennsylvania Osteopathic Association met at the office of Drs. Evans and Davies of Wilkes-Barre, Pa., November 13th.

Dr. Martha Freas of Berwick gave a very interesting case report, with clinic.

Dr. Gertrude Evans of Scranton talked on "Foods."

Those present were, Wilkes-Barre, Drs. Margaret Evans, Catherine Davies, Thomas Graham; Pittston, Dr. M. C. O'Brien; Luzerne, Dr. Effie M. Pace; Dorranceton, Dr. Edna MacCollum; Edwardsville, Dr. H. H. Harris; Plains, Dr. Richard Williams; Wyoming, Dr. Emma De Witt; Berwick, Dr. Martha Freas; Scranton, Drs. Gertrude Evans, C. H. Nicholls, A. May Benedict.

**First Meeting of Hudson River North Association**—The first meeting of the season of this association was held on Saturday, November 6th, at the office of Dr. G. E. Phillips, Schenectady, N. Y.

There were representatives present from Troy, Albany and Gloversville.

The following officers were elected: President, Dr. Mae Hart of Albany; vice-president, Dr. Emma Wing Thompson of this city; secretary-treasurer, Dr. A. T. Weir of Albany.

Several of the doctors who had attended the National convention of Osteopathic physicians held some time ago at Minneapolis, gave informal talks on the convention, and others who attended the Alaska-Yukon-Pacific exposition at Seattle gave travel talks. Refreshments were served, after which the meeting adjourned.

**Annual Convention of Gulf States Osteopathic Association**—The annual meeting of the Gulf States Osteopathic association was held in Atlanta, Georgia, Nov. 13, the sessions taking place in the Kimball house ball room from 9 in the morning until 12:30 in the afternoon, and from 2 to 4 in the afternoon.

Questions of professional interest were discussed and the following officers for the ensuing year elected:

Dr. C. E. Lorenz, Columbus, president; Dr. Paul Daws, Jacksonville, Fla., vice-president; Dr. C. G. Howes, New Orleans, treasurer; Dr. E. N. Sasvil, Montgomery, Ala., treasurer.

Delegates numbering about 25 were present from Georgia, Alabama, Florida and Mississippi. Dr. Frank Jones, of Macon, the retiring president, called the meeting to order and in an interesting address reviewed the advances made by the osteopathic school in Georgia within the past few years. He referred particularly to the action of the last legislature in licensing the practice of osteopathy in the state.

The association has been in existence for about four years, and has a large membership.

**Seventh District Iowa Convention**—The annual meeting of the Seventh District Osteopathic Association was held at Grinnell on October 21st, and the following program was observed:

Forenoon—"Lesions of Atlas and Axis," Dr. C. E. Thompson, Des Moines. "Disease Resulting from Lesions of Atlas and Axis," Dr. Katheryn Ridgway, Des Moines. "Demonstration of Correction of Lesions of Atlas and Axis," Dr. U. M. Hibbets, Grinnell.

Afternoon—"Lesions of Third-Seventh Cervicals," Dr. Nellie Staght, Newton. "Diseases Resulting from Lesions of Third-Seventh



Cervicals," Dr. Emily M. Fike, Des Moines. "Demonstration of Correction of Lesions of Third-Seventh Cervicals," Dr. Guy C. Trimble, Montezuma. "The Shoulder Joint, Dislocations and Their Reduction," Dr. I. R. Bullard, Marshalltown.

**Meetings Resumed**—Two years ago during the financial depression it was thought best by a considerable number of the members of the Western Pennsylvania Osteopathic Society to discontinue temporarily the regular meetings. These conditions have now passed and it is desirable that the regular activities be resumed. Your officers have accordingly arranged for the annual fall meeting to be held Saturday, December 4, 1909, at the Hotel Henry, Pittsburgh.

A new feature not heretofore attempted will be an afternoon session. At 3:30 o'clock Dr. Ellen Barret Ligon of New York City will conduct a clinic on the "Eye, Nose and Throat." Please report your cases beforehand to Dr. Helen M. Baldwin of 6101 Penn Avenue, Pittsburgh, so that proper arrangements may be made for their presentation.

Promptly at 7:15 the banquet will be served. The speaker of the evening will be Doctor Ellen Barret Ligon, who will speak on "Specific Centers." We don't know how we could have secured a subject capable of holding more of interest to the profession. Its specific character places it at once beyond the ramblings we have heard on some other occasions. Doctor Ligon has for years been prominent among the leaders of the profession and you may expect something good from her.

The annual election of officers will be held at this time. This is important for you to remember.

Do you not think this program looks promising? The address of Dr. Ligon, the special clinic with plenty of time for discussion of important questions, the election of officers, the exchange of ideas, reunion of old friends, the making of new ones, all these are worth while. Take the day off and come.

Kindly fill in and mail the card at your earliest convenience, that definite arrangements may be completed.

Fraternally yours,

L. C. KLINE,

Sec'y., Tarentum, Pa.

## Legal and Legislative Department.

(The following is a circular letter together with a copy of a proposed law sent to all the D. O's. in Wisconsin. As legislative committees in other states may be interested in the proposed legislation we give it in full.—Ed.)

DEAR DOCTOR:—

The general public lacks confidence in us, calls us "rubbers," "faith curists," etc., in emergencies they call in an old school doctor and we are obliged to show our patients by such restrictions as we place on ourselves with the present law, that we are pretending to be qualified in handling diseases, but that when it comes to a show down in critical cases we are not to be trusted and we have to call in a better doctor or a "real doctor."

Many of us have stuck to osteopathy, pure and simple, until it is regarded by the general public and scientific thinking men as "Simple Simon Osteopathy." This is why the public and all sane people declare us to be in the same class with Christian Scientists, Magnetic Healers, Masseurs and so on, and do you blame any one but yourselves? Here we have the ridiculous spectacle of the grandest, most perfect system of healing on earth held down to a level with fakery and frauds or some passing fad. I feel ashamed every time I look at my sign "Osteopath," and suppose it should read, "Osteopath, Simple Simon Brand." At our convention this year, there were named two cases of osteopaths, the conservatives and the radicals, a better name would have been "Rip Van Winkles" and "The Progressives."

During the time, that is, the twenty years that these "Rips" have been asleep, there has been progress made in all sciences and arts, and most of all in osteopathy.

Our schools have for the last few years taught every branch required to handle all diseases, surgically or otherwise. Yet we are told by those same so-called "conservatives" that we should call in an unqualified M. D. when we are pinched between the present foolish law and those same conservatives. Great, is it not?

Now there are good men enough in the field, ready and willing to take the standard of osteopathy and carry it forward and make it the grandest, most respected system of healing in the world. At every State and National convention we see enough conservatives to hold us back and this is so discouraging.

How would a law pushed with our combined efforts, like the follow-



ing, affect us all? Let us see. There would be no question as to whether we should use a hot water bag, prick a boil with a needle, use an antiseptic, anesthesia, split a pea, and waste several days in discussing adjuncts in our conventions and meetings.

Now is the passage of such a law possible? Indeed, it is. I am for osteopathy, which stands for relief of human suffering regardless of dogma, sleepy people, or sleepless people, and that includes surgery, antiseptics, anesthetics, or any other thing that is a truth that is taught in our leading colleges.

Are you with us to land our standard on this independent Board law and shall we prepare now? We would like your suggestions, advice, influence, or at least an answer to this letter.

Shall we extend our qualifications in this State to the requirement of a four year course of study? I say "Yes," Let us place our standard high and it will help all of us in the field and those who come into our State, and elevate our school of learning to its proper place.—O. W. LAPLOUNT, D. O.

**An Act**—To establish a Board of Osteopathic Examiners for the State of Wisconsin; to define its duties and powers; to regulate the practice of osteopathy and to provide for issuing and recording licenses of osteopaths in this State; to prescribe penalties for the violation of this Act; and for other purposes.

Section 1. Be it enacted by the General Assembly of Wisconsin, and it is hereby enacted by authority of the same, that within thirty days after the passage of this Act, it shall be the duty of the Governor to appoint for this State a Board of Osteopathic Examiners of five members. Said Board shall be appointed from a list of ten practitioners, who are eligible as hereinafter provided for appointment upon said Board, which shall be furnished the Governor by the President and Secretary of the Wisconsin Osteopathic Association. Such a list shall be transmitted annually to the Governor under seal and signed by the President and Secretary of said Association, from which list the Governor shall make further appointments to said Board. In case of failure of said Association to submit said list, the Governor shall appoint members in good standing of said Association without restriction; provided, however, that said members shall be qualified as hereinafter required by graduation and practice. Within thirty days after the Governor shall have notified the several members of their appointment each member shall forward to the Governor the following oath: "I do swear that I will faithfully perform the duties of a member of the Board of Osteopathic Examiners for the State of Wisconsin to the best of my ability,

so help me God," which, when filed in the office of the Governor of the State, he shall issue to each examiner a certificate of appointment.

Sec. 2. Be it further enacted: That each member of said Board shall be a practitioner of good moral and professional character and a graduate of a legally incorporated and reputable college of osteopathy and shall have been licensed to practice osteopathy under the laws of this State. Each member of said Board shall have been engaged in the practice of osteopathy in this state for a period of at least two years, and no member of said Board shall be in any manner financially interested in or connected with the faculty or management of any osteopathic school or college.

Sec. 3. Be it further enacted: That the term of office of the members of said Board of Osteopathic Examiners shall be for a term of three years; provided, that two members shall be appointed for one year, two for two years, and one for three years, and subsequently each appointment shall be for a full term of three years. Any vacancy that may occur for any cause shall be filled for the unexpired term by the Governor.

Sec. 4. Be it further enacted: That said Board shall, at the first meeting after its appointment, organize by electing a President, Vice-President, and Secretary-treasurer, who shall hold their offices until their successors are elected and qualified. The Secretary-treasurer shall give bond with security in such sum as the Board may determine. The Board may prescribe rules, regulations and by-laws for its proceedings and government. There shall be at least one regular meeting of the Board every year, and this meeting shall be on the first Tuesday in July of each year. Special meetings may be held upon the call of the president and two other members. A majority of the Board shall constitute a quorum. The Board shall keep a record of its proceedings and a register of all applicants for license, giving name and location of the institution granting the applicant the degree of Doctor or Diplomate in osteopathy, the date of his diploma and also whether the applicant was rejected or granted a license and the number of the license granted. The record and register shall be prima facie evidence of all matters recorded therein.

Sec. 5. Be it further enacted: That all fees provided for in this Act shall be paid in advance to the treasurer of the Board, to be held as a fund for the use of said Board, and no expense shall be created in excess of the fees and fines as herein provided, but such funds shall be applied by the Board to the payment of its expenses and to making reasonable compensation to the members thereof.

Sec. 6. Be it further enacted: That any person who is properly



licensed and engaged in the practice of osteopathy in the State of Wisconsin on the first day of July, 1911, may deliver to the Secretary of the Board of Osteopathic Examiners, within sixty days after the approval of this Act, his license, and upon the payment of the sum of five dollars, the Secretary of said Board shall issue to such applicant a new license which license shall have like effect for all purposes as a license issued after examination by the Board of Examiners as herein provided. Every license issued by the Board shall be signed by each member of the Board of Examiners and shall have affixed to it by the person authorized to affix the same, the Seal of the State Board of Osteopathic Examiners.

Sec. 7. Be it further enacted: That any person desiring to enter upon the practice of osteopathy in this State from and after the approval of this Act, shall make a written application to said Board for a license to practice osteopathy in this State, accompanied by a fee of twenty dollars, together with satisfactory proof that the applicant is at least twenty-one years of age, is of good moral character, and has obtained a diploma from some legally incorporated and reputable school of osteopathy requiring a course of study of at least four terms of seven months each in separate years. Provided, that any one who has been in the practice of osteopathy in some other State for a period of one year, and who is a graduate from a legally incorporated and reputable college of osteopathy providing a course of study of at least three terms of nine months each, shall be eligible for examination upon all other terms and conditions provided for applicants for examination under the provisions of this Act.

Upon complying with these conditions, the State Board of Examiners, if satisfied with the same, shall admit said applicant to examination before them, which examination shall include the subjects of anatomy, physiology, chemistry, toxicology, pathology, diagnosis, hygiene, obstetrics, gynecology, surgery, medical jurisprudence, principles of osteopathy, and such other subjects as the Board may require. If the examination is satisfactory to the committee and the applicant shall have made an average of seventy-five per centum on his examination on all subjects examined upon, with not less than sixty per centum in any one subject, the Board shall then grant said applicant a certificate to practice osteopathy in this State, which certificate is a license to practice osteopathy in this State when it shall have been recorded by the Clerk of the Superior Court of the County in which he proposes to practice, for which he shall pay the same fee as in recording a deed. In case the applicant fails to pass a satisfactory examination he may at any subsequent meeting of the Board, within one year, have the privilege of a second examination without the payment of an additional fee.

Sec. 8. Be it further enacted: That the license provided for in this Act shall authorize the holder to practice osteopathy as taught and practiced in the legally incorporated and reputable colleges of osteopathy as provided for in this Act.

Sec. 9. Be it further enacted: That any practitioner of osteopathy holding a certificate from any other state board imposing requirements equal to those established by the Board provided for herein, may on presentation of the same with a diploma from a reputable osteopathic college, be admitted to practice within this State without an examination, at the discretion of the Board, on the payment of the fee fixed by the Board, not exceeding the sum of twenty-five dollars.

Sec. 10. Be it further enacted: That osteopathic physicians shall observe and be subject to all State and municipal regulations relating to the control of contagious disease, the reporting and certifying of births and deaths, and all matters pertaining to public health, the same as physicians of other schools, and such reports shall be accepted by the officers or department to whom the same are made.

Sec. 11. Be it further enacted: That the Board may refuse to grant a certificate to any person convicted of a felony, or of gross unprofessional conduct, or who is addicted to any vice to such a degree as to render him unfit to practice osteopathy, and may, after due notice and hearing, revoke such a certificate for like cause.

Sec. 12. Be it further enacted: That any person who shall practice or pretend to practice, or use the science or system of osteopathy in treating diseases of the human body, by fraud or misrepresentation; or any person who shall buy, sell or fraudulently obtain any diploma, license record or registration to practice osteopathy, illegally obtained, or signed or issued unlawfully or under fraudulent representations or who shall use any of the forms, or letters, or terms, "Osteopathy," "Osteopath," "Osteopathist," "Diplomate in Osteopathy," "D. O.," "D. Sc. O.," "Osteopathic Physician," "Doctor of Osteopathy," or any other title or letters, either alone or with other qualifying words or phrases, under such circumstances as to induce the belief that the person who uses such terms, is engaged in or has a license to practice osteopathy, without having complied with the provisions of this Act, shall be deemed guilty of a misdemeanor, and upon conviction thereof, shall be punished as for a misdemeanor.

Sec. 13. Be it further enacted: That all laws and parts of laws relating to and regulating the practice of osteopathy in this State at the present time be annulled on the passage of this Act.

Formulated by Dr. O. W. LaPlount, Portage, Wis



**Will be Prosecuted**—Information has been filed with the prosecuting attorney of Kalispell, Mont., by the State Board of Osteopathic Examiners, against Dr. Rose C. Wismer of the June, '09 class, A. S. O. and Dr. Florence A. Bolles of same class. These practitioners will be prosecuted as they have been practicing in Kalispell for two months without complying with the provisions of the law and have during that period ignored repeated notices from the Board as to the necessity of their meeting the laws requirements.

The Board feels that the action of these two physicians has been most inexcusable and censurable in spite of much tolerance on the part of the board. The notice that prosecution would be started brought forth the excuse that fakers were practicing without a license. They seem willing to outline their professional acts according to the yard stick of the fakers of whom the board has not heard. We do not understand why these doctors desire to evade the law.

**Points of Interest to the Osteopathic Profession and Especially to Those Who Contemplate Locating in Minnesota**—This is the title of a pamphlet issued by the Minnesota State Board of Osteopathic Examiners and reads as follows:

Those who hold diplomas from a legally incorporated and regularly conducted school or college of osteopathy, having attended at least three entire sessions of eight months each, no two sessions having been held in one year, may locate in Minnesota at any time and practice prior to the time of the regular examinations.

Provided: That an application has been made in the usual way, which consists of filling out an application blank, securing acknowledgment of a notary and sending same to the secretary accompanied with fee of \$20.00. The license fee receipt from the secretary serves as a permit until the regular license is issued.

Provided further: That the school or college issuing said diploma is recognized by the board as being up to the standard of the Associated Colleges.

Examinations are held twice in each year on the second Tuesday of the months of March and September.

Diplomas must be presented at examinations.

Applicants are examined in the following branches: Anatomy, histology, physiology, pathology, gynecology, obstetrics, chemistry, including urinalysis and toxicology, symptomatology, minor surgery, hygiene, dietetics, diagnosis, and theory and practice of osteopathy.

Extract from law:

Sec. 5. The license provided for by this act shall not authorize the holder thereof to give or prescribe drugs for internal use nor to perform major surgery. Osteopathic physicians shall be subject to the same rules and regulations, both municipal and state, that govern other physicians in the control of contagious diseases, and shall be entitled to all privileges of other physicians in matters pertaining to public health.

Comment: This means that osteopaths in Minnesota are fully protected in the practice of obstetrics. Anesthetics may be administered. Hypodermic injections given. Infectious diseases reported and treated. The insane adjudged. Birth and death certificates signed. Full hospital privileges are also accorded. In fact osteopaths are granted exactly the same privileges as doctors of medicine except that the license provided for by the law does not authorize the holder thereof to give or prescribe drugs for internal use nor to perform major surgery.

Reciprocity—

Sec. 2309 of Revised Law as amended '09. (Third paragraph). The board may waive the examination in case the applicant holds a diploma from an osteopathic school without regard to the period of study on which the diploma was issued, and has been licensed by an examining board of another state, whose requirements are equal to those of the state of Minnesota.

Comment: An osteopath who has been licensed by an examining board of another state whose requirements are equal to those of this state, may, at the discretion of the board, be granted a license without examination. Regular application blanks for this purpose will be furnished by the secretary at any time. Upon receipt of such application, properly executed and accompanied with fee of \$20.00, the secretary will issue a permit immediately, such action to be ratified at a subsequent meeting of the board.

For further information address the Secretary.

LESLIE S. KEYES, D. O., 22 Syndicate Block, Minneapolis, Minn.

**A. S. O. Wins Case**—"In the recent malpractice suit against the school, known as the Keller case, four of the local medical doctors generously volunteered to testify in the school's favor, after hearing the testimony from the other side, and also three Moberly, Mo., physicians of considerable prominence, who had no interest in the case, and one of whom was not even acquainted with anybody connected with the case, offered to testify in favor of the school in this case, even though one of the men is a strong opponent of osteopathy itself. The only thing that kept the entire seven from going on the stand, was the fact that the



Judge decided the case before they had a chance. The men who went down from Kirksville to Moberly in behalf of the school were: Drs. Quinn, Rankin, Wilcox, and Conner, and our three friends in Moberly stand at the head of their profession there."

Friday, November 27th, an interesting medico-legal case was tried in LaPlata, at which Dr. George Still was one of the expert witnesses.

**The Case of Ira Collins Up to the Supreme Court**—The constitutionality of the one-board medical act of the Thirtieth Legislature will be tested in the Supreme Court of the United States. Presiding Judge of the Court of Criminal Appeals Davidson granted a writ of error in the Ira W. Collins case from El Paso County. Collins was an osteopath in El Paso before the law became effective. He did not procure a license under the new law, was arrested for violation of the law, and applied to the County Court for a writ of habeas corpus, which was refused. The case was taken to the Court of Criminal Appeals and affirmed. The court later refused a new hearing, and the case will now be taken to the Supreme Court of the United States.

The assignment of error alleges that the law is contrary to Amendment 14 of the constitution of the United States. Five assignments of error are made:

1. That it is contrary to the constitution because it refused to recognize his profession, before recognized, and required him to get a verification license, or a new license to practice medicine.
2. That it discriminates in favor of nurses who practice nursing only, as well as masseurs.
3. That it did not provide for a verification license for osteopaths.
4. That it requires him to have a diploma from a reputable medical school before he can present himself for examination by the board, and requires him to obtain a license to practice medicine.
5. That it discriminates in favor of the other schools, requiring knowledge of materia medica, therapeutics and chemistry.

**Seattle Osteopath Loses Case**—The supreme court has affirmed the judgment of the lower court sustaining the demurrer to the complaint in the suit of Dr. John Dunlap against John C. Sundberg and 24 others, in which Dunlap sued for \$75,000 libel. It was claimed that the defendants circulated a paper asking that all "osteopaths, quacks, charletans" and "fakers" be kept out of the Eitel building in Seattle. Dr. Dunlap objected to having his profession, he being an osteopath, classed with "fakes," but the lower court found that he was not mentioned per-

sonally and in the answer the defendants admit that he is a man of high standing and education, so that he had no cause for libel, and this contention is sustained by the supreme court.

**Gives Opinion**—Deputy Attorney General J. E. B. Cunningham gave an opinion to the State Board of Osteopathic examiners that the ninety-day limit for applicants for licensure without examination began when the board organized. There was a question whether it began when the act was signed in May.

**Indiana Supreme Court Rules In Case of Dr. Melville**—The supreme court held that a diploma from a school of osteopathy gave the holder no right except to take the state board examination and to obtain a license from the county clerk on payment of the required fee, if he shall have successfully passed the examination, and that even this right depended on the quality of the school which issued his diploma; and that, even if he obtained a license, an examination based on such a diploma would only entitle him to practice osteopathy and not to practice medicine generally.

The judgment imposing a fine on Dr. Alansing B. Melville for practicing medicine without a license was affirmed. Dr. Melville held a diploma from the National School of Osteopathy of Chicago, which he presented to the state board of medical registration and examination and paid the proper fee. He failed to obtain a certificate from the state board or a license from the county clerk. Judge Hadley said:

"Because the contrary is not alleged, we infer that appellant never had an examination by the state board; or if he had one, he failed to prove himself qualified and entitled to a certificate; if he had in fact received a certificate, we infer that he never presented it to the county clerk and requested the issuance of a license upon it. If either of these assumed facts existed, appellant was not entitled to a license... If we grant that the school that issued him the diploma was a reputable and approved school of osteopathy, his failure to affirm that he was only practicing osteopathy is equivalent to an admission that he was practicing medicine generally, and the most he could claim the right to do would be to practice osteopathy."

The court also held that a notary public commissioned for any county in the state could swear the prosecuting witness to the affidavit in Marion county.



## A Moral Obligation.

Legislative campaigns for the legal regulation of osteopathy, or for the defense of laws already procured, will soon again be upon us. I know of no problem having more important bearing upon the perpetuity of osteopathy as a complete and independent system of therapeutics than its legal regulation. The value of intelligent and just laws in this respect is not so much in the greater authority that they vest in us as physicians, as in the safe-guards that such laws provide against misrepresentation of the science of osteopathy by unscrupulous and incompetent practitioners.

The number of persons who are attempting the practice of osteopathy without proper qualification, even among those presumably qualified, to say nothing of that vast army who have not even the mark of respectability by graduation from reputable colleges, is beyond the conception of the casual observer. Our laws should serve not only to prevent those not graduates of recognized reputable colleges from entering upon practice, but should be the means of raising the educational standard of our colleges, thereby more thoroughly equipping the reputable practitioners for the intelligent and effective discharge of their professional duties. As the result of laws already enacted, the profession is being raised to a higher plane of usefulness and will be clothed with greater dignity and power than ever before.

The duty, therefore, devolving upon all reputable practitioners to further uplift and protect the science and the profession by aiding in the procuring of new laws and the betterment and protection of those already enacted, is at once apparent. The rendering of such support is a moral obligation devolving upon every practitioner, but which all do not seem to recognize. It is to be regretted that the discharge of this obligation cannot be forced upon every practitioner by processes of law. It has been the experience in all of the states, where legislation has been attempted, that many even among the well to do and prosperous practitioners, have failed to support financially or otherwise such legislative efforts. The officers of the state associations who have the procuring of such legislation in charge generally find themselves greatly handicapped on account of insufficient funds with which to meet the necessary expenses and with which to wage the best possible warfare. Besides giving their own time to the work of campaigning, more or less neglecting their practice, they frequently are obliged to pay their own

expenses while their less conscientious brethren remain in their offices gathering in riches. This is not honorable nor is it a "square deal." One would hesitate to use the language adequate to properly describe the quality of a practitioner who is to participate in the benefits of such legislation but who fails in contributing his share toward the procuring of it. M. Commier, the celebrated French psychologist says that he who violates a civil law is mentally weak or deficient, but that he who does not recognize a moral obligation is a moral degenerate.

I believe that more or less of a moral awakening might be brought about among those of the profession who have been preying upon the fruits of the labors of those who have assumed these burdens, legislative and others, for the profession, if the A. O. A. and the various State Associations would more sharply discriminate against this class. All manner of recognition might be withheld from such. The abolition of the "Year Book" and substituting in place thereof the Directory of the Membership of the A. O. A. was a move in the right direction. Let me also observe that it is not the young or unsuccessful practitioners who constitute the army of delinquents but it is more commonly of those who readily could meet all the requirements of "good standing" if they only would. They are of the class that are afflicted with an "Ingrowing Disposition."

And what will be the lot of such after their perverted career is ended? They will depart this life as did Scott's "wretch" in "The Lay of the Last Minstrel" (Canto VI, St. 1) who went down to the "vile dust, from whence he sprung,—Unwept, Unhonored and Unsung."

O. J. SNYDER,

Pres. State Board of Osteopathic Examiners.

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## A Word About the Pennsylvania Board.

But for the injustice done the Attorney General's department and the false light in which some practitioners of this state were placed by a perverted statement appearing in the November issue of the Journal signed by J. Henry Hoefner, we would not condescend to make a reply, (and, by the way, we want to remark that we have had no part in the publication of the article to which he refers), for he condemns himself by his unblushing admission that he is not a member in good standing in the Pennsylvania Osteopathic Association, besides the tenor of his remarks savor of a lack of appreciation of his moral obligations in relation to the working associations of the profession.

During our many hard fought campaigns in this State we as officers have received most gratifying and perhaps unprecedented support from the rank and file. When the Examining Board was appointed and organized it ruled that in deference to the State Association, it would consider membership in good standing in that association as some evidence of good character and educational fitness when considering applications for licensure. Whatever additional evidence in the estimation of the Board was deemed requisite had to be supplied. Those not members in good standing in



the Association were required to furnish the endorsement of reputable osteopaths and that of the dean of the college from which they graduated.

Prior to making such ruling we consulted the best recognized legal authority as to our prerogative in this matter. The course we pursued was in consonance with the instructions received. Hoefner failed in obtaining good standing in the State Association and also refused to furnish other evidence upon the points involved for licensure. We submitted the matter to the Attorney General. That department advised, in harmony with the legal advice already referred to, that the Board, if it sees fit, may consider such membership (membership in the State Association) as an item of evidence, etc. \* \* \* It also advised that, "Membership or non-membership in the Pennsylvania Osteopathic Association, or any other association, has nothing whatever to do with an applicant's right to receive the license provided for under Section 7 of the said Act of 1909."

The Board never contended that such membership was necessary for licensure and never required of any applicant that such membership be procured but it did require all such as were not members in good standing in the P. O. A. that they furnish certain evidence in lieu of such membership. The Attorney General's department plainly states that the Board may, if it sees fit, consider such membership as an "item of evidence" and in no instance did the Board award a license upon such evidence solely.

In further relation to the question at issue the said department ruled as follows: "You are therefore advised that no license should be issued to the said John Henry Hoefner until he produces, in addition to the facts stated in the foregoing application, satisfactory proof of his good moral character," etc. The rulings of the Board, therefore, being in complete accord with the law, the Board, rather than have the law dragged into court by an indifferent and, perhaps, irresponsible individual, itself supplied the wanting evidence:

Further emphasis of the Board's authority in interpreting what shall constitute "satisfactory proof" (satisfactory to the Board) is given in the ruling of the department that "no license issued can be revoked unless it is legally proved that the licensee is not legally entitled thereto." (We defy any one to prove that a license was issued to anyone not legally entitled).

That membership in the State Association is of appreciable if not of paramount importance we refer to Section two of the law which reads as follows:

"Section 2. The Governor shall appoint the members of said Board of Examiners from a full list of the members in good standing of the Pennsylvania Osteopathic Association \* \* \*." Why, then, should not such membership also be "presumptive evidence" for purposes of licensure?

"The Board and the Board alone is responsible for all licenses issued" (statement Atty-Gen's Dept.), and therefore it has some discretionary power in the matter of determining the character of evidence it is to accept. No one, just to the "cause," would gainsay that membership in the P. O. A. is not evidence of good moral character, or of respectability generally.

Hoefner's further assertion that "some of us objected to the rulings of the Board" is a further misleading statement in that everyone who raised a question relative to the rulings of the Board finally acquiesced in the Board's position when our course was more fully explained, save one who had given his word of honor that he would "stand by" Hoefner in his fight, but this one wrote us a most courteous letter admitting that he had been misled. He regretted exceedingly having caused the Board annoyance and assured us that in the future he would be found in line with the up-building forces. In a letter he writes "I feel that our State Board deserves much credit for the work they have done." Hence, after all, Hoefner stands alone in his unenviable position. A magnificent record of harmony for so great a state with approximately four hundred practitioners. The Board has received so very many letters of congratulation and expressions of appreciation that we feel assured the profession in this state is a phenomenal unit of concordance that will protect and defend our splendid law against all molestation or infraction.

O. J. SNYDER,  
For Board of Examiners

## The Forum.

EDITOR JOURNAL OF OSTEOPATHY:—I note Dr. Murray's reply to my letter to you in last month's Journal. It was sincerely hoped by the writer that the Doctor would have an explanation adequate to right himself in the eyes of his profession. But he has in no way, shape or manner met the issue raised. He has twisted entirely away from the point. It is not a question of whether his circular is a circular or a pamphlet. If one is to consider the magnitude of its meaning to the osteopathic profession it constitutes a "volume" of the dirtiest kind of dirt. It is not a question of the merits of his book, or how it came to be written nor its availability to the public or the Medical profession. Neither does anyone question his right to sell the work to anyone whom he pleases, but the deception practiced by him as an inducement to buy the book is questioned. His mode of advertising is not only a rank injustice to his own profession, but an injustice to any member of the medical profession who may buy the book as well. And is in effect, obtaining money under false pretenses. The fact that medical works are available to the osteopaths is not a parallel case as he tries to make out, as he cannot point to a single instance where a medical author ever published a work and made the claim that a purchaser of it would thereby be qualified to practice the art of medicine for compensation, as he has advertised his book to the medical profession with reference to osteopathy. In his "volume" he tells the medical doctors in plain English that if they buy his book they will be qualified to practice osteopathy and that "Many of our most successful medical practitioners are using the principles of osteopathy every day with the most gratifying results. Some call themselves osteopaths, while others are content with simply securing the beneficent results of this system during the course of their ordinary practice." Meaning that they are doing it and are not qualified osteopaths. He tries to lead his intended victim into believing that if they will buy his little book they can do the same thing, saying, "We offer you this splendid opportunity. Don't wait until another occupies the field." When he was talking to the medical profession, he was certain enough to make the positive statement that other medical doctors were achieving success by using the principles of osteopathy, but when he talks for publication where it will meet the gaze of his fellow practitioners, he only "Believes some are doing it in every place where osteopathy is well known." Still he has "Abundance of information on this point" and "The fact is not an injury to osteopathy."



If that is the conception the Doctor has of osteopathy, it is not surprising that he did not succeed in his "Single handed battle for genuine osteopathy." If he knows anything, he knows that no M. D. can do anything but pretend to practice osteopathy unless he has been trained to deal with it in an intelligent manner; no more so than is the D. O. qualified to deal with drugs without a medical training. The osteopaths are in most states prohibited by law from giving drugs. The M. D. has no more moral, if not legal right to practice osteopathy without an osteopathic license, than has the D. O. to practice medicine without a medical license. I may add here, that the osteopathic profession will, I believe, welcome into their ranks members of the medical fraternity, when they secure it in the same manner in which the osteopaths get it. The osteopaths certainly have confidence enough in their science to believe that when a medical doctor goes to the trouble to qualify in a legitimate way to practice osteopathy, he does so for osteopathy's sake, and not for the purpose of betraying it. A medical physician is peculiarly fitted to appreciate its merits in having an opportunity to compare the relative value of the two systems. It is preposterous and ridiculous to say that the medical profession is successfully applying the principles of osteopathy from reading books alone. It would spell ruin and disaster to the osteopaths to attempt to place osteopathy in the hands of the M. D's. without the necessary and proper training in its philosophy.

If Dr. Murray ever fought a "Single handed battle for genuine osteopathy" as he states, he has evidently fallen badly from grace by having found a more lucrative field in the betrayal of its cause. He makes vague reference to his being unable to secure support in his campaign from "High places" from which the inference may be drawn that there is nothing left for him but to "Get even." If he did not receive support and co-operation in his struggle for the cause of osteopathy, there were probably good reasons for it. The standing of the Science of Osteopathy as it is to-day does not represent the fruits of a single handed battle, neither is it the results of the work of only those in high places, but the work of the whole profession. Those who have done meritorious work in every nook and corner of this country and in other lands. The greatest influence with which they have had to combat, has been the imitators, fakers and pretenders, as well as no small amount of detrimental influence wrought by "grafters" in their own ranks.

The writer wishes it to be understood that he holds nothing against Dr. Murray personally, does not even know him. The writer would condemn such methods just as quickly if they emanated from his own brother, or from Dr. Still himself. And he feels sure that Dr. Murray

realizes that he has made a mistake and has done his profession an injustice, that the glad-hand of the profession will be open, when an appropriate apology is forthcoming.—W. R. ARCHER, Kirksville, Mo.

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DEAR DOCTOR:—

In the current issue of the Journal I note with profound chagrin that a number of "Osteopaths" plead guilty to the charge of using drugs in their practice of osteopathy, and some of them apparently boast of it. I presume many of these make it plain to their clientele that they are "graduates under the founder, Dr. A. T. Still." For my part I have this brief statement to make—and it is not a confession: In my five years practice I have used no drugs, and furthermore I have found no case in which conditions warranted drug therapy. I believe in osteopathic principles, and I furthermore believe in applying these principles. And in summing up this policy for five years I have only to say in extenuation. I have gotten my results by osteopathic therapy, uncombined and unmixed. The only "drugs" in my office to-day are a sample bottle of Horlick's Malted Milk and a sample cake of Resinol soap. The soap I am using on my hands for cleansing purposes and not as a therapeutic.

I have deplored the vast amount of space given up in the Journal to bellyaches against the M. D's. For my part I am having no trouble with them. Let them alone—and they will continue to fight among themselves. My observation has been that where some osteopath has been "persecuted" that that same osteopath was guilty of getting out of his "path." There is room, demand and rights for all of us—let the M. D. alone and let us not bring ourselves and profession into disrepute by keeping up the fight. I would like a little more osteopathic knowledge and a great deal less bellyache in our Journals and literature.—LESTER A. McMASTERS.

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JOURNAL OF OSTEOPATHY, Kirksville, Mo.

GENTLEMEN:—

I congratulate you on the publication of the letters of the Science Circle of Osteopathy. It will certainly help us to advance to have our Journals fearlessly publish just what the profession is thinking about, letting the chips fall where they may.

I was sorry to note that many seemed to think they did not receive as much information at the A. O. A. meeting in Minneapolis as they expected.



I secured some exceedingly valuable information from Dr. Conklin about the milk diet. He gave details such as I was very anxious to know. I now have three patients on the milk diet. One with ulceration of the stomach has been on this diet for more than two months and it is working like a charm. I have attended the last eight sessions of the A. O. A. without a break, and I want to give my testimony that it is a splendid organization and deserves the support of every osteopath in the world.—Yours truly, C. W. YOUNG, D. O.

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#### WHY SO MANY WEAK OSTEOPATHS?

Why do we have so many weak-kneed and trembling osteopaths? Why? Pray tell me!

Do you not know? It is because our schools have not taught us that which the medical man knows. In knowledge we have strength—if we knew what the medical practitioner could, or could not do; if we knew how and why he succeeds, or how and why he fails, I am sure more of us would be real osteopaths.

Teach us both sides, let us know all and the good osteopaths will be better osteopaths. They will serve their patrons with confidence born of knowledge. And the others? The more quickly they get off the fence, the better for those on the side of osteopathy.

• As for drugs? I have absolutely no use for them as internal medicine. My experience has been that a case under medical care does better without the addition of osteopathy and vice versa.

How many times have you told your patients, "Medicine will do you no good?" Many times haven't you? What do you know about drug therapeutics? Not much—only gleanings. The M. D. can say with the same truth that, "Osteopathy will do you no good." But the D. O. will tell that inquirer their beloved family physician doesn't know the first principle of the science of osteopathy and is therefore incompetent to judge of its merits, or its limitations.

If there is any thing in medicine, we should know it; if there is not, why be afraid to teach it in our schools. True, it would take much more time in preparation, but in this day of competition we must have a broad educational understanding on which to build a scientific professional speciality.

I am a firm believer in the superiority of osteopathy over all other methods of healing and caring for the afflicted. But what of the osteopath who is not—How's that? Well! you show it by placing your trust in that medical friend when one of your own family is more than

"just feeling bad." And who do you call in consultation when a case is giving trouble? Do you call a fellow-practitioner? Do you?

Courage is what we need. And courage will come to many in our ranks only after knowing all.

Here's hoping for a school which will teach all branches and all theories. I have no fear for osteopathy. It will shine out as a star in the night. And as it gains momentum, night will be turned today as it blazes its trail across the skies of time.

JUST AN OSTEOPATH.

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## Chicago Correspondence.

The regular monthly meeting of The Chicago Osteopathic Association was held Thursday evening, November 4th, 1909, at The Chicago Press Club. A new departure from former methods worked admirably. This departure consists in having dinner before the meeting.

This is the second dinner and meeting together and both have been well attended. Heretofore, few comparatively would go home to dinner and then return to the business district for the meeting. The practitioner was too tired and nothing induced the doctor to attend the local meeting like the plan mentioned above. Other local associations would do well to follow the same method.

Dr. Joseph H. Sullivan read a paper on "Observations In Practice." He had given the same address at Minneapolis. It was well received. We are promised the pleasure of hearing Dr. M. E. Clark at our next meeting in December. He will speak on "Gynecology."

The "Littlejohn College and Hospital" is now adding an extension of twenty-five feet front to the College building the entire width and height of the building. This will cost nearly \$15,000 and make a large additional space. The Littlejohn Hospital has many surgical clinics; nearly every day some interesting case is operated upon.

Sunday, November 7th, Dr. J. Martin Littlejohn delivered a lecture before The Anthropological Society which meets at Masonic Temple in the afternoon. His subject was: Brief Summary of Healing Methods and the Last Development; Osteopathy.

Over two hundred people attended and the interest shown was well expressed in a brief discussion which followed. The address was that of a close reasoner and will do more to lift up osteopathy in the minds of professional men than almost anything we have in literature.



Dr. Littlejohn showed the scientific basis of osteopathy. How all the phenomena about us including Spiritual Mental and Physical can be reduced to an undrestandable concrete basis. In these days of belief in Occultism it is refershing to get a commonsense statement by a student of all phases of thought that makes all things reducible to a position which is easily understood by anyone. In the discussion afterward a speaker said:

"The osteopath can afford to be gracious to the other schools of practice because they are so far ahead of them." Another speaker an M. D., spoke in sympathy with osteopathy but could not see how it could cure all ills. He failed to see the great law of "adjustment" being at bottom of our faith. Altogether the meeting was a decided success. The president of The Anthropological Society is Dr. A. A. Gour who lately graduated from the Littlejohn College and Hospital.

The osteopaths in Chicago are now in quite close fellowship through the local society and many things for the good of osteopathy are now possible through the pleasant relations existing.

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## A. S. O. European Trip in 1920.

Additional names have been received as follows: Drs. Anson C. and Sophie E. Greenlee, Corry, Pa.; Mrs. Lydia Holmes, Miss Pauline Sears, Miss Harriet Sears, and Mrs. Ida M. Rogers, class of 1910. Miss Ida M. Lash and Mr. Chas. E. Rogers, class of 1911.

In sending in names, kindly designate the class.—JESSIE A. WAKEHAM, D. O., Sec'y.

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## Seattle Locals.

The King County Osteopathic Association at its annual election selected for the coming year: President, Dr. Walter J. Ford; vice-president, Dr. Augusta Brewer; treasurer, Dr. C. V. McNeal; secretary, Dr. Roberta Wismer-Ford.

Dr. A. B. Cunningham of Ontario is visiting relatives in Seattle.

Dr. Helen E. Walker of Alberta, Canada, has located in the Eiler Bldg., Seattle.

Doctors Ford & Wisner-Ford have enlarged their quarters in the Alaska Bldg., Seattle, now having four private offices, modern in every respect and two reception rooms.

Seattle has about sixty licensed osteopathic physicians—that is, having licenses from the Washington State Medical Examining Board.

## Massachusetts Correspondence.

The time limit for the registration of osteopaths under the new law expired Sept. 30th. Many are curious to know how many so-called "fakers" got in under the four year practice clause. Some undoubtedly have been here longer than that so that their claims for registration will be recognized, but many others have put in an application which will require careful investigation on the part of the Board of Registration. One man is reported to have offered a local D. O. ten dollars to sign his application! Some unfavorable comment was aroused by the fact that some of these sub-cellar osteopaths had the names of reputable members of the profession on their applications. The proposed jubilation banquet seems to be somewhat up in the air, there being a feeling on the part of some that the recent legislation was not at all in the nature of a victory; hence they refuse to celebrate. It is quite obvious that it takes all kinds of people to make a world and that some of them are in the osteopathic ranks.

There has been quite a moving and removing of osteopathic offices this fall. Drs. Crawford, Turner and Rodman have removed to the Gill Bldg., 673 Boylston St., Drs. Taplin, D. E. Brown, Clark, Perkins, Lown and Tallant have engaged offices in the new building at 359 Boylston St. This building has been much delayed, but the doctors expect to get in by Dec. 1st. Dr. J. A. McDonald has removed to 160 Newbury St.; Dr. Ginsberg to 160 Huntington Ave.; Dr. Kelley to 39 Huntington Ave.; Dr. Avery to Suite 2, 176 Huntington Ave.; Dr. Atherton to 905 Boylston St.; Dr. Heard to Huntington Chambers.

The Massachusetts College has opened a new osteopathic clinic at 104 Dartmouth St., Boston. A large four-story building has been fitted up, and many patients are already booked. This disassociates the osteopathic clinic from the building in Chelsea which has been given over wholly to the dispensary and hospital, and makes the third building entirely devoted to the work of the college.

The Boston Osteopathic Society met at the offices of Dr. F. A. Dennette, Oct. 20th. Dr. R. K. Smith gave a talk on the Eye, and Dr. Edith S. Cave gave case reports with methods of treatment.

The Massachusetts Academy of Osteopathic Physicians held the first fall dinner at the Parker House, Sept. 25th.



## News of the Month.

**Tuberculosis Hospital for Montreal**—At a recent meeting of the Finance Committee of Montreal, it was voted to construct a new civic hospital for tuberculosis, and plans were ordered to be prepared. It is estimated that the new hospital will cost \$150,000.

**Red Cross Stamps**—The American Red Cross Society has just made the announcement that the Red Cross Christmas Stamp is soon to be placed on sale in all parts of the Union. The stamp is of an attractive design selected from 1,200 submitted in competition. The Society has already ordered 30,000,000, but it is expected that 50,000,000 will be sold by Christmas. These stamps will be used as "stickers" on gifts, packages, and letters during the holiday season. Mr. Ernest P. Bicknell, Director of the American National Red Cross, states "that in 1908 the Red Cross Christmas stamps were sold in thirty-five states and territories, and \$135,000 to be devoted solely to forwarding antituberculosis work was the result."

**Freed From Leper Colony**—The assertions of several medical experts who have recently visited the Molokai leper colony, near Honolulu, that many of the unfortunates are not lepers were proven when fifty out of the first hundred patients to be examined by a special commission of physicians were found free from all taint of the disease. There are 875 lepers on the island, and all will be examined under the recent law passed by the Legislature. All the examinations are bacteriological and very thorough. All who do not show plainly the ravages of leprosy will be submitted to examination.

**Plague In Sacramento**—A case of bubonic plague was reported in Sacramento on November 6. This is the third case in the city within three months.

**Pellagra Commission**—The Acting Secretary of the Treasury has announced the appointment of the following commission to study and report on official action necessary to arrest the progress of the disease pellagra now prevalent in the South: Passed Assistant Surgeon John S. Anderson, director of the hygienic laboratory, chairman; Surgeon M. J. Rosenau of the Marine Hospital Service, Dr. Reed Hunt, chief of the division of pharmacology, hygienic laboratory; Passed Assistant Surgeon, Charles H. Lavinder, secretary of the commission; Dr. William A. White, superintendent of the Government Hospital for the Insane; Hospital for the Insane and Passed Assistant Surgeon J. D. Long.—Dr. Nicholas Achucars, specialist in Nervous Pathology Government.

**Investigation of Contagious Diseases in Massachusetts**—In an investigation as to the needs in Massachusetts of a State institution for the care of town paupers with contagious diseases, reports from 128 cities and towns show that there are at present 1,088 such persons dependent upon town charity, while there are still 97 towns to be heard from. These figures do not include tuberculosis paupers.

**French Birth Rate Low**—Vital statistics for the first six months of the present year show an excess of deaths over births in France of 28,205.

**Antituberculosis Campaign In Factories**—An active fight against tuberculosis is to begin in the factories of Rhode Island. It will take the form of circulars of instruction placed in every pay envelope the taking up of individual cases of tuberculosis of threatening symptoms by the local organizations, the posting of wall placards of instruction, and the giving of noon-hour or evening lectures. The factory committee of the Rhode Island Antituberculosis Association is in charge of the campaign. The State Association and the Providence Board of Trade in co-operation with the State Board of Health, are arranging with factories throughout the State to carry out the new plans.

**To Prohibit Sale of Dangerous Hair Dyes**—A bill is being prepared under the direction of the Commissioners of the District of Columbia looking to the regulation or prohibition of the sale or use of dangerous hair washes. The attention of the Commissioners was called to the necessity of such legislation by a report from the health officer, W. C. Woodward. The report was based on cases occurring in the district in which women were poisoned through the use by hair dressers, of a toxic substance in giving a dry shampoo.

**Anterior Poliomyelitis In St. Paul**—The Board of Health of St. Paul and the medical profession of the city consider that the epidemic of infantile paralysis is practically over. In all 214 cases have been reported with 49 deaths.

**A Case of Anthrax In Philadelphia**—A butcher in Philadelphia has died of anthrax incurred, it is believed, by being struck on the chin by a piece of flying bone.

**First Osteopathic Hospital In Pennsylvania**—This institution was opened at 1617 Fairmount Ave., Philadelphia, Pa., and is known as the Philadelphia Osteopathic Hospital. This is the outgrowth of a dispensary established three years ago by the alumni of the Philadelphia College of Osteopathy, under whose direct control it is.

**Paper on Criminology**—Joseph M. Rogers, who is one of the best known journalists in the East, has a forceful paper in the November Lippincott's, in which he calls attention to some notable defects in our



criminal code. He declares that while a law recently passed in New York, deciding that no child under sixteen should be called a criminal, is a step in the right direction, a great many such steps will be necessary before we can have a system of criminology which will really make for the betterment of social conditions. Mr. Rogers is now at work on an important series of articles on our public schools, which bids fair to attract the same wide attention as his previous series on the secondary schools—"Educating Our Boys"—which appeared in Lippincott's some months ago.

**Planning a Post-Graduate Club**—Several members of the A. S. O. Faculty are planning the organization of a post-graduate club.

**On Lecture Tour**—On December 12th, Dr. George Still will leave for a lecture tour in the East, stopping at New York City, Philadelphia, Boston, and possibly at other points, but will be back on the 19th to finish up the school year.

**Urges a New School of Osteopathy**—A movement has been launched looking towards the organization of another school of osteopathy at Albany, N. Y. The plan is urged by Dr. W. M. Smiley, of Albany, the retiring president of the New York Osteopathic Society, but nothing definite has been announced.

**Hospital Association Purchases Property**—Dr. C. P. Drum, President of the General Osteopathic Hospital Association, of Los Angeles, Calif., announces that the Association has purchased a lot favorably situated and will erect thereon a handsome four-story, absolutely fire-proof, hospital building. The building is to be modern in all its equipments and appointments and will be open to all reputable schools of healing.

**Fletcherizing Wins**—Six medical students connected with the Philadelphia College of Osteopathy recently completed a month of dietary discipline under the system promulgated by Horace Fletcher, and demonstrated in practical fashion that the system of thorough mastication advocated results in greater mental and physical strength for the person who gives it a thorough trial.

Before the six students started in their course of Fletcherizing they were subjected to a thorough gymnasium test of their physical power, weight, and characteristics, and complete records were kept of their performances. They finished one month of the system of eating originated by Fletcher, and then underwent another test in the gymnasium exactly similar to that which they took before they started their discipline.

In five cases out of the six the result was an increase in mental and physical power.

**Moves Clinical Department**—The clinical department of the Massachusetts College of Osteopathy has been moved to 104 Dartmouth Street, near the Back Bay Station. The new location was chosen for the added convenience to the patrons of the clinic.

**Clash at Clinic**—The antipathy existing between the students of the University Medical College and the Central College of Osteopathy, both at Kansas City, Mo., came to a head recently when about seventy-five students of the former college rudely informed the osteopaths that their presence at the clinics was obnoxious. The Junior and Senior Classes of the University Medical College attend the clinics at the City Hospital on Tuesdays and Fridays. The Homeopathic students from the Hahnemann Medical College attend on Thursdays. Students from Kansas City University have a clinic at the Hospital on Saturdays. The students from the Central College of Osteopathy have no regular day, but have been attending the clinics on Tuesdays. To avoid a mix-up, the osteopaths quietly retired.

**Decrease in Deaths From Tuberculosis**—Statistics published by the Imperial Gazette show that in recent years there has been a steady decrease in the number of deaths in Germany from tuberculosis, and especially from tuberculosis of the lungs. According to the United States Consular reports, the death rate from this malady is twice as high in Syria and Turkey as it is in the United States and about three times as high among the Chinese residents of the United States as compared with the Japanese population of this country.

**Prevalence of Tuberculosis Among Liquor Dealers**—Dr. Bertillon, the eminent French vital statistician, has shown that tuberculosis is twice as prevalent among the retail liquor dealers of France as among other shop-keepers. He attributes it to the fact that the alcohol which they handle and use all day long weakens their bodies and thus renders them more susceptible to the disease germ.

**Instruction in First Aid**—Beginning with the employees of the large steel mills, the National Red Cross is planning to give instruction in first aid to the injured, on a large scale. With the aid of local physicians, it is planned to carry this work into every important city.

**Physical Education Under State Contract**—It is said that the Australian Government has appropriated \$120,000 for the establishment of a system whereby every child shall have thorough physical training and medical supervision at state expense. The intention is to make of the boys able-bodied men and to fit the girls for the duties of motherhood.



**Recognizes Osteopaths**—In a letter to Dr. Wesley Ammerman of Franklin, Tenn., Mr. M. E. Ridley, Secretary of the Southern Insurance Company, has this to say:

Since writing you a few days ago, I have referred your letter to our Medical Director, and have had a talk with him about it. He takes the position that I indicated in my letter, which was my personal idea in the matter. He states further that he has had personal consultations with osteopaths and found them to be right up on physical examinations and very acute to detect any physical defects, and he knows no reason why they should not be first class medical examiners. He expresses himself as thinking it would be a narrow policy to discriminate against any competent man for examiner on account of his system of treating diseases; that an insurance company does not appoint examiners to treat diseases but to detect them; therefore I feel that I can say to you that the policy of this Company will be to try and get the best and most competent examiners in their particular localities regardless of whether they are allopaths, homeopaths or osteopaths.

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## Business Opportunities.

**For Sale**—Practice in Havre de Grace, Md., population five thousand, no competition within thirty-seven miles, including four good towns, two being county seats. Will sell for cash for little more than cost of office furnishings. Good opportunity for man and woman. Address, Drs. Sniff & Sniff, Havre de Grace, Md.

**Good Opening** for man and wife in good eastern Iowa, county seat town of four thousand people. Address Iowa, care of the Journal of Osteopathy, Kirksville, Mo.

**For Sale**—An excellent practice. Established twelve years. Town of six thousand and growing rapidly. Best town in Southern Iowa. Interurbans and modern improvements in every way. Reason for selling is to take P. G. work. For particulars address No. 150, care of the Journal of Osteopathy, Kirksville, Mo.

**Wanted** by lady osteopath, position as assistant. Graduate A. S. O., June, '08. West or Southwest preferred. Address, D. O., care of the Journal.

**A Good Opening** for man and wife in a splendid California town of six thousand. Will lease or sell on easy terms to right parties. (D. O. and wife preferred). Address, "California," care of the Journal of Osteopathy.

**For Sale**—Established practice four years in good southern Iowa town, with furniture, good school and churches. Lady D. O. preferred. Good reason for selling. Price right. Answer quick. Key "12209," care of the Journal of Osteopathy.

**For Sale**—Good practice in best oil town in Pennsylvania, or will consider lady partner with view to going away for a while. Apply to A. M. W., care of the Journal of Osteopathy.

**Notice to the Profession**—Any one wishing "The Proper Care of the Mother in Confinement and the New Born Child" in booklet form, can obtain same from the authors, Drs. C. E. & Dell Schoolcraft, at Watertown, S. D., at \$1.50 per dozen copies, express or postage included.

## Personals.

**Announces Removal**—Dr. Jane E. Lockwood announces that her residence address has been changed from 93 Prospect Ave. to 669 Potomac Ave. Her office address remains 748 Ellicott Sq., Buffalo, N. Y.

**Makes Pleasant Call**—Dr. C. B. Hutchinson of Roswell, N. M., spent a short time very pleasantly at the Journal office on Nov. 17th, 1909.

**Changes Location for Winter**—Dr. Robert Ware Rogers, formerly of Clearfield, Pa., announces that he has removed from Clearfield, Pa., to Bound Brook, N. J., for the winter. Dr. Chas. L. Hawkes, A. S. O., '08, will have charge of his practice until June 1st, 1910, when Dr. Rogers expects to return.

**Announces Removal**—Dr. A. S. Loving, who was formerly at Jacksonville, Ill., has removed to 508 Temple Court, Denver, Colo.

**Sold His Practice**—Dr. W. F. Murray, formerly of Earlville, Ill., announces that he has sold his practice to Dr. Ethel S. Peterson, and is at present at Sandwich, Ill.

**Change of Address**—Dr. J. B. Schrock announces that his present address is Tecumseh, Nebr. He was formerly located at Bedford, Ind.

**Shot Himself**—While hunting near Switzler recently Edward Sweeney of Knoxville, Tenn., accidentally shot himself in the right bbbvbgkqybgkq.—Columbia University Missourian.

Mr. Sweeney should have been taken to an expert osteopathist at once. No ordinary surgeon could handle such a case as that.

**Opens Branch Office**—Dr. F. J. Marshall of North Broadway, Scottsdale, Pa., announces that he has opened a branch office in Room 202 Title & Trust Bldg., Connessville, Pa., where he expects to be Monday, Thursday and Saturday of each week.

**Entered Partnership**—Dr. M. A. Heard has formed a partnership with Dr. Geo. E. Smith with offices at 248 Warren St., Roxbury, Mass.

**Reopens Office**—Dr. James P. Burlingham announces his return from his vacation and the resumption of his offices at 143-4-5 Cutler Bldg., Rochester, N. Y.

**Dr. Vyverburg Honored**—At the recent meeting of the Indiana Osteopathic Association Dr. K. T. Vyverburg was honored with the presidency of the State association. Congratulations.

**Moves Offices**—Dr. J. E. Donahue has moved from the Studio Bldg., corner of Addison St., and Shattuck Ave., to commodious offices in the Berkeley Nat'l Bank Bldg., corner of Center St. & Shattuck Ave., Berkeley, Calif.

**Returns With Bride**—Dr. A. Williams the osteopath at Coldwater, Mich., recently returned from Chicago bringing with him his bride. Previous to her marriage Mrs. Williams was Dr. Persis Young, also an osteopath, having come all the way from Los Angeles, Calif., to Chicago, and was met there by Dr. Williams.

**Takes a Rest**—Dr. J. T. Penrose is taking a rest from his Gonzales, Texas, practice. He had a large practice in acute cases last winter and was so overworked that he is now forced to recuperate. As the altitude at Denver, Colo., his former location, is too high, he is thinking of locating in California.

**Holds Lucky Ticket**—In a recent Masonic Fair held by the Masons at Richville, N. Y., tickets on the \$1250 Buick Automobile were sold at \$1.00 each and it was the good fortune of Dr. Norman C. Hawes of Gouverneur, N. Y., to hold the lucky number.

**Announces New Address**—Dr. S. G. Mosher announces that his present address is 330½ South Spring St., Los Angeles, Calif., instead of Allerton, Iowa.



**Lectures on Osteopathy**—Dr. Jeanette Hubbard Bolles of 1459 Ogden Ave., Denver, Colo., recently delivered two lectures one on Osteopathy before one of the study clubs and the other a talk on health topics before the Queen's Daughters. Besides these the Doctor gave one before the Social Union and one at Fort Collins. She is also scheduled to lecture before one of the circles of mother's congress. Dr. Bolles has also been appointed chairman of the Child Hygiene Committee for Congress of Mothers.

**Removal**—Dr. O. A. Barker, formerly of Waterloo, Iowa, is now located at Avoca of same state.

**Discontinues Branch Office**—Dr. R. C. Shaw announces that he will give all his time to his local practice at Reedley, Calif., discontinuing his visits to Dinuba.

**Change of Address**—Dr. Minerva K. Chappell of Fresno, Calif., announces change of her address to Mrs. J. E. Prather, Taft, Calif.

**Correct Address**—On account of a change in all street numbers in the city of Chicago, Dr. Agnes B. Landes announces that her address now is 3801 Clarendon Ave. and not 2030 as before.

**Changes Location**—Dr. H. R. Gibson, formerly of Elida, N. M., is now located at 1422 W. Monroe St., Chicago, Ill.

**Now in Colorado**—Dr. Eugene Tiberghin, formerly of Maryville, Kansas, is now located at Julesburg, Colo.

**Goes to California**—Dr. W. M. Slaughter, formerly of Hickman Mills, Mo., is now located at 3, Temple Court, Los Angeles, Calif.

**A correction**—The item referring to Dr. Raymond Ludden of Colton, Calif., published in the November Journal, stating that he will put in several days of each week at Banning, should have read one day of each week.

**Opens Branch Office**—Dr. Carl D. Clapp of Utica, N. Y., has opened a branch office at Rome, N. Y., where he will spend parts of two days each week to accommodate local patients.

**Moves Office**—Dr. Hattie M. Doolittle has moved her osteopathic office from 230 North Garey Ave., Pomona, Calif., to 535 North Main St., of same place.

**Formed Partnership**—Dr. Hettie Rouze of Washington, D. C., has entered into partnership in the practice of osteopathy with Dr. Sallie Conner of DeGraffe.

**A New One**—What used to be the Osteopathic Infirmary is now termed the Lincoln X-Ray Infirmary in charge of Drs. Chas. and Lucy Blanchard, of Lincoln, Nebr. In a great head-line in a recent edition of a local paper they advertised "Ozone-O-Line Treatment," (whatever that may be). "The Great German Method of Treating the Blood Through the Lungs." This is the limit!

**Moves Into New Quarters**—Dr. J. S. Allison of Monrovia, Calif., moved into his new fifteen room house on Monday, Nov. 15th. One room is equipped for surgical work enameled throughout. Some of the rooms have also been fitted up to accommodate a limited number of patients who preferred to be under the Dr.'s immediate care.

**New Address**—Dr. Ella K. Stow, formerly of 17 Main St., Binghamton, N. Y., has located at 518 W. 3rd St., Los Angeles, Calif.

**New Location**—Dr. J. J. Pearce, who was formerly located at 707 N. Oregon St., El Paso, Tex., has removed to 615 N. Oregon, where he has established a small private hospital for out of town patients and special surgical cases.

**Permanently Located**—Dr. Grace Shupe, formerly of McKeesport, Pa., is now located in Suite 4, Second Floor, Nat'l. Bank Bldg., Monongahela, Pa.

## FREE SCHOLARSHIPS OFFERED BY THE WABASH RAILROAD TO STUDENTS ATTENDING THE SHORT WINTER COURSE IN AGRICULTURE AT THE UNIVERSITY OF MISSOURI

The Wabash Railroad is setting aside the sum of \$50.00 for each Missouri County through which its road runs, the money to go to some boy or man who enrolls in the Agricultural Course at Columbia, covering seven weeks term of practical useful instruction, beginning January 4th, ending February 25th.

The Counties are as follows:

St. Louis County.  
St. Charles County.  
Warren County.  
Montgomery County.  
Audrain County.  
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Randolph County.)  
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Adair County.  
Schuyler County.  
Chariton County.  
Carroll County.  
Clay County.  
Ray County.  
Livingston County.)  
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The purpose of the Short Winter Course in Agriculture is to teach young men how to farm better. More than a thousand Missouri young men have attended these short Winter Courses.

The Short Winter Course aims to give the largest amount of practical instruction in corn judging, breeding and growing; in soil fertility, farm crops and farm buildings; in live stock judging, stock breeding, animal breeding, stock farm management, in breeding, feeding and handling dairy cows, in making butter and cheese, and handling of milk products, in diseases of farm animals and their treatment, in growing, handling and selling orchards, in agricultural chemistry, agricultural botany, and injurious insects; in carpentry and blacksmithing, and in poultry husbandry.

Special instructors and additional equipment have been provided for the term which begins January 4th, 1910.

More than sixty men give instruction to students in the College of Agriculture. Thirty-seven teachers and investigators devote their time exclusively to instruction in the College of Agriculture. The College owns the largest and best herd of dairy cattle in any Agricultural College in the world. Only seventeen Jersey cows in the world have produced more than seven hundred pounds of butter in one year; five of these were bred and developed at the Missouri College of Agriculture.

In 1907 a Missouri student at the International Live Stock Show at Chicago made the highest score in live stock judging ever made by any student of any College. In 1909 the Missouri Live Stock judging team won the five hundred dollar cup at the American Royal Show at Kansas City in competition with Iowa, Kansas and Nebraska. Experiments conducted by the College have increased the corn yields in southwest Missouri twenty to forty-five bushels per acre and the wheat yields fifteen bushels per acre.

The new Agricultural building will be occupied for the first time this year by Short Winter Course Students. This fine building contains more than an acre of floor space devoted exclusively to instruction and investigation in agriculture.

At the end of the term, Dean F. B. Mumford will nominate a student from each of the eighteen Wabash counties in Missouri who, having taken the full seven weeks' course, makes the best progress, and that student will be mailed a check for \$50.00 by the Wabash Railroad Company.

A bulletin giving full information of the course and the free scholarships may be secured by writing to Dean F. B. Mumford, Columbia, Mo.



Located at Denver—Dr. Fannie Gosden, who until recently was located at Farley, Iowa, is now at 758 Corona St., Denver, Colo.

Visits the Journal Office—Dr. P. B. Snavelly, Davenport, Ia., made a pleasant call at the Journal Office, Nov. 2, 1909.

Compelled to Relinquish Practice—We are informed that owing to failure of health, Dr. J. E. Matson, of Eau Claire, Wis., has been compelled temporarily to relinquish his practice.

Change of Address—Dr. H. Lewis Conklin announces change of address from 151 Washington St., Bloomfield, N. J., to Montauk Theater Bldg., Passaic, N. J.

Locates in Idaho—Dr. Lydia E. Crow has now located at Twin Falls, Idaho, where she has opened an office for the practice of her profession.

Leaves Former Location—Dr. Irma I. Moon writes that her present address is, Porter Bldg., San Jose, Calif., instead of Pacific Grove, as formerly.

A Deplorable Accident—Alone in his room, Kenneth Starr, fourteen years old, and the only son of Dr. and Mrs. Jos. F. Starr, of 71 Bloomfield Ave., Passaic, N. J., was accidentally shot and almost instantly killed while handling a Flobert rifle. The bullet entered his head just above the right eye penetrating the brain and causing death in twenty minutes, after he was injured. Dr. and Mrs. Starr have the sincere sympathy of the profession.

Located in Virginia—Dr. J. W. Kibler writes that he is now located permanently at 204 E. Franklin St., Richmond, Va.

Changes Office—Dr. Frances Thoms with offices formerly at 1223 Alaska Bldg., Seattle, Wash., is now located at 1511 E. Mercer St., of the same city.

Notice of Change—Dr. Evelyn K. Underwood wishes it to be known that her present address is 200 W. 57th St., instead of 24 W. 59th St., New York City.

Called at Journal Office—Dr. C. F. Mahler, a graduate of the Des Moines School passed through Kirksville on Nov. 22nd, and stopped long enough to make a short call at the Journal Office.

Announces Partnership—Dr. S. M. Pleak of Tulsa, Okla., announces that he has associated with him Dr. W. E. Elliott, formerly of Bonne Terre, Mo., with offices at 215 A. So. Main St.

Locates in Oklahoma—Dr. Effie Roach informs us that she has located at Holdenville, Okla., where she expects to take up the practice of her profession.

Changes Location—Dr. Harriet E. Hinds whose address has been Pasadena Calif., is now located at Palo Alto with offices in the Madison-Thoits Bldg.

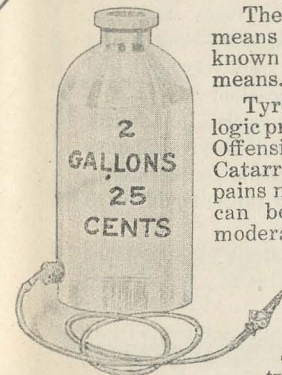
Sold His Practice—Dr. B. O. Burton, recently sold his practice at Ft. Morgan to Dr. W. E. Bullock and has now located in the Sapp Blk., Rooms 201-2 Council Bluffs, Iowa.

Dr. C. P. Moore, osteopathic physician, who with her husband, Dr. F. E. Moore, came to this county from La Grande, will be in Lostine to arrange for office rooms. She will during the winter months, be in Lostine on Mondays, Wednesdays, and Fridays.

Changes Location—Dr. F. A. Boulware has removed from Clarksville, Tenn., to Murfreesboro, of the same state and reports the outlook very encouraging.

Resumes Practice—Dr. Ralph A. Sweet, formerly located at Providence and who was forced to discontinue practice is back into harness again with offices on the corner of Main and Middle Sts., Rockland, Me. Dr. Anna M. Roberts remains in charge of his old practice in Providence.

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**Again Able to Practice**—Dr. L. H. Clouse who was laid up for eleven weeks with a severe case of typhoid fever, is able to take up his practice. He is located at Loveland, Colo.

**Discontinues Practice**—On account of his lumber business, Dr. C. A. Lane has at least temporarily abandoned his practice. He is now located at Yukon, Okla.

**Permanently Located**—Dr. J. Page Parker, formerly of Gainesville, Fla., is now located permanently at Bradentown in the same state.

**Locates at Dallas**—Dr. D. D. Young from Los Angeles, Calif., has decided to locate at Dallas, Ore., with headquarters at the Hotel Dallas, Monday, Wednesday and Friday of each week.

**Reports Location**—Dr. Granville B. Waller of the June, 1909 class, A. S. O., reports that he is now located with Dr. H. R. Coke in the Coke Bldg., Fourth and Chestnut Sts., Louisville, Ky. Their offices are handsomely and attractively equipped and the Doctor seems well pleased with the prospects of his location.

**Announces Office Location**—Dr. C. J. Gaddis, osteopathic physician, announces that after Nov. 13th, he will be in his Oakland office from 9 to 5 daily. Sundays and holidays by appointment. Office, Rooms 314-315 First National Bank Bldg.

**Change of Address**—Dr. Mary W. Peery announces that her present address is Susong Bldg., Bristol, Tenn., instead of Caswell, Va., as formerly.

**Removal of Office**—Dr. R. C. Dugan, who has been in constant practice since January, 1900 announces the removal of his office from 126 So. Vine St., to 225 East Center St., Marion, Ohio.

**A Correction**—I wish to make a correction in regard to the Massachusetts State Board Examination held last September. In my opinion the examination was not fair for the osteopaths. We were compelled to answer the same questions in Diagnosis and Practice as the medical people and our papers were examined and marked by an M. D. He certainly is ignorant (as well as prejudiced) of our methods, therefore I feel as if the least said in regard to osteopathy the more he might favor me.

That is the condition which now exists in Massachusetts. If we are to have a D. O. as a member of this board why doesn't he have the authority to examine us in Diagnosis and Practice? I am sure we are willing to take the medical examination in Pathology and Bacteriology but for my part I consider it unjust and out of the question to be examined in Diagnosis and Practice by an M. D. minus the D. O.—  
MAUDE G. WILLIAMS.

**In Politics**—Although not active himself in the campaign Dr. C. E. Abegglen Ritzville, Washington, was pushed by his friends into the race for city health officer. He was opposed in the nomination by Dr. Hewitt, a medic, who was extremely anxious for the nomination and who is bitterly opposed to osteopathy, and as a result of his activity was nominated. Dr. Abegglen has some advanced ideas on sanitation, and would undoubtedly have served the city well in this position.

\* \* \*

### Births.

**Born**—To Dr. and Mrs. Arthur D. Campbell, of Philadelphia, on November 25th, 1909, a son.

**Born**—To Dr. and Mrs. Roland S. Coryell, of Brookville, Pa., on November 7th, 1909, a daughter.

**Born**—To Dr. and Mrs. H. E. McQuary of Milton, Oregon, September 21st, 1909, a son.

**Born**—To Dr. and Mrs. E. E. Beeman, of New York City, on November 6th, 1909, a daughter.

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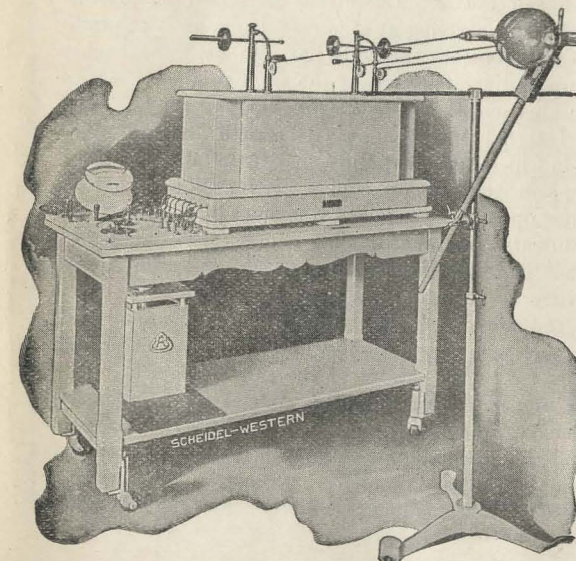
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## Book Reviews.

**Johnson's Surgical Diagnosis, Volume III**—Like the two preceding volumes reviewed in the November issue of the Journal, Volume three comes as a collection of extremely valuable material, adequate and authentic in every particular. This volume deals with Injuries of the Spine and Spinal Cord. The Traumatic Neuroses, Congenital Anomalies of the Spine, Injuries of the Nerves, the Pelvis and the acquired and Congenital Defects, Diseases, Tumors and deformities of the extremities. The appendix contains valuable discussions of special diseases, the kidney, parathyroid gland, stomach, brain, gunshot wounds, acute rheumatic fever, exophthalmic goitre and hyperthyroidism, X-ray technique, technique for detection of Syphilis germ, etc. This monumental work is a distinct scientific achievement and is standard and meritorious in every respect. **Surgical Diagnosis, Volume III**, Alexander Bryan Johnson, Ph. B., M. D., Professor of Clinical Surgery in Columbia University Medical College and Fellow of The American Surgical Association, 810 pages, one colored plate, and two hundred and seventy-four illustrations in the text, octavo, cloth binding, net \$6.00 cloth and \$7.00 half leather. D. Appleton & Company, New York City, N. Y.

**Diagnosis of Internal Medicine**—The third edition of this esteemed work comes to us fully revised and improved with a new section on Life Insurance Examination and the later experimental knowledge included. Part one deals with the evidences of disease, comprising a brief consideration of the clinical anatomy and physiology of certain organs and systems; a description of the approved methods of examination; a careful consideration of the many signs and symptoms encountered in practice, together with a statement of the diagnostic significance of each sign and symptom. In part two direct and differential diagnosis is fully discussed, presenting succinct descriptions of recognized diseases and their symptoms, with special reference to the diagnosis, direct and differential of each disease. The author has aimed not to overlook a single clew which might aid in the arriving at a correct diagnosis in the individual case. The value of modern laboratory methods has also been thoroughly appreciated. The general make up and arrangement of the work promotes ease of reference and the Schedule of Examination which precedes the body of the book will be appreciated. **Diagnostics of Internal Medicine** by Glentworth Reeve Butler, M. D., Sc. D., LL. D., Physician in Chief Methodist Episcopal Hospital, N. Y., Fellow of Society of Science, Letters and Art, London, Fellow of New York Academy of Medicine, etc. A clinical treatise upon the recognized principles of Medical Diagnosis, prepared for the use of students and practitioners, octavo 1193 pages, five colored plates and 272 illustrations in text. cloth \$6.00 net. D. Appleton & Co., 29-35 W. Third St., New York City.

**Primer of Sanitation**—This is the title of a little volume which is an innovation in the public school curriculum. Such a work is not only timely but practicable and should be generally introduced in the higher grades of the public schools. It is simply, concisely and well written, and is scientifically accurate. A most important avenue of knowledge has been opened up and put within the grasp of even the average sixth grade pupil. We commend this little volume as it is certainly a step in the right direction, towards the solution of sanitary problems. **Primer of Sanitation** by John W. Ritchie, illustrated 200 pages, cloth, mailing price sixty cents. World Book Co., Yonkers-on-Hudson, New York.

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**Proper Care of the Mother In Confinement and of the Newborn Child**—This is the title of a treatise written by Drs. C. E. & Dell Schoolcraft, osteopathic physicians. The booklet is divided into five chapters, pregnancy, parturition, second stage of labor, care of the child, and third stage of labor. After laying a brief embryological foundation the subjects as noted are taken up, and discussed and some good advice is given. The use of anaesthetics in the different stages of labor is advised against, as well as the use of soothing syrups, narcotics, etc., in the subsequent care of the child. It is simply written and easily understood, and will be found to be an interesting short treatise on the subject. Paper cover, 35 pages, \$1.50 per dozen copies, envelopes, postage or express included. Address Dr. C. E. & Dell Schoolcraft, Watertown, S. D.

**Child's Epitome of Diseases of Women**—As the title indicates, no attempt has been made to enter the field so exhaustively covered by larger text-books in the diseases of women, but the work is intended as a short, concise, authoritative treatise on the subject which will appeal to the student or practitioner. What is of major importance has been brought out, and will serve as a quick reference to the practitioner, while the student possessing himself of the knowledge covered by this little volume, will have a good command of both the principles and practice. An Epitome of Diseases of Women. By Charles Gardner Child, Jr., M. D., (Yale), Clinical Professor of Gynecology, New York Polyclinic Medical School and Hospital. 12 mo., 210 pages, with 101 engravings. Cloth, \$1.00, net. Lea & Febiger, Publishers, Philadelphia and New York, 1909. (Lea's Series of Medical Epitomes. Edited by Victor C. Pedersen, M. D., New York).

**Quain's Elements of Anatomy, Neurology, Vol. III., Part II.**—This work has reached its eleventh edition, and part two of volume three comes to us as a well written and concise presentation of the descriptive anatomy of the peripheral nerves, and of the organs of special sense. A considerable portion of the work has been re-written, and a large number of new illustrations added. The origin, mode of exit from the cranium and the general distribution of each of the peripheral nerves is considered in detail, together with their function and the areas supplied. The general anatomy of the special sense organs is presented concisely and reinforced by numerous splendid illustrations which makes the work of particular value to the student as well as the practitioner. The work is standard in every respect and of superior merit. Quain's Elements of Anatomy, Volume three, part two, the Peripheral Nerves and Sense Organs. By Edward Albert Schafer, LL. D., Sc. D., F. R. S., University of Edinburgh, Johnson Symington, M. D., F. R. S., Queen's University of Belfast and Thomas Hastie Bryce, M. A., M. D., University of Glasgow, eleventh edition, 384 pages with one plate, numerous illustrations, many in color. Cloth \$4.50 net. Longmans, Green & Co., New York City, N. Y.

\* \* \*

## Deaths.

Died—At her home in Danville, Ill., November 8th, 1909, Mrs. Katherine Moriarty aged 85. Deceased was the mother of Dr. J. J. Moriarty of Ottawa, Ill., and the grandmother of Dr. E. C. Murphy of Eau Claire, Wis.

Died—At the Franklin Hospital, Franklin, Pa., Dr. Ida McMurry Hoefner, wife of J. Henry Hoefner. Deceased was a graduate of the American School of Osteopathy, 1900.

Died—At the Emergency Hospital, Coulee City, Wash., October 15th, 1909 Dr. J. W. Stratton.

Still National Osteopathic Museum, Kirksville, MO

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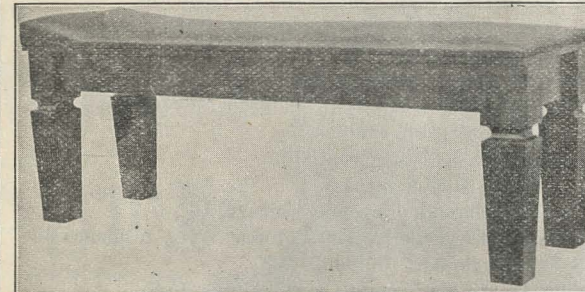
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**Marriages.**

Married—In Cleveland, Ohio, September 4th, 1909, Miss Jennie B. Neal, D. O., to Dr. Joseph F. Byrne. At home after October 15th, 1819 E. Eighty-second St., Cleveland, Ohio.

Married—At Carthage, Ill., September 18th, 1909, Dr. Mabel F. Morgan to Mr. E. Porter Brown. At home after Dec. 1st, 1909, at Prophetstown, Ill.

Married—At Trenton, Mo., October 28th, 1909, Dr. Vena Lloyd Herbert to Mr. A. C. Moore. At home at Des Moines, Iowa.

Married—On October 7th, Dr. E. B. Mitchell of Jonesboro, Tenn., to Miss Doris Wilcoxson of Martinsville, Ill. Dr. Mitchell graduated in the June class, 1908.

\* \* \*

**Locations and Removals.**

Appieby, Anna, at Marion, Kansas.

Barger, Eva L., at 84 Park Avenue, Rutherford, N. J.

Barker, O. A. and Carolyn, from Waterloo to Avoca, Iowa.

Burlingham, James P., branch office at 143-45 Cutler Bldg., Rochester, N. Y.

Burton, B. O., from Fort Morgan, Colo., to Rooms 201-2 Sapp Block Council Bluffs, Iowa.

Chappell, Minerva Key, Prather, Mrs. J. E., Taft, Calif.

Conklin, H. Lewis, from Bloomfield, to Montauk Theater Bldg., Passaic, N. J.

Crow, Lydia E., located at Twin Falls, Idaho.

Donahue, J. E., from Studio Bldg., to Berkeley Nat'l. Bank, Berkeley, Calif.

Doolittle, Hattie M., from 230 N. Garey Ave., to 535 N. Main, Pomona, Calif.

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