

# **The Journal of Osteopathy**

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# The Journal of Osteopathy

Edited by W. K. Jacobs.

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## The Journal

I am fully aware of the fact that there is often a suspicion in connection with anyone assuming a new position that "he thinks he is going to set the world afire," yet I want to confide to the readers of the Journal that I have not the least intention of perpetrating anything on so large a scale. However, I have some improvements in mind with regard to the make up of the Journal, which I believe will interest its friends. Part of the plans are being unfolded with this issue, and more changes are coming. Whether they are improvements or not the readers must say. Helpful criticisms and suggestions are always welcome. While plain "A. T. Still, ten-finger" osteopathy shall be the watchword, it shall not be the policy of the Journal to needlessly antagonize the honest convictions of reputable osteopaths. With regard to its literary make up, to give the best scientific thought on osteopathic lines, shall be my constant endeavor. Co-operation in any phase of the struggle with the "ancient foe" of osteopathy can always be relied upon. In short, we see no reason why the Journal should not be in every sense the "Magazine of the Profession," and to this end the kindly interest and co-operation of its readers among the profession is earnestly desired.

## Journal

## under new

## Management

With this issue of the Journal of Osteopathy, I am pleased to turn over to my successor, Mr. W. K. Jacobs, the conduct of the Journal of Osteopathy. During the time that it has been my duty to have charge of this publication, I have received many favors and kind words from the members of the profession at large, for which I wish to express my appreciation. The work of the Journal has been onerous, conducted as it was in the spare moments from my work as teacher and staff physician. I wish to bespeak for my successor the same consideration and assistance that has been granted me in the past.

Fraternally,

FRANKLIN FISKE.



**Doctor Fiske** After spending two and one-half years at the A. S. O. as teacher of Technique, also editor of the Journal, Doctor Fiske has concluded to go into private practice. To say he was untiring and a hard worker, both as a teacher and practitioner, is unnecessary as all who are acquainted with him know. Doctor Fiske leaves the A. S. O. with the best wishes of the Management. It is the understanding that the Doctor will locate in New York sometime in the future, just when we do not know. We feel sure that the New York osteopaths will welcome him in their midst. He is one of the bony lesion sort and one that will continually keep the banner of osteopathy foremost. His association with us the past three years as an instructor and co-worker has been pleasant, and we will be disappointed if he is not a successful practitioner.

**Section Work at A. O. A. Convention** A new departure was partially tried at the A. O. A. Convention at Minneapolis. Namely, that of running two sections at the same time, discussing different subjects, dividing the crowds, and giving each a choice as to the work most desired. While this was only imperfectly worked out at the Minneapolis Convention, enough was done to show that it is practical.

On the other hand a number objected to the section work, in that it prevented them hearing subjects which they desired to study. With the A. M. A. the conventions are so large that it is impossible for all to hear a good many of the subjects, and also the program, is so long that it is impossible to crowd all of it into the small time allotted, so the lesser evil is accepted, and the practitioners are compelled to take their choice. With the A. O. A. Conventions more largely attended, this will probably eventually be the best way.

**Pharmacists** The 57th annual meeting of the American Pharmaceutical Association just closed at Los Angeles, Calif., was not without a significant complaint of business falling off." Although ignorantly classed with christian science, osteopathy drew its share of attention from President Oldberg in his opening address read by Harry B. Mason, and the cue was given the attending pharmacists to quietly wage war on osteopathy, as "an irrational

fad which will soon wear out." Osteopathy of course was blamed as one of the causes of the "decline" in business, and directions were given as to how to enlighten (?) the public. The address read in part: "drug-gists should adopt a uniform statement informing the public what patent medicines are and why they are dangerous and should post these statements in their stores; that drugless therapy, christian science, osteopathy, etc., is an irrational fad and will soon wear out." As to osteopathy, the pharamacists may do the ostrich stunt and "delude" themselves, but they have another guess coming. Of course, their position is sort of between the devil and the deep sea; on the one hand they are being robbed of their business by the drug dispensing M. D's. and on the other hand, the use of their wares is entirely discouraged by the osteopaths. The remedy, they have concluded, is to take what they evidently think is the "path of least resistance," stuff the public with regard to osteopathy; but sooner or later they will wake up to the real cause—"they are in a poor business," and then the remedy "get out of it," will naturally suggest itself.

**Specific Medication** Specific medication through bacterial products was very well discussed by Doctor Meacham at the Minneapolis A. O. A. Convention. Dr. Meacham first considered the points in favor, then took them separately, refuted them. In case you are not a member of the A. O. A., it would pay you well to secure a copy of the A. O. A. Journal in which this article is published.

**To the Coast in 1910** The California osteopaths invite the profession at large to visit them in San Francisco next summer. They have promised entertainment in California style, which, it is needless to say, is the best. California has the most osteopaths of any one state, and from them alone a good convention may be gathered, so a rousing time is assured.

**The Fall Class at the A. S. O.** From present indications the two hundred class of last fall, which was matriculated at the A. S. O., may be surpassed this year, there being over ten per cent more matriculants than at a corresponding time the year previous.



**Food Experts****in Bitter Row**

With Secretary Wilson and the Referee Board backed by an organization of a great many of the larger packing concerns, on one side, and Dr. H. W. Wiley, chief of the Bureau of Chemistry, seconded by eminent experts and also backed by a coterie of manufacturers standing for unadulterated food, on the other side, the pure food war culminated in a bitter fight at the convention of the Association of State and National Food and Dairy Departments recently held at Denver, Colo. The action of the convention in practically deciding to legalize the use of Benzoate of Soda as a preservative, presents rather a remarkable and incongruous spectacle. Last year, as a result of the experiments of Dr. Wiley with his famous "poison squad" in which he found Benzoate of Soda to be highly injurious to the human body, the association adopted resolutions denouncing it. This year, although the very object and purpose of the association is to have an organization of pure food officers who are opposed to the use of chemicals in food products, the "magnetic" presence of Secretary Wilson served to practically turn the association inside out and put the organization in the attitude of reversing its own objects by bringing about the passing of resolutions practically endorsing chemicals. It would not be in the least surprising to see the bars let down to the use of other well known preservatives now prohibited largely through the influence of Dr. Wiley, as a direct result of the decision of the convention.

It will be remembered that the Referee Board was appointed to consider the findings of Dr. Wiley in his investigations with his "poison squad," and was appointed by Secretary Wilson at the instance of President Roosevelt. The Board reversed the findings of Dr. Wiley and notwithstanding the bitter arraignment of the Board's investigation in point of adequacy, and, in spite of the open charge of bias and the fact that what few results were obtained by the investigations conducted by the Board condemned Benzoate of Soda as a food preservative, the board adopted resolutions endorsing the chemical and this resolution was sustained by the convention. With what marvelous facility some men can prove black is white? In this art Secretary Wilson does not appear second to Senator Aldrich on the tariff bill. There is consolation in the fact that some time these questions will be decided by the people and not by the politicians, but the most optimistic of us sometimes feel "it is a long time coming."

## Osteopathy and its Founder.

Elbert Hubbard who recently visited Kirksville, the home of Osteopathy, makes the following noteworthy comments on Doctor Still and Osteopathy.

"I have been out to Missouri, the State where the people demand visual demonstration.

At Kirksville I met the father and founder of Osteopathy. His name is Dr. Andrew Taylor Still. Dr. Still lives in a forest, but the world has made a path to his door. He is eighty years old, but looks sixty. He is tall, lanky, homely, angular and chews infinite tobacco.

He was burning brush on his farm when I found him. His trousers were tucked in his boots, he wore a blue flannel shirt and his big brown hands were the hands of Esau. When a boy called him to come to the college to give a lecture he went just as he was without one plea.

Dr. Still looks the toiler—the workingman—one who goes forth to his labors until evening.

The Doctor thinks he is a backwoodsman.

That is where he plays to the gallery of his psychic self. He has posed so long that the pose is absolutely natural. Therefore he is not a poser.

His outside is rough, brusque, but all this seeming coarseness masks a very tender heart. His mind is receptive, sensitive, alert, open to all impressions of earth, air, sky and all living things.

Dr. Still resembles Tolstoi in his habits, in his looks and in his independent fighting attitude of mind. In his youth he would have been a dangerous man to oppose in a physical way. Had he lived in the Far West the butt of his pistol would have been well notched. Now the plane has shifted from the violent to the mental. His only weapons are ideas.

### Gets Others to Do His Work.

Yet here is the father of Osteopathy, the man who has been, and is, a very important factor in destroying the medical fetich that once held us all in bonds.

Like Tolstoi, Dr. Still would give away all of his money if he could. He probably knows nothing about his financial affairs. If he wants money he asks his wife for it, or his son. It will be remembered that when the wife of Tolstoi tried to have him adjudged insane because he was giving away his property, the Court ruled thus: "A man who gives away his money is not necessarily any more insane than a man who keeps to himself all the money he can get."



I have a suspicion that Dr. Still's indifference to finances arises from a firm faith in the ability of his wife and children to look after these things for him. Here again is the unconscious playing of a part. The man gets others to do his work.

Were he actually as innocent and ignorant as he appears, this big and prosperous institution would not have grown up around him.

Also, if he were a pretender, a faker, a four-flusher, it would never have evolved. This man is absolutely honest, but he is not so lacking in worldly wisdom as he thinks he is.

He has the healing touch.

What is the "Healing Touch"?

Bless my soul—I do not know!

But I do know that every little while, all down through history, there have been men who, by laying on of hands, could make the lame to walk, the blind to see, the deaf to hear.

Osteopathy is nominally the science of the bones. Diseases come from mal-adjustments—a pressure on nerve substance by bone substance. Through manipulation a right adjustment is brought about, nerves act normally, circulation is equalized, the secretions flow, elimination follows—the man is well!

The "manips" have a still further use. They impress the patient with the fact that something is being done for him. It is the outside manipulation versus the internal chemical explosion.

Dr. Still was almost alone when thirty years ago he lifted a stern, warning voice against drugs, calling attention to the fact that, while the drug had a direct or primary effect which is known, it also has a secondary effect which cannot be foretold.

Very naturally the medics said things about Dr. Still, and, not being able to meet his arguments, contented themselves by calling him bad names. The gentlest aspersion of the bewhiskered and spectacled ones was to say he was crazy.

Now Dr. Still has won. He is rich, he is honored and he is beloved. He is thought well of in his own town. The man who has all the money he wants, who works with his hands, who sleeps well and eats well, and who is generous and kindly isn't exactly crazy, even though he does not dance on order of Madam Grundy.

#### **Ideas are Never Found Pure.**

There are Osteopaths who are given to the common affirmation that Osteopathy has nothing in common with Homeopathy, Mind Cure, Christian Science, Massage or New Thought.

Dr. Still is too big a man to make any such drag-net claim—he knows that ideas are never found pure, any more than metals are. Every idea surging through a personality is a different idea from the same idea voiced by some one else. While Osteopathy is the science of a right adjustment of the bones, it is also very much more. It would be silly to suppose that a man who would overeat or overstimulate, and who was hotly intent on getting money without earning it, could go to an Osteopath and get permanent relief from his physical disabilities.

We are apt to look upon a label as a concrete thing—an entity. You may clap your Christian Science label on a man, and he may yet be little fussy, dictatorial and dogmatic. Call him a Unitarian, a Rationalist, a New Thoughter—or any "ite" or "ist"—and he may still be without a sense of humor and without gratitude, and therefore probably possess a torpid liver.

Common sense views of life, systematic, congenial work and the spirit of friendship are all-powerful agents for good. You go to Lourdes and you find the crutches piled high; you go to Kirksville and you witness the same phenomenon.

What do we find in common in Lourdes or Kirksville? I'll tell you: You find love, hope, aspiration, imagination, the stimulus of strong personalities and a change of environment.

These are all healing factors, all are prophylactic.

Personally, if I were sick I would never go to Lourdes.

I might, however, go to Kirksville.

What would make me choose? Temperament and education.

Osteopathy as taught at Kirksville seems to be the science of common sense. It is based on simple honesty. You consult and advise with the patient. You take him into your confidence, and secure his co-operation.

Neurology plays a big part in all diseases, and this is fully recognized.

At Kirksville no prescriptions are written in Latin. The patient is a pupil of his physician—a student of health. The prescription is understood. He is given lessons in prophylaxis, and is told that at last the case lies largely in his own hands.

There is a Pauline Osteopathy, practised by the zealous wiseheimers who claim to have discovered the secrets of life and death. All noble truth suffers thus from some of those who advocate it and get it at second hand. I meet lawbreakers constantly who think they are just like me. Osteopathy has suffered from its friends.

To amend what you know with assumption is a very old scheme. To take a basis of common sense and on it build a structure of meta-



physical clap-trap is easy in some communities. There are osteopaths and osteopaths.

At Kirksville this attempt to piece out knowledge with pretence is severely denounced. Honesty in the treatment of the sick is just as necessary as honesty in business, aye, or in marriage. So says Old Doctor Still of Kirksville.

Dr. Still is a manifestation of the great unrest and challenge of the time. His influence in breaking up the ankylosis of orthodox medicine has been beneficent and profound, and as such his name will live in history.

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## Concussion of the Spine.

BY CLYDE W. BUMPUS, A. B., D. O.

Recently read before the West Va. Osteopathic Society.

My object in this article will be to direct your attention to certain injuries of the spine that may arise from accidents which are often apparently slight, from shock to the body generally, as well as from blows inflicted directly upon the back; and to describe the obscure, protracted, and often dangerous diseases of the spinal cord and its appendages, that sooner or later are liable to supervene thereon.

Injuries of the spine and of the spinal cord occur not infrequently in the ordinary accidents of civil life—in falls, blows, horse and carriage accidents, injuries in athletics, gymnasiums, etc., but in none more frequent or with greater severity than in those who have been subjected to the violent shock of a railway collision. And if in this paper I speak more frequently of injuries arising from this cause than from any of the others named, it is not because I wish to make a distinction in injuries according to their causes, and still less to establish such a specialty as "railway practice," but it is because of the frequency of cases from such cause and because they are so frequently the cause of litigation.

It is well known by an Osteopath of any experience that any injury to the head or spine is not too trifling to be despised. Regardless of the cause or severity of the injury to any part of the body and especially to parts just mentioned, it is the duty of every Osteopath to make a very thorough examination of such injury and if any treatment is needed, it is to be given right there before any inflammatory conditions are set up. Such early procedure will save many lives and an untold amount of suffering, such as we all see every day in this class of cases.

I will here describe a case which is typical of this class. Mr. Smith, age 20 years, consulted me on Dec. 15th, 1907. Eighteen months previous to that time he had met with an accident, having been dragged by a street car for about one hundred feet. He was rendered unconscious for some hours. Was bruised externally by such accident, but for some weeks showed no further injury. The first symptoms that showed then were loss of sleep, nervousness, weakness in left leg, pains in back and losing weight. The symptoms gradually became more marked and he lost part control of bladder as well as complete control of the sexual organs. His feet readily became cold and the bowels were extremely costive. On examination I found the Atlas and Axis to the left, and posterior swerve in spine from the 7th dorsal down to sacrum. Left innominate was post, and showed extreme tenderness over the Sacro-iliac Syncondrosis. He had no energy, could do no work, mental or bodily. Before he came to me he had been treated by three drug doctors and showed no result. At the time he came to me he informed me that he had a suit pending against the Street Car Co., for damages, but that he was afraid that he might not live until time of trial and that if he could get any relief at all, he would do anything to get it. I began to treat him and he responded to treatment fairly well, but if he was to go to work for a week without treatment or if he was to try to do the least work, he would lose all results and get back in the old rut. His trial was called and he was awarded damages. It was finally admitted by doctors called by both plaintiff and defendant, that he was permanently injured. By treatment I could reduce the lesions in the spine, but due to the laceration and stretching of Ant. Common, Interous, Supra Spinous, Capsular and other deep spinal ligaments, the lesions would return as often as they were reduced. Although for the above stated reasons, the spine could not be kept adjusted, however the treatment did help the condition of the circulation and relieved the costive bowels. He has discontinued treatment and at my advice he is taking some exercises, simple diet, and living out of doors day and night. He is holding his own and possibly showing a slight improvement generally, but it is safe to say that he will never be perfectly well and that his life has been shortened at least a third.

This case and a number of others have shown me that we must get them early if we hope to get anything like satisfactory results. I have had two similar cases both due to accidents of ordinary life, to which I was called early and in both of them I got a permanent removal of the cause and a permanent cure as well. They were as severe as the one first mentioned, but they had the treatment before any destructive



changes could take place in the cord or any part of the nervous system.

The field that has been so sadly neglected is the Medico-Legal aspect of this class of cases. There is no other subject of so much importance to all concerned, that has been so sadly neglected as the one herein discussed.

It is to this field that the osteopath is especially adapted. His ability as an anatomist, and diagnostician is not inferior to any. His frequent meeting with such cases makes his prognosis quite positive. As you all know the present method of presenting expert evidence in the courts of this country is a farce and it is up to the osteopathic physician to overthrow such farce and institute a proper method in its stead. I will briefly outline a method that is in use in some of the foreign countries and one that I think is right and will be in favor in this country in a few years if not sooner.

The conflict of medical evidence often arises in consequence of a lack of proper understanding between the physicians engaged on the opposite sides of the case. As matters are now arranged, there is, as you know, no "consultation", in the proper sense of the word, between them. The physician of the company examines, it is true, the plaintiff before, and in the presence of his (the plaintiff's) own physician, but there is no after discussion, of the case, no attempt as in an ordinary consultation, to reconcile discordant views, and to come to a combined opinion on the case.

Neither party knows the exact views of the other on any one point, or on the value of any symptom, until they are heard in court. This great obstacle, to all concerned, could be removed by the two sides meeting, consulting, and if possible drawing up a conjoint report. Such a report to be handed in for guidance of the court and counsel; and there the strictly medical part of the case would be greatly simplified. Really it would be disposed of there providing all parties concerned had agreed to abide by such conjoined report as rendered.

In event of failure to agree, the judge should be authorized to appoint two physicians of reputation and recognized skill, to draw up a report upon the plaintiff's past and present condition and future chances or prospects. Such report would be of value to the judge as a guide to an opinion and afford him that information which men who admittedly know little or nothing of a subject on which they are to decide must necessarily be supposed to desire to obtain.

The physicians or assessors who draw up this report being appointed by the judge and not by the litigants does away with any chance of their being charged with any unworthy motives. They are independent, could

not be calumniated, and their report would not be disparaged by groundless charges of partisanship. Such report would be final. Conflict of medical evidence would no longer occur and lastly, the ends of justice would be obtained with more certainty than they often are under the present imperfect system.

The last session of the legislature in New York passed an act which, I am told, is in close accord with and contains all the main features of the above outline. Shall the osteopathic physicians, the progressive physicians of today, make this a law throughout our land? It is in our power to do it, if we will only make the start.

I wish to mention a few points relative to diagnosis in this class of cases. When a person, giving history of railway or other accident, and alleging to have been injured, is before you for surgical opinion, you will find that you must regard the case from four points of view, viz:

1. As to whether he has really been injured?
2. If injured. What is the nature and extent of injury?
3. Whether the injuries are permanent or not?
4. If not permanent, then when will they be restored to health?

You may have several chances to examine the patient if you are his regular physician or on the other hand should you be the physician for a defendant company in a suit for damages, you may have but one chance for such examination. Such patient will try to mislead you; think you hostile toward him, and if he be a maligner, he will try to deceive you as to the severity of the symptoms.

However, a medical witness is not to advocate the cause of either plaintiff or defendant. It is his duty to give a truthful, and clear description of the facts he has observed, and to the best of his ability an unprejudiced opinion, founded on the inferences drawn from these facts.

We must look for objective symptoms or signs which may be beyond the patient's control, to know that he is not maligning. The verification of the following phenomena will not admit of doubt:

1. Ophthalmoscopic signs furnished by examination of the fundus oculi;
2. Paralytic phenomena;
3. Alteration in size of limb or organ;
4. Hyperaesthesia, or Anesthesia;
5. Unnatural and persistent rigidity of muscles of spine or limbs;
6. Abnormal conditions of temperature, and
7. Indications afforded by the state of the pulse, stomach, digestive organs, etc,

Treatment of concussion is to a degree, similar in all cases. We



can help all these cases by osteopathic measures, but we can do much more for them if we can reach them early before such conditions as spinal anaemia and meningo-myelitis are established. First of all we must let the patient know that we are in charge of his case. A proper diagnosis, adjustment, good surroundings and such paliative measures as heat, rest, fresh air and diet are all measures that may be considered osteopathic and can only prove beneficial. The patient should be watched more closely than the average one, for he may neglect himself and your instructions for reasons relative to damage suits and others. Osteopathic treatment is here paramount. The D. O. is the engineer of the machine. He can detect the least deviation from normal and also correct it if that be possible. The average physician has no knowledge of such conditions. At an early day the D. O. was considered incompetent in this line. This idea has proven to be erroneous. It is to this field that he is especially adapted.

Only two months ago I listened to the testimony of five M. D.'s in a suit for damages. The lesions were separation between 7th and 8th dorsal posterior lumbar region and anterior left innominate. As experts they testified that the spine was "badly bent and twisted" and that is as near as they could diagnose the above named lesions.

Emerson says "Here as the result of railway accidents, there may be caused the most trifling external bruises upon the back, and it may be claimed that concussion of the spinal cord occurs which has caused serious symptoms attended with an unfavorable prognosis." "Medical authorities have vied with each other on this question of the severity of this class of injuries." "It cannot be said that either side is correct in the position they take." "The opinion in such cases is largely a matter of guess-work as the lesions cannot be demonstrated until autopsy.

The last point shows us how little the medical profession, examine, study and depend upon the spine in diagnosis.

Where is the osteopath who can't demonstrate a spinal lesion? They all can. Our methods of examination and treatment are really so superior to the old line methods that we don't appreciate them.

It is our business to find those lesions. We do find them and if we can get the patient early, we can make a permanent reduction of those lesions and cure that patient.

Some medico-legal writers have attempted to lay down rules respecting the manner in which a medical witness should give his evidence, but they are of little value at best, as so much depends upon the personality of the individual. However the following points are sure to be of some help in all cases:

The witness should never argue with the counsel, nor should he offer any evidence that is not asked for. He should conduct himself as an educated gentleman and his demeanor should be suited to the occasion on which he appears. Don't be led by the lawyers, answer according to your own knowledge and opinion.

Give direct answers to questions asked and don't use technical terms as they will confuse the court and jury. Testify only along the lines in which you are competent. So far as you testify to opinions, they should be carefully formed and then honestly adhered to. It has been the object of this paper to deal only on general lines. Many important features have necessarily been omitted.

The only desire is that we may see the osteopathic profession take a greater interest in this subject we have neglected. Shall we claim what is justly ours? References: Clark, Page, Still, Emerson, McConnell, Erichsen, Butler.

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## The Spirit of Autumn

*The rainy smell of a ferny dell,  
Whose shadow no sun-ray flaws,  
When Autumn sits in the way-side weeds  
Telling her beads  
Of haws.*

*The plantom mist, that is moonbeam-kissed,  
On hills where the trees are thinned,  
When Autumn leans at the oak-root's scrap,  
Playing a harp  
Of wind.*

*The crickets chirr neath brier and burr,  
By leaf-strewn pools and streams,  
When Autumn stands 'mid the drooping nuts,  
With the book, she shuts,  
Of dreams.*

—MADISON J. CAWEIN



## Osteopathy Versus Allopathy in a Case of Tetanus.

DR. J. P. BURLINGHAM, CANANDAIGUA, N. Y.

Although this case has already been commented upon in both this and last issues of the Journal we give the following resume of the case as coming from one in a position to get first hand information, as it is of undoubted interest to the profession.—Ed.

On July 12th, Dr. C. D. Camp, Power's Block, Rochester, was called by phone to see a patient at 481 Joseph Ave, Rochester. Arriving there late in the afternoon he found the patient face down on the floor in a small poorly lighted room and immediately gave instructions to remove him to a bed in an adjoining room. He then observed that the patient was bleeding from the mouth, jaws were set, the sardonic smile was present and respiration was reduced to about six per minute. Inquiry into the history of the case revealed that nine days prior the patient had stepped on a rusty nail and on the third day thereafter a physician, Dr. Tucker, the family physician, was called. The patient died before Dr. Camp left the house and in the meantime Dr. Tucker was called and upon his arrival gave it as his opinion that the treatment administered by Dr. Camp hastened the man's death. On the morning of the day that Dr. Camp was called Dr. Tucker administered tetanus anti-toxin. Dr. Tucker refused to sign the death certificate and consequently the coroner was notified and no doubt reporters were soon on the scene, and I dare say questioned Dr. Tucker, who no doubt reiterated his former opinion, namely, that the treatment administered by Dr. Camp hastened the man's death.

Soon after, the Union & Advertiser, a local evening paper, came out in large headlines proclaiming that Dr. C. D. Camp, an osteopath, had, while treating, broken a man's neck. Naturally the members of the profession in Rochester were very much agitated, and I am pleased to say alive to the interests of their profession and after getting the facts first hand from Dr. Camp, deemed it best that the Union & Advertiser be informed that they would be held responsible for their libelous utterance and forthwith the edition was suppressed as is evidenced by the fact that we were not nor have we since been able to secure a copy.

Eminent old school authorities agree that the tetanus anti-toxin has not reduced the mortality and that if it has any virtues at all it is as a prophylactic rather than a therapeutic agent. In this case it was administered on the morning of the ninth day and as a therapeutic

measure and therefore not in accordance with the tenets laid down by unquestioned authorities of the tetanic serum. In connection with the early treatment as administered by Dr. Tucker in this case it is still a question whether the wound was carefully incised and thorough asepsis secured. In view of the line of treatment practiced prior to Dr. Camp's arrival and in view of the conditions which were present in the patient, with trismus, risus sardonicus, the muscles of mastication and respiration set, and asphyxia rapidly approaching, he should have refused to treat the patient. However, he did treat the man, but as stated at the inquest solely as an emergency case. Nevertheless the fact that he treated the patient made possible a loop hole for Dr. Tucker and forthwith he took advantage of the situation and made Dr. Camp a dumping ground for his (Dr. Tucker's) errors and failures. Dr. Tucker persistently held to it that the treatment, as administered by Dr. Camp, caused the man's death and it is alleged that he it was who primed the reporter of the Union & Advertiser on the "Broken Neck". Dr. Tucker was present at the autopsy performed in the evening and no doubt was somewhat chagrined to learn that the man's neck was not broken and I dare say that the verdict of the coroner's physician, "Death due to tetanus" was a sad blow to him. In the meantime the coroner, through the press, made some very unfavorable statements relative to the incompetency of the osteopath, condemned, wholesale, the law which allows them to practice and treat such cases and most severely censured Dr. Camp. His ignorance of the law and our qualifications was appalling, and the first session of the inquest unfortunately did not bring him any light.

As the inquest held on July 17th, Dr. Camp who is retiring in manner and expresses himself with difficulty, found himself in the hands of the Philistine who subjected him to severe grilling which caused him to lose his poise with the result that the coroner's opinions were not changed. The morning papers came out with big head lines "Coroner thinks manipulations of the neck hastened the man's death and that it is a poor law that allows osteopaths to practice." However, the coroner was unable to reach a decision and postponed the inquest so that Dr. Camp could get some witnesses from his school and to give time for old school physicians to be notified to be present.

The inquest was reopened on July 21st, with Drs. Ralph H. Williams, C. C. Teall and the writer for Dr. Camp and Drs. H. Mott Moore and George W. Goler of Rochester for the other side. Dr. Moore is one of the leading physicians and Dr. Goler is health officer of the City of Rochester. The result of this hearing was particularly enlightening to the coroner and the Asst. District Attorney. Dr. Moore did not see how in any



way manipulation of the neck would hasten the man's death. Dr. Goler although displaying a touch of bitterness for our school reluctantly supported Dr. Moore's views. Dr. Williams was called and when he had finished the Coroner and the Asst. District Attorney were wiser men. He told them a few things about the purpose and intent of the law, our school and our qualifications, the Board of Medical Examiners and its *modus operandi* and sealed the whole by a comparison of the technical training of osteopaths and old school physicians who were in any way connected with this case. It was astonishing to note the psychological effect that Dr. Williams' testimony had upon the faces of those who only a few minutes before were loaded with the conviction that all osteopaths were ignoramuses and our colleges were largely a myth. Dr. Teall was next witness and needless to say made a very good impression on the Coroner and Asst. District Attorney. He gave it as his opinion that the treatment as given by Dr. Camp was in harmony with the tenets of our school and explained the therapeutic effect of such a treatment. The Coroner was or at least seemed pleased to meet the author of one of our text-books. The writer was the next witness and presented quotations from standard text-books written by such eminent men as DeCosta, Osler, Fowler, Forcheimer, Strumpell, Church & Peterson, Sajous, Caille, Wyeth, Delafield & Prudden, Ziegler, Zapffe and *Encyclopaedia Americana*, to show the great diversity of opinion on the efficacy of anti-toxin and the general treatment of tetanus. McConnell & Teall and Young were quoted in full on the treatment of tetanus.

All authors agree, our own included, that all peripheral irritation should be avoided in the treatment of tetanus. It was largely on this point that the Asst. District Attorney hammered, contending that manipulation in this case was a peripheral irritation. Among the things recommended by the above authors are massage, ice to the spine, galvanic current and stretching of the nerves. It is hardly necessary to state that these quotations together with a differentiation of manipulation and peripheral irritation satisfied the Coroner and Asst. District Attorney that skillful manipulation by an osteopath was entirely proper in the treatment of tetanus.

The following incident will serve to illustrate how the attitude of the Coroner was changed and in a way show that while he felt that he could not publicly censure Dr. Tucker yet he apparently did not consider his testimony of great weight.

In answer to the question "tell how you found the patient when first you were called" Dr. Tucker replied "when I was first called I found the patient suffering from a contused wound of the foot caused by

a rusty nail and on examination I found that the nail had pierced the palmar fascia." The cue was passed on to Mr. Webster, Dr. Camp's attorney, and when the witness was turned over to him for cross examination he requested him (Dr. Tucker) to repeat in detail the condition of the patient's foot at the time he was first called. He reiterated that "the nail had pierced the palmar fascia" and Mr. Webster then asked him if the palmar fascia was not in the hand, whereupon the Coroner facetiously replied "perhaps the nail was a long one and extended up through the body and into the hand." Dr. Camp was exonerated and the Coroner gave it as his verdict that Dr. Camp had a perfect right to treat the case as he saw fit in accordance with the tenets of his school.

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## Great Emancipators.

BY DR. E. R. BOOTH.

The following is an address delivered some time ago at Lebanon, Ohio, in commemoration of the birthdays of Abraham Lincoln and Alfred Holbrook, the educator, who had just recently died. He was generally known as the "Father of Normal Schools," and probably had a greater influence upon methods of teaching than any other man in the United States.

Dr. Booth's allusion to Dr. Andrew Taylor Still as "the emancipator from medical superstitions" is well drawn and will be appreciated.—Ed.

### ABRAHAM LINCOLN.

Five score years ago there was born in the wilds of Kentucky of obscure but noble parentage one whom we may designate the great Emancipator. In boyhood he laid the foundations of an exalted character and suffered the hardships that enabled him to develop into a sturdy manhood. In early manhood he rebelled against the "inhumanity of man to man" and became imbued with the idea that freedom in action and equality in opportunity were the fundamental principles underlying all just government. In the full fruition of manhood, he carried to a successful issue his unwavering purpose to deal justly with all and to preserve the Union; and thus bring to pass the resolution that "Government of the people, by the people, for the people, shall not perish from the earth."

In 1858 Lincoln said: "A house divided against itself cannot stand". I believe this government cannot endure permanently one-half slave and one-half free. I do not expect the Union to be dissolved; I do not expect the house to fall; but I do expect they will cease to be divided. It will become all one thing or all the other." In 1865, after



having settled the question of slavery and after having accomplished his purpose to perpetuate the Union, he had one other great object in view which was expressed in those undying words: "With malice toward none; with charity for all; with firmness in the right, as God gives us to see the right, let us strive on to finish the work we are in; to bind up the nation's wounds; to care for him who shall have borne the battle, and for his widow, and his orphan—to do all which may achieve and cherish a just and lasting peace among ourselves, and with all nations."

Abraham Lincoln was the Emancipator of a race from the shackles of slavery and lived to see freedom irrespective of race, an accomplished fact. He believed in humanity and did more to establish the supremacy of the people on the basis of fair dealing than any other one person has ever done. If they surrender that right it will be because they have departed from both the letter and the spirit of his teaching. He stated as no other man ever stated the true relation between labor and capital in these words:

"And inasmuch as most things are produced by labor, it follows that all such things of right belong to those whose labor has produced them. But it has so happened, in all ages of the world, that some have labored, and others have without labor enjoyed a large proportion of the fruits. This is wrong, and should not continue. To secure to each laborer the whole product of his labor, or as nearly as possible, is a worthy object of any good government."

Many now will not subscribe to his views on the relation between labor and capital. But he was misunderstood when he was doing his greatest work and will be till human lives are governed by the more divine spirit which shone through Lincoln's life. Even Wendell Philipps said of him in 1862 "of no mind whatever;" "neither insight nor prevision nor decision;" a "first-rate second-grade man;" as "honest as the measure of his intellect and the circumstances of his life allow." But the close of the first century after his birth glories in the almost unanimous approval of what he did and the centuries to come will learn to appreciate and put into practice the principles relating to human affairs which he so often expressed in such cogent language.

#### ALFRED HOLBROOK.

Fourscore and ten plus three years ago there was born of cultured and thrifty parents in Connecticut one whom we may designate as the great Educator. Through youth he was handicapped by ill health and given up to die of the great white plague; but by his indomitable will he thwarted the plans of the great reaper. In early manhood he rebelled

against the conventionalities of the schools and began to think out a better way. During the long years of his vigorous manhood he devoted his incomparable talents and energies to instructing men and women in the science and art of teaching and to inspiring them with a desire to help themselves and others. In his old age he is loved and honored by all and recognized as an educator without a peer.

Alfred Holbrook was the Educator who overthrew the traditions and practices of centuries of misdirected effort in school and college life. He dared to make innovations and endure the calumny heaped upon him for not following in the trail of others. He inspired his pupils with such confidence in his methods that they went out into the world imbued with at least a measure of his exalted ideas of the duties and the possibilities of men and women.

Many educators even now do not subscribe to the methods in teaching introduced by Alfred Holbrook, and many others do not realize the fact that their success, their progress, and the advance all along the educational line in the last century is largely due to the ideas evolved in his inner-consciousness and put into practice by his far reaching ingenuity. Most truly he speaks of the reception of his work and his attitude towards others in the preface to his *REMINISCENCES OF A HAPPY LIFE*.

"For my innovations upon the general plan of education, I have come in for the personal denunciations and maledictions of many college men from time to time. I can safely say that while I have freely attacked the usages and abuses so prevalent in colleges, I have never permitted myself to speak disrespectfully or unkindly of any college man. On the other hand, there are very few college men that I do not most thoroughly respect, and among my best friends I have always numbered many college graduates. But they are those who have acquainted themselves with my work, and who have discovered more good than evil in my efforts to do my duty in my own way."

As the close of the first century after his birth approaches, those who sat at his feet to learn from his lips how to solve the problems of right living appreciate more fully his good qualities; and many educators have been compelled to revolutionize their methods because of the innovations introduced years ahead of their time.

#### ANDREW TAYLOR STILL.

Fourscore and one years ago was born in Virginia of obscure but sturdy parentage one whom we may designate the great Doctor. His boyhood was a succession of hardships. His early manhood was passed in the practice of his profession and the performance of the manifold



duties incident to pioneer life. His mature manhood developed into open rebellion against the prevailing habits of drugging in sickness and into an unflinching belief in the wisdom of the Almighty in his construction of a material universe and particularly in the perfection of his greatest work, the human body. In his old age he is cheered by the homage of thousands upon thousands who have received the benefits of his achievements.

Andrew Taylor Still was the Doctor who was not satisfied until he placed the art of healing upon a bed rock principle and did his duty towards emancipating mankind from the slavery of drug medication. He dared to assert that an All-wise God knew more about the characteristics of the human body than any one else, and that the best results in preserving and restoring health could be secured by studying His methods rather than the cut and try methods of the doctors. He faced the contumely of friends as well as foes through long years of poverty in order to establish his principle and demonstrate it to a thinking world. In spite of all this he, like the great Lincoln to whom he has often been likened, and the great Holbrook of similar type of manhood, never became bitter against those who opposed him with seeming malicious rancor. Note what he says:

"Much can be said in silly abuse of medical doctors, medical trusts and so on, but he who howls the loudest is generally the least to be trusted. Nine out of ten such men are old wolves that sneak around to find a rail off to get into the pen and eat some sheep. I say, let the doctor alone—he is not so bad as he is often called. \* \* \* \*

"We should thank him for the kindly effort; he has been a faithful general, and has done all that his school and a life of long experience could arm him with. In our distress we called for his assistance; like a brother he came and did the best he could. He was with us in our trouble, soul and body and strength, and we should love, honor, and respect him for his kind efforts, though he failed. He is not to be blamed but honored and respected."

Many physicians do not accept the views of this man who has always lived so close to the soul of nature and the heart of man. He too has been misunderstood and maligned but no criticisms turned him from his purpose, or diminished his confidence in the final outcome of his work. Scores of those who by nature and education were antagonistic to his innovations have learned to love the man and follow his teachings.

It was never my good fortune to see Abraham Lincoln. But his great work was done, his name was a household word, and many of his traits of character were familiar to all when I was a boy. He became

my boyish ideal and I remember the enthusiasm with which I shouted times without number, "Hurrah for Lincoln!"

It was my good fortune to sit at the feet of Alfred Holbrook in my early manhood. Like many other self-willed young men, I did not always agree with him; but so much the worse for me. I did, however, appreciate many of his good qualities and am proud to-day to say that whatever success I attained as a teacher was due to the instruction and inspiration received from him.

It was my good fortune to come in contact with the work of Andrew Taylor Still in my mature manhood. I saw his unselfish devotion to a principle, a theorem as we say in mathematics, and at first doubted some of its corollaries; but the more I learned of that fundamental principle and studied its applications the more fully I became convinced of his wisdom. To him I reverently acknowledge my indebtedness of all that I have accomplished in ministering to the afflicted.

Lincoln was my ideal of the statesman. Holbrook my ideal of the educator; Still my ideal of the physician.

Lincoln was my inspiration in youth. Holbrook my inspiration in early manhood. Still my inspiration in middle age.

Lincoln was the emancipator from political thralldom. Holbrook the emancipator from educational subserviancy; Still the emancipator from medical superstitions.

The fundamental idea of each was a basic principle as imperturbable as the everlasting hills. Accepting such principles as a guide to action, the young man has an outlet for his enthusiasm and energy; the middle aged man, for his conservatism and determination; the old man, for his liberalism and philanthropy. Who can ask for more?

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### When the Summer's Over.

They's something kindo' harty like about the atmosfere  
 When the heat of summer's over and the coolin' fall is here—  
 The air's so appetizin,' and the landscape through the haze  
 Of a crisp and sunny morning of the airly autumn days  
 Is a pictur' that no painter has the coloring to mock,  
 When the frost is on the pumpkin and the fodder's in the shock.

JAMES WHITCOMB RILEY.



## Leaves from Observation and Experience.

NELLIE L. HAINES-PARKER, D. O.

It has been observed by many osteopaths that the laity does not allot to us the common courtesy they dare not withhold from the medical practitioner.

The writer was recently called to a case of nervous prostration. After the patient began to mend and frequent treatment was not deemed necessary, it was learned that the family had **changed physicians** several days before the first one was notified. One does not question the right to call the physician one pleases, but it is certainly but fair to "be off with the first Dr., before on with the new."

Osteopaths should explain osteopathy in a comprehensive manner to all patients and employ the best field literature to further the work begun in the office. We should explain especially why we endeavor to "line up" the vertebra and secure motion; and the effect the bony lesion has on the nerves, as they **must** make their exit through the foramina.

It was the privilege of the writer to see the following extract from a letter written to a patient. "The chiropractics do what osteopaths **claim** to do in a much quicker and surer way. They have perfect control of almost any disease by the way they shove the vertebra off the spinal column." And the writer of this letter had taken osteopathic treatment with great benefit; she had changed her residence, and as she could not reach an osteopath, took treatment from one who represented himself as able to do the work. Patient had been treated by a genuine osteopath, and knew no better than to believe such nonsense.

Careful, thorough, painstaking effort and study wins out—often far ahead of brilliancy. The treatment is comparatively easy after the human anatomy and mechanism has been mastered. Easy for the practitioner, yet so important! The best definition of osteopathy is the terse one given by "Pap" before the class of 1908. "Osteopathy is the brains of a mechanic applied **successfully**." Also "Pap" says to "find the lesion and correct it in one's own way." He is able to reduce a rotation of the sacro-iliac in any position even after others have "exhausted all their ignorance."

It is surprising the blunders that many "specialists" make. It seems that one fruitful cause for blunders is that they are "too wise in their own conceit." Many, when called in consultation, (and before they have employed every practical method of diagnosis) think they know more about the case in a few minutes than the physician who has

worked and studied on the case for days, weeks or months. One such instance under observation. The family physician had diagnosed a condition as pulmonary tuberculosis. A specialist said the condition was pyopneumothorax and advised drainage without delay. The operation was attempted, and the diagnosis of the family physician was found to be correct; with the result that the few remaining days of the patient were shortened.

In another case of pulmonary tuberculosis, the specialist told the family physician in the presence of her relatives, that she was **not** suffering from the malady he had supposed. The result was the family lost confidence in their physician. It seems that one of the first lessons for **any** physician should be professional ethics.

One should allow one's self some latitude in the direction of fees. The community makes some difference in the standard adopted, but in adopting a standard one should plan to charge from one third to one half more for a visit out in town, than for the regular office treatment. One should charge in accordance with the case and the skillful work done; and the patient weighing between two and three hundred should expect to pay more than an ordinary fee. Each physician is a law unto himself. One recently remarked that he "charged according to the ability of the patient to pay." He was painfully honest in speaking of **his** methods, but undoubtedly some cases require more skill and anxiety than others.

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## SEPTEMBER.

BY MARGUERITE OGDEN BIGELOW.

*Hoary golden fields of grain,  
By the moonbeams brightened,  
Burnished golden blossoms  
Blazing skyward to the sun—  
Greeting shining rays by which  
Their gleam and glow are heightened—  
Come with golden days and nights  
And harvesting begun!*



## The A. O. A. Convention.

### COOL AND COMFORTABLE IN THE TWIN CITIES.

For once in its history the A. O. A. has arrived at a convention site at the same time that the thermometer was enjoying the simple life and not trying high wire stunts with the mercury. Dr. Pickler and his cohorts had promised cool days, cooler nights and a warm welcome for whomsoever would risk the heat and dust and gather with the enthusiasts at the annual A. O. A. meeting. Those who had to be shown, were entirely satisfied, the only warm thing about the convention aside from the welcome, being the discussions on some of the especial subjects. Several times these became so particularly decided that President Ray vainly tried to split the gavel block and finally Dr. A. G. Hildreth came to his aid bringing a good sized club and the peace dove securely caged where it could not get away.

### DR. SULLIVAN "OBSERVES."

After the opening exercises with Dr. Pickler's address of welcome President Ray discussed the opportunities of the osteopathic physician who sticks straight to osteopathy and does not mix in with all the other things which might be gathered from the heavens above or the waters and other places beneath. That the sentiment of the convention was with the president was shown by the frequent and hearty applause he received,—a gentle indication of the way the M. D. proposition would be received when it was to be later considered.

Dr. Sullivan based his talk along similar lines insisting that the only physician who is to be trusted is the one who guarantees nothing except that he will be in his office and give the best of his ability to the consideration of the cases.

Ten finger osteopathy is the kind that Doctor Sullivan wished and which he insisted is the only kind that will enable the user to spell success.

Dr. Forbes prefaced his talk with a general discussion of the interrelation of cells by means of the protoplasmic bridges. His main talk was a demonstration of the differential diagnosis in cases of upper lesions, showing the more common one of a rotation, the less common one of a side tip.

The open parliament provoked much discussion under the leadership of Dr. C. W. Young. The gonorrhea case, now well known to members of the A. O. A., which Dr. Young reported as cured by fasting, was brought up and thoroughly revised and reconsidered. The results of a number of questions sent out by Dr. Young recently were also considered in general.

### THE FIRST EVENING RECEPTION.

Tuesday evening, the Minnesota State Association received the A. O. A. There was a very pleasing musical program rendered by a string orchestra, and breaks in the flow of conversation were bridged by the ice cream and milk served by the malted milk exhibitors. The informality of the affair was delightful.

### TWO SECTIONS WEDNESDAY—SPECIFIC MEDICATION FLAYED.

Wednesday's work was opened with Dr. Louisa Burns' careful description of blood formations resulting from bony lesions. This was followed by Dr. Meacham with his expose of the weaknesses in the theories of specific medication through bacterial products. Dr. Meacham took a rather different line of thought from that expected by many; by first considering the advantages claimed, he destroyed the contentions of the present day drug school in their vaccination-antitoxin-serum-therapy. The paper was most favorably received.

In the section on practice in the main hall, Dr. Franklin Fiske was the only speaker, he discussing the mechanics of the spine. Dr. Fiske described the divisions of the vertebral column and of the ribs which may be made from anatomical and mechanical considerations, giving the reasons for the plan as a basis for a simple system of specific adjustment.

In the section on gynecology, Dr. G. A. Still ably discussed the relation of pelvic diseases and insanity, giving a report of cases surgically treated. In this section, which was under the management of Dr. Achorn, Drs. Ella D. Still, K. Janie Manuel and Effie W. Rogers gave demonstrations. Dr. Achorn employed a novel method, tagging all who were to attend her section with white ribbon badges, printed "Sec. II."

### PARLIAMENT DEVOTED TO DISCUSSION OF ETHICS.

Dr. McConnell was overridden in his parliament by the introduction of a discussion of "M. D. or not M. D." in which the representatives of the Massachusetts and of the Pacific College together with those from the Littlejohn School freely aired their differences. The overwhelming voice of the convention was in favor of the pure A. T. Still "ten-finger" kind of osteopathy, not the weak-kneed "dope-mixing" kind. Dr. Bernard of Detroit brought down the house with the declaration that if more time were "spent" in studying the human body and its anatomy and physiology and less to running after the new fangled ideas in drug therapeutic circles, that it would be a — sight better for the practitioner." Dr. Hildreth said when he started, he did not have a place where he could practice according to a regular law in which osteopathy is specifically named, and that he did not find any necessity for an M. D. degree in order to secure professional and social standing, even then—much less now. He announced that he would fight to the last ditch, any school proposing to incorporate into an osteopathic course any administration of drugs for therapeutic purposes, even though that school should be the A. S. O. Dr. C. E. Still outlined the provisions of the A. S. O. charter and told why that the A. S. O., — the largest and most successful as well as the first and oldest of all the schools — has never found it necessary to teach to its students these theories of drug therapeutics. Altogether this was the liveliest and most exciting part of the convention.

### ON THE LITERATURE QUESTION.

Another hornets nest was stirred up by Dr. G. W. Burns in his paper on ethical advertising. Apparently, Dr. Burns would throw out of the profession all who advance themselves or introduce osteopathy by means of literature of any kind, but on discussion, the doctor disclaimed having any such sentiments saying that he was against only the "special edition," "puff-myself-as-so-much-better-than-all-the-other-practitioners-everywhere-kind of literature and desired the dignified kind. Finally he seconded Dr. Bernard's resolution thanking the publishers of literature for the good they had accomplished for osteopathy—and the hornets again retired to their slumbers.

### MILK DIET AND FASTING DISCUSSED—STEREOPTICON.

Dr. H. W. Conklin, of Battle Creek, gave a report on several thousand cases under is personal observation in which the advantages of fasting and a milk diet were clearly shown.

The symposium by Drs. Bowling, Spencer, Ruddy, Young and Forbes was given in the evening and illustrated with stereopticon pictures. The anatomical, pathological, physiological, and osteopathic considerations were respectively discussed.



**DR. LAUGHLIN ON ORTHOPEDICS.**

The convention had the privilege of listening to Dr. G. M. Laughlin. He discussed the various conditions and outlined the treatment, proving his statements by citations from his own experience.

In the Gynecological department, Dr. Achorn had as assistants, Dr. Louise P. Crow, who discussed the puerperium, and Dr. Woodall who conducted an open parliament in which anomalous obstetrical cases were described by Drs. M. F. Hulett, Franklin Fiske and Louise P. Crow. These cases were freely discussed.

There were a large number of papers which were read only by synopsis or were entirely postponed, but will be printed in the A. O. A. Journal.

**CONVENTION GUESTS OF COMMERCIAL CLUB.**

Aside from the initial reception, there were the usual number of reunions and dinners, the largest being the annual banquet of the N. I. O. and the annual Atlas-Axis banquet. Most pleasing of all was the ride to Lake Minnetonka via trolley and boat ride on the lake with supper on Big Island, when the convention were the guests of the Minneapolis Commercial Club. Six cars with a seating capacity of 104 each were required to transport the members in attendance, and even then many missed the treat by misunderstanding the time. The cars were specially chartered and ran on special routes via Lakes Calhoun and Harriet, to beautiful Minnetonka. A spacious steamer was in waiting, which made the circuit of the lake, touching at Big Island where supper was served, and landing the doctors at another point on the bay where the cars were again in waiting.

Many also took the trolley ride to the famous Minnehaha Falls and so are ahead of Longfellow, who never saw them. The ride on to historic fort Snelling also attracted many, but only a few continued to St. Paul to view its many attractions.

**ROUTINE WORK.**

There was not so much interest in the routine business this year, the adoption of the new constitution being the chief work done. Various committees reported, the associated colleges had a program and officers were elected. Resolutions were adopted and throughout the business part, a spirit of harmony prevailed. Officers elected were: President, Dr. E. C. Pickler; first vice-president, Dr. Ella D. Still; second vice-president, Dr. Ralph H. Williams; secretary, Dr. H. L. Chiles; treasurer, Dr. M. F. Hulett.

**ALUMNI MEETING HELD.**

Members of June class, 1905, A. S. O., attending the A. O. A. convention in Minneapolis, held an alumni meeting Thursday evening, August 19. The meeting was held on board the steamboat Minneapolis sailing on Lake Minnetonka. Dr. Pauline R. Mantle presided.

Those present were Drs. Ollie H. P. Myers, F. O. Edwards and George W. Goode. A delightful hour was passed.

No deaths in the class were reported during the year. Others of the class attending the convention were Drs. Sarah H. Middleditch, Joseph W. Tarr and Jesse O. Smith.

**BRIEF REPORTS OF PAPERS.**

So that they might be accurately quoted the following physicians who appeared on the program were asked to submit a brief report of their papers. Full text of these papers will be published in the A. O. A. Journal.—Ed.

**A Few Difficult Cases, Their Cause, Treatment, Prognosis and the Result.**

BY DR. A. G. HILDRETH.

Will give a brief history of three cases, their diagnosis, cause, treatment and result together with the prognosis given at the time of examination. The cases were No. 1., a cure of talipes planus or flat-foot. No. 2. a case of lateral lumbar curvature with a bad case of sciatica. The third case was one of a tilted pelvis with a badly flexed knee. These cases are given as illustration of the fact that causes are not always contiguous to bad conditions and too, for the purpose of illustrating the anatomy involved and the method of treatment used to correct the same. The paper is entirely practical and will be followed by a demonstration in treatment.

**Conduct of an Osteopathic Office.**

Briefly, I expect to touch upon the conduct of an osteopathic office; as to the reception of a new doctor in the office of an established one, I mean that the old one shall really believe the new comer knows something. Also, I am a stickler for explicit diagnosis of a patient who is told to call on a doctor in another city for attention, so that the new doctor won't undo the other's diagnosis. I am opposed to the oft repeated expression we read, to-wit, "no exposures of the person is necessary in treatment," am of the opinion that osteopaths are gentlemen, as much so as surgeons, and this expression is degrading, it's silly.

I maintain that in metaphysics the best cult is "Christian Science" and all who keep harping on suggestion as the main thing should go into C. S. and allow us osteopaths to go on with our manipulative work unmolested. I am for the simple life as opposed to all so called scientific feeding, in short I am a follower of Dr. A. T. Still in his daily life, he never has his food analyzed. It seems impossible to hold our people to the osteopathic text; they insist on chasing off after strange gods. I am becoming convinced that the main cause for much of the wild theorizing we read is "Aversion to work with the hands."

I have a little to say regarding the prevailing \$2.00 per, which seems to be taken as the rule without reason. I think we frequently do an hours work which should net us \$100.00 rather than \$2.00.

Also I dwell on the foolish idea of promising a cure, the clientele all good physicians seek take no stock in the doctor who guarantees a cure or gives sample treatments.

Fraternally, JOSEPH HENRY SULLIVAN, D. O.

**Ophthalmic Diagnosis.**

DR. C. J. MUTTART.

The subject of my paper will be ophthalmic diagnosis of diseases of the body. I will attempt to show that many diseases such as those of circulation, kidneys, uterus, ovaries, heart, brain, nervous system, etc., show characteristic symptoms either in the outer aspect of the eye or in the optic nerve and retina, which must be examined with the ophthalmoscope. I will show slides in support of my claims and quote a number of foreign authorities. Dr. Jackson, of Denver, is the only American writer who has indicated an ophthalmic diagnosis of disease located far from that organ. I will show that these eye symptoms appear early in the course of the disease, even be-



fore the disease appears in a part where it would be evident or palpable, thus enabling the physician to treat the disease at its very inception. I will advocate the adding of ophthalmoscopy to our curriculum.

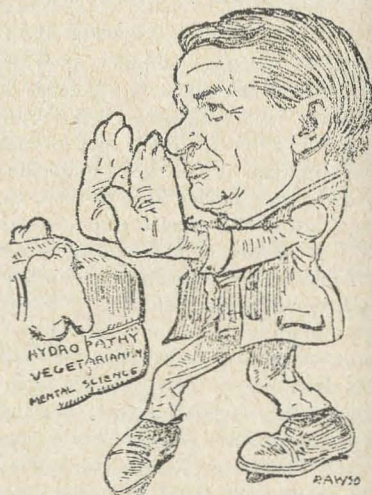
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### Some Convention Leaders in the Eyes of Cartoonist Rawson.

Diseases of the human race and their character and cures were forgotten by the physicians attending the Convention of the American Osteopathic Association held at Minneapolis, when all the delegates and visitors were the guests of the Commercial Club at an outing at Lake Minnetonka



Dr. T. Martin Littlejohn, of Chicago, advocates the union of osteopathy and surgery.



Dr. E. C. Pickler, of Minneapolis, president of the State association of osteopaths, stands against mixing osteopathy with other sciences.

A number of smaller excursions were held by the osteopaths while visiting in the city, but this was the greatest outing of the entire convention. Six chartered cars were filled with the doctors and their hosts, and left Hennepin Avenue and Sixth St., about four o'clock in the afternoon. Among the guests were Dr. R. W. Bowling, and three other blind osteopaths, who formed the centers of some of the liveliest groups of the trip.

Dr. Bowling is considered one of the greatest anatomists of the country, and has attended every meeting of the convention for several years. The closing day of the Convention was begun, early in the morning, with committee meetings and technical lectures. The program was interrupted at 8:30 with an hour devoted to special educational discussions by members of the associated osteopathic colleges.



Dr. F. D. Parker, of St. Paul, is trying to entice the delegates to St. Paul. They are still in Minneapolis.



Dr. A. G. Hildreth, of St. Louis, is the peacemaker of the convention. He gets peace if he has to fight for it.

The election of officers was held in the afternoon, and resulted in the election of Dr. E. C. Pickler, a Minneapolis member, as president. Dr. Pickler is one of the most active members of the profession, and the election comes as a distinct honor and recommendation. Dr. Ella D. Still of Des Moines, Iowa, was elected vice-president, and Dr. Ralph H. Williams of Rochester, N. Y., second vice-president,



Dr. C. M. T. Hulett, of Cleveland, O., is leading the osteopathic research work.



while Dr. H. L. Chiles, of Auburn, N. Y., received the secretaryship, and Dr. M. F. Hulett, of Columbus, Ohio, was elected treasurer. The trustees are as follows: One year, Doctors M. E. Clark, F. F. Jones, W. A. Steele, Murray Graves and J. F. Bumpus. Two years, Doctors Charles E. Fleck, Percy H. Woodall, A. W. Young, E. M. Downing, C. A. Upton. Three years, Doctors F. R. Heine, Norman D. Atty, R. B. Henderson, J. S. Bach, and Lena Creswell. The next meeting of the Convention will be held at San Francisco, 1910.

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## The Minneapolis Convention.

By DR. C. W. YOUNG.

Nearly everybody had their feelings hurt at Minneapolis. Those who have spent so much self-sacrificing labor in making the A. O. A. what it is, felt sore about the accusation of ring rule. The publishers of osteopathic literature and their friends felt sore about the lambasting such literature received at the hands of idealist Burns. The conservatives felt sore over the unremitting hammering of the radicals on the question of the future scope of our science. To my mind it all augurs well for the future of our splendid school of healing. We are not afraid to meet issues. We are alert for lesions and we treat these lesions or receive treatment in heroic fashion, even if it makes us sore, and involves the spending of precious vacation days, when things are strenuous. The treatment of the Constitution committee was drastic and broke up our convention without the pleasant good-byes of former conventions, but I think it will help remove the lesion.

The treatment of Dr. Burns went to the core of the matter as he honestly saw it, and will help to exalt professional ideals.

The frank discussion between radical and conservative will prove to each the need of one for the other, and result eventually in a better mutual understanding.

## In a Funny Vein.

How Willie was Impressed.

Willie, aged five, was taken by his father to his first football game. The extent he was impressed did not become evident till he said his prayers that night. Then, to the horror of his parents, Willie prayed:

"God bless Papa,  
God bless Mamma,  
God bless Willie;  
Boom! Rah! Rah!"

### Fire and Flood.

The enterprising manager of a theater believes in profiting by the misfortunes of others. One day he displayed the following sign in his house:

DO NOT SMOKE  
REMEMBER THE IROQUOIS FIRE!

Which led one of his friends to put up in the theater the next day another sign which read:

DO NOT SPIT  
REMEMBER THE JOHNSTOWN FLOOD!

—*Ladies' Home Journal.*

## 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.

### SOUTH DAKOTA.

The letters have been making the rounds from five to ten days ahead of time last month, which indicates no lagging in the interest. The different circles have been discussing the advantages and disadvantages of drugs and while the members are pretty well agreed, the question was submitted to men high up in the profession, and last month we gave a synopsis of two replies; this month we will give the reply of a third, who says: "Concerning drug medication, I have an increasing opinion that drugs are unnecessary and in most cases actually harmful. They do not commend themselves to me by their genealogy and still less are they supported by any facts of Physiology and Pathology as I interpret them. There is a limited class of cases in which for purposes of relief, drugs may possibly be administered to advantage, but the longer I practice the smaller the list of such cases become. It might be if I had an extensive acute practice I would find opiates and sedatives necessary.

The use and abuse of the more common remedies are being taught in our colleges under the head of "Effect of Drugs," which gives the graduate a greater reason for their faith in Osteopathy, after taking such a course than without it. I am fully convinced that vaccination protects in the greater number of cases against smallpox and the decrease is due to vaccination. The argument that better sanitation has caused the decrease in the virulence of smallpox does not seem to me to be good argument, else tuberculosis, pneumonia, and syphilis should likewise have undergone a remarkable decrease. I have not seen any bad results from vaccination except from secondary infection, due to fault in operation or after care. I am opposed to compulsory vaccination as a condition for entering the public schools.

In regard to anti-toxins I have seen remarkable results from its use. I have used it in a large number of cases and would consider myself guilty of bad practice if I did not use it early with a threatened exhaustion, laryngeal obstruction or any complication. I do not believe it necessary in every case of diphtheria and have treated many cases without it. But when time is an element, anti-toxin is more speedy than is natural recovery. Anti-toxin is not medication and is strictly osteopathic in principle founded as it is on the fact that the body must elaborate its own remedies.

I congratulate your circles on their live interest in these matters and know that all who participate will be benefitted. Fraternaly, \_\_\_\_\_

No. 1. Reports a peculiar case of a man, age 24, who was suffering from night losses, was unable to sleep and could not remember anything. It was a question whether to treat him or send him to the asylum, as the asylum seemed to be the place for him. The only lesion found was a stiff lumbar region and he was told that he would have to take at least three months treatment, which he was willing to do to get relief. After the first treatment he slept well and no night losses and his bowels moved regularly and he went home, and a month later, he reported that he was all right.

No. 2. Thinks the trouble in the sex problem is a lack of education or proper education in the home. Mothers want their children to be so pure and good that they don't want them to know anything about the subject and their relation to true manhood and womanhood. He thinks his course in Ophthalmology has been a



great help to him, as the eye may be as much a lesion as any other part of the body.

No. 3. Don't take much stock in the skyrocket fellows found in every profession, who are admired and applauded for a moment, then explode all over themselves and vanish. He is opposed to criticizing the plans of the Supreme Architect in finding so called functionless organs and tissues. He would have anatomy, physiology and chemistry the three chief studies of our entire school course. Universal and thorough education would liberate the people from the depraving influence of the social evil, the operation of sharks and fakes.

The weak kneed osteopath he asks why substitute or even mix a dangerous and unnatural theory with a safe and natural fact? Whatever value fresh serum may have, it deteriorates rapidly and becomes a dangerous poison, when exposed to light and heat of ordinary degree for only ten minutes; says the Medical Handbook; though it is labeled good for six months. All the serums are foreign substances and in the blood stream unnatural and very often set in motion destructive processes, which no physician can stop. On the other hand the integrity of the nervous system means the normal functioning of the various organs of the body which is health and at the command of the up-to-date osteopath and what more do you want? I am willing for the M. D's. to retain their monopoly of the serums.

No. 4. Agrees with those taking the broader view, but doesn't think it necessary for the D. O. to have a complete knowledge of all cases outside of the realm of Osteopathy, such as major surgery, but he should know enough to diagnose the case and recommend it to a competent surgeon. He believes the serum treatment the greatest advance made in medicine in the last 25 years. It is not classed as a drug treatment, so we can use it and be within the law. When anything good is brought out the sooner our practitioners recognize it, the sooner we will have the support of the public.

No. 5. Says there is always something new to learn from the letters. As to the sex problem the time is not far distant when the subject will be taught in our public schools where it belongs. I believe in educating for protection and think young people should be educated against hypnotic influences. There are cranks in all professions which the normal mind need not follow. I think the schools have got to broaden their curriculum to maintain their existence and he who does not think so will be only a detriment to Osteopathy. Unless smallpox becomes more severe I prefer that my children have the smallpox than to be vaccinated, as smallpox is renovating while vaccination is contaminating. I am opposed to compulsory vaccination and will keep my children out of school before I will submit to vaccination.

No. 6. Favors broadening the course of study in the colleges to cover every thing belonging to the science of healing. We must be up in diagnosis to know what cases we can treat most successfully under existing conditions. The progressive D. O. of today wants a system of therapeutics so broad and complete that it will not be necessary to refer any case to a specialist, or that there will be no case outside of the realm of Osteopathy.

No. 7. Reports a case of appendicitis which three M. D's. had decided that an operation was demanded and fixed the next day for the operation, but the patient felt too weak to undergo an operation, and the husband consulted a friend as to what he would do, and he said he would call an osteopath and he could probably remove the necessity for an operation. The D. O. was called and after an examination said he did not have to agree with the other doctors and he did not think the case was appendicitis, but colitis; as the pain and soreness was on the left side in the descend-

ing colon. The muscles of the neck were badly contracted and there was tenderness all along the spine. The dining table was changed into a treating table and the patient given a treatment after which she said she was not going to the hospital for she felt so much better that she knew that was the kind of treatment she needed. The bowels soon resumed their normal action and in three weeks the case was dismissed with \$100 saved to the patient.

The Old Doctor's theory of paralysis of the Pneumogastric nerve causing tuberculosis has been taken up and discussed by some of the circles.

No. 1. Says that if every nerve was in working order and every blood stream flowing freely there would be no chance for tubercular germs to multiply in our systems. He thinks the 10th nerve is responsible only so far as it is the great nerve to the organs of nutrition.

No. 2. Says the idea of the 10th nerve being a factor in tuberculosis is a new idea to him, but he thinks there is much truth in it. He speaks of patent medicine ads continually suggesting abnormal conditions to susceptible minds who never think of being sick until they read and reread the ads and then they begin to feel the symptoms developed. When people wake up to the powers of suggestion and learn to protect themselves against the superstitions that surround them, they will be able to throw off these evil influences.

No. 3. Says that anesthetics, antiseptics, germicides and antidotes for poisons belong to the osteopaths as much as they do to the medical schools. He thinks the Old Doctor is right about the vagus nerve because it carries nutritional and vasomotor fibers to the lung tissue and any functional impairment of these fibers starves the lung and makes them a fit place for the propagation of the tubercular germ.

He reports some very serious results from the use of anti-toxin in a family who who had always been strong and healthy until one of the daughters came home with diphtheria and was given the regular anti-toxin treatment and in a week was pronounced cured; but a few days later while dressing she dropped dead. A brother who had been given a preventative dose had difficulty of breathing, which finally developed into heart trouble and enlargement of the spleen and after treatment by specialists without success he was given a chance at him, but it was too late and the boy died; the only case he has lost out of over 500 treated. Another fatality of anti-toxin was a girl age 13, had sore throat diagnosed diphtheria and was given the anti-toxin treatment and her mother the preventative dose and she went to bed suffering with suffocating pains and the M. D. in charge insisted that another dose was necessary for the child, though she was up and playing around and in 30 minutes after it was administered the girl was dead, and two weeks later the mother died. During this epidemic he had a number of cases but didn't lose a case.

No. 4. Believes in the serum treatment. He thinks a loss of tonicity of the 10th nerve was what the Old Doctor meant and not paralysis. He says osteopaths often overlook treating the 10th nerve in constipation, which should be treated. He has treated probably 100 cases of rheumatism with success but has recently met with a case of inflammatory rheumatism that refuses to yield, so far as the swelling going out of the part affected, but the fever has all subsided and the heart and bowels are in good condition. He asks for the experience of others in such cases.

No. 5. Says the idea of paralysis of the Vagus nerve causing tuberculosis is surely a new one; but when we think it out there is much truth in it; as we all know how difficult it is for tubercular patients to keep up regular breathing. I had a patient who claimed to have cured himself of tuberculosis by running. He began slowly



at first and ran only a short distance and gradually increased the distance until he could run two miles without stopping. Tuberculosis is not a difficult disease to cure if it is taken early and treated in the right way. The way the M. D.'s generally treat the disease, they feed it and make it worse. In regard to anti-toxin he asks the D. O.'s, who favor its use if the case was one of their own children if they would use it?

No. 6. Says the letters have brought more food for thought and he thinks the opinion of the leading men of the profession is pretty well agreed though somewhat at variance with the Old Doctor.

No. 7. Thinks lost tonicity of the 10th nerve may have much to do with permitting the developing of tubercular germs. This nerve should always be treated when there is a disturbance of any of the internal organs, which is nearly always the case. The 10th nerve, next to the spinal cord is the most important nerve of the body. It is sensory in its general function, but through its connection with the 9th and 11th it contains motor fibers giving it motor functions controlling the peristaltic action of the bowels. Through its sensory relation with the lungs, about every four breaths there is a forward movement of the intestines, which if interfered with, gases are developed and poisons are absorbed resulting in lowered vitality and the tubercular germs begin their development.

#### MINNESOTA.

No. 1. Says the chart he uses in his treating room is published by Michel & Co. 948 Prospect St., Cleveland, O. It is easy to review and to explain from while giving a treatment. He also has Dr. Craig's chart of the skeleton showing the front and back views. He enclosed a sample diet sheet, published by the Simplex Co., 918 Union Trust Building, Cincinnati, O., which is an ideal way of prescribing diet for over forty different diseases. He thinks the Old Doctor is correct in his philosophy of a disturbance of the 10th nerve causing tuberculosis, but the cause of the disturbance back of that is still the cause. He agrees with the letters of the leading D. O.'s which are being circulated except as to anti-toxin and vaccination. He thinks right living and hygienic environment are worth far more as preventatives than vaccination or anti-toxins and are preventatives for all diseases instead of only one. He recommends a new member for the circle.

No. 2. Opposes a D. O. going to an M. D. to help him out in any case as the M. D. will nearly always take advantage and misrepresent the D. O.; besides it has a tendency to cause the D. O. to lose confidence in himself. He has never failed in cleaning out accumulated waste in the alimentary tract by using a quart of hot water, a teaspoonful of salt and the juice of one lemon, mixed and drunk slowly by sipping. In some cases it may have to be repeated, but it aids the treatments in restoring normal action of the bowels and regaining the appetite. He thinks the Old Doctor is right, as any disturbance of the 10th nerve tightens the internal machinery, and there is a lack of circulation in the lungs causing carbon poisoning. He finds that sunlight and good ventilation are essentials to a treating room.

No. 3. Has never been vaccinated and does not believe in it. He asks why we should put rotten cow pus into a healthy child and create a fever and may give it a disease that it may never get over and then say he will not have smallpox, when vaccination does not prevent a person from having smallpox, but does lower the vitality and render the child more susceptible to other infections. He would rather have the smallpox than vaccination. He has seen two cases die soon after using anti-toxin and is afraid of it. He thinks if an osteopath can get a case as early as the M. D.'s do, it can be cured without the use of anti-toxin. He thinks the peculiar

spinal curvature of consumptives has more to do with the cause of consumption than the condition of the pneumogastric nerve. He thinks we have the same condition in many stomach troubles and no tubercular trouble develops either.

No. 4. Has three cases of tuberculosis under treatment but just beginning, he will report later. His case of locomotor ataxia is improving. He sends a copy of Downing's article which was published in the Metropolitan magazine and is now published by Dr. J. P. Burlingham D. O., of Rochester, N. Y., for advertising purposes. He speaks very highly of a set of the Stereoscopic Anatomy which he has recently purchased and thinks it would be very fine to use with a projectoscope in teaching demonstrative anatomy. He criticises the practice in vogue when he was in college permitting side classes by special professors for an extra fee giving instruction which was contracted for in the regular course. He would rather see the osteopathic colleges give a practical course in medicine than to see the medical colleges put in a chair of Osteopathy.

No. 5. Says Stereoscopic anatomy is a good thing but the price is too high. He does not favor anti-toxins and vaccines, but says it is up to us to fight for our science, by a united effort. He thinks it would be all right for our colleges to put in a chair of medicine to teach what there is in it for the purpose of increasing the faith of the students in Osteopathy.

#### IOWA.

No. 1. Praises a new member and says he believes in saying good things about a man while he is living, instead of after he is dead. He thinks the D. O.'s in Iowa are badly divided on the legislation question; but thinks the minority should yield to the majority and permit them to obtain legislation that is needed. In discussing adenoids not every case should be operated on as many cases are curable by osteopathic treatments, and the worst cases should be treated after operation to prevent their return. He has treated the posterior palatine nerve for hay-fever with splendid results. He dilates the rectum for fifteen minutes to secure an action of the bowels in cases of appendicitis. He speaks highly of Dr. Geo. Still's lectures before the Iowa Association.

No. 2. Thinks adenoids can be treated successfully without an operation. He believes in supporting the legislative committee in whatever plans they decide on; he favors the Independent Board. He is opposed to using anything that is contrary to osteopathic principles. He quotes an M. D., D. O. who practised medicine for 19 years and he says that osteopathy can do every thing that can be done with medicine, and many things that can not be done with medicine. He thinks cancer is not a constitutional disease and that the germ will some time be discovered. He thinks the prime cause a faulty development.

No. 3. Says he is glad that others don't agree with him as it is new ideas which he is after. He has had splendid success treating tonsillitis but when it comes to nasal polypi, requiring mouth breathing, he prefers an operation first and treatment afterward, to prevent the return. He thinks Dr. Geo. Still's lecture at the Iowa Association was the best thing on the program and well worth the price of the trip. He thinks the rectal treatment for appendicitis a splendid treatment.

No. 4. Reports a typical case of appendicitis and thinks the prime cause is an obstructed lumen. He inhibited the tense musculature of the lower dorsal and upper lumbar, which gave relief. The lesion was a rotated 5th lumbar. He injected three quarts of warm water containing two ounces of glycerine and sweet oil mixed and the patient retained it for two hours, thoroughly soaking the dried feces and bowels.



This was followed by manipulating the bowels which dislodged half a spoonful of strawberry seed. This was followed by another injection which resulted in a fair movement of the bowels and more seeds. He then gave a general treatment and the pain was all gone. He thinks cancer is internal, arterial "skin graft." We have cancer only where there is arterial depletion and the patient on the break of life; or where the point involved has been injured. The "skin graft" is a part of the inner coat of the artery being dislodged and being in close relation with an irritated blood vessel by attaching itself to the irritated wall and a slow growth begins and continues until the breaking down begins, when it becomes malignant. These growths are usually near the surface where the circulation is poorest and where injury is liable to cause a breaking down of the vessel wall, and through this independent growth, establish and in time form a tumor and hence we find no germ in cancer. Osteopathy can do much in building up vital resistance to prevent the development of cancer.

No. 5. Says he has been invited to join the County Physicians' Society but he has taken the matter under advisement. He says he is glad to learn that a circle has been formed among the Legislative Committee for the purpose of getting things ready. He says from his experience there are few cases of enlarged tonsils that can not be cured by osteopathic treatment. He keeps a book of clippings for pasting in all the articles he wishes to keep for future reference.

No. 6. Says every member should start another circle if they want to become deeply interested; as it makes one feel that he is doing something for the profession himself. He has organized a circle and the first letter had made the rounds in good time. In the absorption of cancer tissue, it must be completely liquid. He thinks much can be done by osteopathic treatment to resist the development. He finds many surprises in giving treatments. A patient who came for treatments for rheumatism, had a tumor on his breast which had been there for a number of years, but not causing him any inconvenience he had not thought of bothering it; but in giving one treatment he raised the ribs and the tumor began to disappear and had soon all disappeared. Personally he is interested more in tuberculosis than in the cancer issue.

The above notes have been taken from the different letters as they have been read and represent a very small part of the letters as the same or similar statements were made in the different letters and where the statements were very much alike they have not been repeated in the different letters; hence each letter seems like a discussion of a different subject, but the members of each circle have the same subject under discussion at the same time. We are all the time trying to get the work down to a systematic course of study and discussions which will no doubt in time develop into a plan similar to University extension work, under the management of the colleges where it rightfully belongs.—S. W. HEATH, Leader, Sioux Falls, S. D.

#### REPORT OF WASHINGTON SCIENCE CIRCLE—SERIES III.

(1) "I do not go to the mail or correspondence course for P. G. work. Every up-to-date osteopath should map out a course of reading for himself. He should be an investigator. It no doubt would stimulate some to reading who would not otherwise do so." He has a book in which he keeps text-book and other references on different subjects and this helps him in reading up any subject.

**Heart Trouble**—Male, 73 years. Heart action bad. Misses one beat out of four. Dyspnoea very marked at times. Recently, dropsical condition of both legs below knees. Pits badly on pressure. Can usually reduce swelling by treatments.

Do not think patient can recover, in fact did not expect him to live as long as he has. Am sure medicine would not reach his case. Have told the family that I was satisfied he could not get well. I consider it my duty to do what I can for him and not turn him over to the M. D's. unless, I am sure they can do more than I can. The M. D's. gave him up three years ago. Am I right in my position?"

(2) Has used Betz's Hot Air Apparatus and considers it very good but believes that electric light cabinets are much more effective. Is of the opinion that osteopaths had better let the other fellows use such things.

**Enlarged Cervical Glands**—Those on the left side affected extending to and involving those of the axilla. Clavicle and first and second ribs down. Much tenderness in upper dorsal region. Has treated 3 weeks giving general treatment to stimulate circulation and the eliminating organs and raising clavicle and ribs. Glands reduced about  $\frac{1}{4}$ . Has kept hands strictly off the glands. Thinks he will cure the case. Patient was treated by M. D. for 9 months.

(3) Recommends Burns' "Basic Principles" and suggests that it be loaned to educated people sufficiently interested to read it.

Thinks an osteopathic reading course would be a good thing for those unable to take P. G. work.

Suggests that the members of the circle buy the book on the non-drug dietary treatment of appendicitis, typhoid fever and cholera infantum that Dr. Tilden of Denver is about to publish.

(4) **Typhoid Fever**—Female. 26. Lactation 9 months after uneventful delivery. General malaise some weeks previous to onset of disease. A sister died of pulmonary T. B. some years ago. Onset: temperature at office 104 degrees, some prostration, slight headache, backache, bowels fairly active, kidneys said to be normal, rapid feeble dirotic pulse, respiration 36, marked dullness over right lung, spleen and hepatic dullness and slight cough. Ordered her home and to bed. Conditions prevailed more pronounced for 2 or 3 days, temperature reaching 105.5 degrees. During the last of the week, there was great prostration, delirium, abdominal tympany rose spots, pea soup stool, coated tongue, inability to express any wish, tongue and lips were dry, and there was lingual protrusion and involuntary defecation and micturition. The nitrogenous elimination was 6%. Much loss of flesh. Fever continued high from 103 degrees to 104 degrees. These conditions remained during the second week. Pulmonary dullness very marked. Temperature became subnormal shortly after the 21st day and was followed by a second invasion lasting about 10 days in which the temperature reached 103 degrees. Nothing to indicate etiology of second invasion.

Treatment. General treatment on spinal centers to assist elimination and to build up. Used some laxatives to control bowels. (Is this osteopathic?) Special attention to cardiac and pulmonary centers. Controlled fever by hydrotherapy exclusively. Fever diet with rectal feeding several days. Being some distance from the electric light wires, had a 6 H. P. gasoline engine and dynamo installed and used a 500 c. p. therapeutic lamp  $\frac{1}{2}$  hour morning and evening. This together with spinal treatment seemed to stimulate greatly. The weak thready pulse would become strong and full and would continue so for some 8 to 10 hours or nearly to the subsequent treatment. This, with the assistance of an efficient nurse brought the case to a successful conclusion. Patient is now convalescing under observation. Much care is being given to the diet. We are in hopes that the pulmonary pathology will subside when the patient is able to ride to town to take treatment to assist the pul-



monary circulation and be put under the rays of the Leucodescent Lamp again. No bacteriological or Midal test was made in this case.

Has had splendid success with the carbolic acid and alcohol treatment for erysipelas.

Has cured several T. B. cervical enlarged glands. Used the Leucodescent Lamp on the last and cured in half the time.

(5) No report.

Number 1 is loaning "Quacks and Grafters" by an "Ex-Osteopath" to the other members of the group. The A. M. A. is, no doubt, behind this book. August 23.

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## Associations.

**Illinois Osteopathic Association**—The meeting of the Illinois Osteopathic Association was held on August 14th in the Auditorium at Chicago, Ill. The meeting was called to order by President E. M. Browne of Dixon, Ill., at nine o'clock on Saturday morning, after which the invocation was pronounced by Rev. James Rowe. The address of welcome was delivered by W. R. Humphrey, President of the Chamber of Commerce, Chicago, to which Dr. E. R. Proctor of Chicago responded. At the business meeting the following officers were elected. President, Dr. E. M. Brown, of Dixon, who was elected for the third consecutive time. Vice-president, Dr. W. Burr Allen, of Chicago. Secretary-treasurer, Dr. C. O. Kottler, of Chicago. After lunch the session was continued and the following program was followed: "Failures in Osteopathic Ranks," by Dr. Furman J. Smith, of Chicago. A clinic was conducted by Dr. Franklin Fiske of Kirksville, Mo. An open parliament was conducted by Dr. Martin P. Browning. The next meeting will be held at Springfield. Adjournment.

**Annual Meeting of the Colorado Osteopathic Association**—The eleventh semi-annual meeting of the Colorado Osteopathic Association held its session at the Hotel Boulderado, Boulder, Colo. Representative practitioners from Denver, Colorado Springs, Ft. Morgan, Ft. Collins, Lamar, Greeley, Golden, Longmont, Rapid City, Pittsburg, Kansas City and Los Angeles were in attendance. Boulder gave the osteopaths a most cordial reception which was greatly appreciated by the visitors. In the opening session Mayor Greenman extended a hearty welcome to the visitors in a very appropriate and neat speech. Dr. Jennette H. Bolles of Denver responded, thanking the mayor for his kind words of greeting, and expressing the pleasure of the Association at being able to meet in such a beautiful city as Boulder, and praised the accommodations given them at the Boulderado. The regular program of the day was carried out as follows: Morning session. "Technique of Cervical Lesions" by Dr. Hunting. "Technique of Lumbar Lesions" was discussed by Dr. J. H. Hardy. Dr. Harry W. Forbes of Los Angeles, Calif., discussed the "Technique of Rib Lesions." The discussion was conducted by Dr. J. T. Bass and Dr. J. D. Glover, after which a meeting of the legislative committee took place. Afternoon session. Dr. Jennette H. Bolles, chairman. The first subject "Treatment of Uterine Flexions" was discussed by Dr. J. A. Stewart, and continued by Dr. M. A. Morrison. Dr. Harry Forbes again appeared on program and spoke on the subject "Technique of Dorsal Lesions." At four thirty the Convention adjourned for an outdoor session, which was held on Flatiron Mountain. It was a jolly party that left the car at the Chautauqua grounds, and began the long walk through beautiful Bluebell canyon. Many exclamations of surprise and delight were given by the climbers as they stopped to take breath, and

incidentally to look at the wonderful view spread out below them. They made the long steep ascent fearlessly for what could have been more interesting than some unexpected case and clinic on the mountainside? Soon after reaching the appointed spot a delicious odor of beefsteak greeted the olfactories of the hungry osteopaths. Dr. Overfelt and Dr. Burrus had provided a most bountiful repast, and their guests showed the most hearty appreciation by the manner in which they attacked the viands. Dr. Forbes, the distinguished visitor from California proved that his skill in technique extended to other fields than osteopathy, and Dr. Burrus showed conclusively that a professional life does not unfit a woman for such mundane things as pleasing the inner man. At the meeting the next morning Dr. C. E. Taylor presided, and the following subjects were discussed: "Diphtheria" by Dr. J. T. Bass, "Cholera Infantum" by Dr. Cora S. Richards; "Littel's Disease" by Dr. R. R. Daniels. This was followed by a discussion lead by Dr. Mary a Muttart and Dr. F. B. Laybourn. At noon the visitors were taken on an automobile ride through the courtesy of Boulder automobile owners. At two o'clock in the afternoon the last session of the convention was called to order. The subject of "Trachoma" was discussed by Dr. G. W. Perrin, and he was followed by Dr. Charles C. Reid on "Nasal Growths and their correction." The discussion was conducted by Dr. Amanda Hamilton, who was followed by Dr. Harry W. Forbes, with an address on diseases of the throat. At four o'clock the bureau of legislation convened, and the following program was followed: "The Needs of Osteopathic Regulation in Colorado and Digest of Osteopathic Laws," Dr. C. C. Reid. "Best Methods of Promoting Legislation," H. G. De Teinne, D. O. "History of Osteopathic Legislation in the United States," J. T. Bass, D. O. "Mistakes Commonly Made in Promoting Legislation," D. L. Clarke, D. O. "Plans for Raising Funds for Promoting Legislation," C. E. Taylor, D. O. Discussion and suggestions, Dr. Forbes and others.—GEO. W. PERRIN, Sec'y, 525 Empire Bldg., Denver, Colo.

**Montana Osteopaths to Meet**—Announcement has been made of the annual convention of the osteopaths of Montana to be held at Bozeman September fourteenth and fifteenth. A sweet-pea carnival has also been planned for the same time, and visitors are assured a good time. Dr. H. T. Ashlock of Butte is President, and an interesting program has been arranged. The other officers of the Association are Dr. Dawes of Dillon, Vice-president; and Dr. W. H. Heagney of Missoula, Secretary, and Dr. C. E. Dove of Glendive, Treasurer.

**Minnesota**—The eleventh annual meeting of the Minnesota State Osteopathic Association will be held in Duluth, October 2nd, the first Saturday in October.

An interesting time is expected. Train service from the Twin cities is such that by leaving Minneapolis at 9:30 in the morning we arrive at Duluth before two p. m. Returning—those who wish can leave on the night train at 11:10 p. m., while those who would like more of the lake breeze can stay and take an afternoon train Sunday—arriving at Minneapolis at 7:46 p. m. The program arranged for is about as follows:

Address of Welcome, Dr. Wm. A. McClaran; President's Address, Dr. E. C. Pickler; Epilepsy, Dr. Wm. H. Eckley; Being arranged for open parliament, Dr. Hawkinson. Topics: a. Kidney Diseases; b. Local Treatment of Pelvic Diseases. Reports of committees and election of officers after which the visitors will be given an automobile ride about the city by the local osteopaths. Demonstration of Technique, by Dr. F. A. Turfler of Rensselaer, Ind.

Very truly yours,

F. E. JORRIS, Sec'y., M. S. O. A.



**Ontario**—The ninth annual meeting of the Ontario Association of Osteopathy will be held at the Temple Bldg., Toronto, Ontario, September 8th, 1909, with the following program: Morning session. 9:00—Meeting of the Executive. 9:30—Invocation. Business Session. Reading Minutes. Receiving Reports—Auditor's, Secretary's. Committees Appointed. Delegates to A. O. A. Council of Delegates. Legislative Council, etc. Application for Membership. Business—Unfinished and New. President's Address—(Review of the year). 11:00 Clinics. 12:00 For The Good of the Science. (Informal Discussion). Science Circles—Dr. Heist. Recruiting—Dr. Millard. Frequency of Treatment—Dr. Gray. Methods of Publicity in Vogue—Dr. Walmsley. 1:00—Luncheon. Afternoon Session. 2:00—Osteopathic Mechanics—An address by Franklin Fiske, A. B., D. O., Professor of Philosophy and Mechanics of Osteopathy, American School of Osteopathy, Kirksville, Mo. 3:00—Costal and Interdependent Lesions. (Etiology, Diagnosis, Correction and Treatment) by Dr. Fiske. 4:00—Methods that Save the Operator's Strength—A demonstration by Dr. Franklin Fiske.

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## Legal and Legislative.

**Suing for Burial Permits**—A bitter fight has been waged for several years against osteopathic physicians in New York City, by the medical fraternity. First, against the granting of death certificates, and now against transit permits of burial. The present suit came up before Justice Crane in a special term of the Supreme Court on an application made on behalf of the Osteopathic Society of New York City through Dr. Charles F. Bandel, which had been denied by the New York Board of Health. About a year ago Dr. Bandel carried on a long legal battle with the Board of Health, relative to the acknowledgment of death certificates issued by the practitioners of Osteopathy, and the Board after failing in the lower courts, carried the case to the Court of Appeals, which confirmed the findings of the trial court. The Board of Health was finally compelled by mandamus to register 146 osteopaths now practicing in New York, and to recognize them as belonging to a distinct and regular school of medicine under the laws. Compelled also to grant them burial permits, the Board is seeking to nullify the action of the Court of Appeals, by an amendment of the Sanitary Code. This amendment simply provides that no permit for the removal of any dead body through the streets of the city shall be granted unless the death certificate was signed by a doctor of medicine. A resolution embodying the amendment of the sanitary code was registered in the city clerk's office on April 2nd, and reads as follows:

"No transit permit shall be granted for the removal or burial of the remains of any person who may have died in the city of New York unless a certificate of death made out upon a blank form, furnished by this Department, signed by a physician upon whom has been conferred the degree of Doctor of Medicine, be filed in the Bureau of Records of this Department."

The osteopaths in turn are seeking to obtain a permanent injunction restraining the Board from carrying out the provisions of the amendment to the code. Thus the osteopaths, while recognized under the State laws and by the city's laws by virtue of their registration with the Board of Health found themselves, upon the death of their patients, helpless to aid the family of their patient to bury him. Osteopaths, under these conditions, were obliged to either call in a coroner to investigate a death

which the Health Board, by accepting the Osteopathic Physician's death certificate, had pronounced to be of natural causes, and therefore not open to a coroner's inquiry, or to call in the services of a physician of another school to certify the cause of death. The case came up for hearing before Justice Crane, August 16th, and he has taken it under advisement.

**Georgia in Line.**—By almost unprecedented majorities the Osteopathic bill passed both houses. In the Senate to the tune of 31 to 1, and in the House 112 to 33. A splendid tribute to the work of the osteopaths under the able leadership of Dr. M. C. Harden. To Dr. Frank F. Jones, President of the Georgia Osteopathic Association is due also considerable credit for the victory obtained. Several remarkable features characterized the fight, which has just been won. One cannot help but notice the high character of the lay supporters of the measure together with their willingness to assist the cause of osteopathy,—in fact some of the hearings resembled old-fashioned testimonial meetings. An extraordinary feature was the circulation of a petition in favor of the Osteopathic bill, and signed by eclectic physicians. The bill, of course, had to run the gauntlet of misrepresentations and political intrigue and chicanery, and in fact all the pressure possible was brought to bear upon the committees in charge and the legislature to secure the defeat of the measure. We are particularly pleased to note, and the profession is to be congratulated, that osteopaths are not self limited, in this instance, in the matter of major surgery. A worthy example indeed of striking out to get what belongs to us, and fighting it to the bitter end. Let the legislative committees of other states who are contemplating new legislation follow the example. The law provides for a separate board of osteopathic examiners composed of five members to be appointed by the Governor and requires applicants to be examined in the usual subjects.

In the last desperate hope of bringing sufficient pressure to bear upon Governor Brown to veto the bill which was the fate of a former measure which had passed both houses, a delegation of M. D's. waited upon Governor Brown and exhausted all their resources to bring this to pass. The osteopaths, however, were also busy, and the result was that Governor Brown signed the bill August 15th, and it is now a law.

**Osteopaths Suing Medical Examiners.**—Suits arising out of the rejection of 185 applicants out of 451 of the recent medical examinations held in Washington have been filed against the Board of Medical Examiners of the State alleging that the board erred in construing the law and asking the courts for relief. Most of the applicants, it seems, were refused because of the failure to file their diplomas at the time of the examination, the plaintiffs claiming that this is unnecessary. Steps were immediately taken to answer the complaints, and the papers have been placed in the hands of the Attorney General. It is expected that the board will be upheld in its action. A great number of applicants who were refused a license, and whose diplomas were unsatisfactory, presented diplomas which were so manifestly doctored that they could not be accepted. Some were erased with pen knives, and some had strips of paper pasted over lines of printing on their face; some of them were from night schools, and others from correspondence schools. The State Board had expert legal opinion, as others had been anticipated.

**Appeal.**—The action of the practitioners of various schools who were denied licenses by the Washington State Board, and who had entered suit against the medical examiners, was appealed to the Superior Court, on the basis that the appellants have their diplomas for their particular schools, and have been in continuous practice in some one locality for the past two years. As the law does not seem to be



clear on the point of what class of healers may be admitted to practice, they are endeavoring to compel the board of examiners to issue licenses on this basis.

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## State Board Questions.

WASHINGTON. JULY, 1909.

### TOXICOLOGY.

1. What is toxicology, define and classify poisons, in what state are they most easily taken into the system, what conditions relating to the individual modify effects?
2. Name some conditions simulating poisoning and mention some aids in differential diagnosis?
3. Describe death from strychnia and tell of its effect on rigor mortis?
5. How does the body appear after death from illuminating gas. Give the reasons?
6. Differentiate between acute poisoning by arsenic and corrosive sublimate?
7. A man aged 60 is found unconscious and dying on the street; what would you give as a possible cause and how determine?
8. In a person electrocuted, which function ceases first? Give the average fatal voltage and tell of post mortem appearance?
9. What are ptomaines? Give a common source of poisoning by them and describe an acute case?
10. Give the common name for belladonna, tell what parts of the plant are poison, the effects produced, and give a simple test for a suspected specimen?
11. Give the fatal dose of chloral hydrate and distinguish between its effects and a toxic dose of morphia?
12. What putrefactive changes exist in a body exposed in the open air at the end of the third week, summer temperature above 60° F. Name three alkaloids, and four inorganic poisons which can be detected in minute quantities at this stage of decomposition?

### BACTERIOLOGY.

1. State and describe the two methods of studying bacteria. 2. What is the difference between saprophytic bacteria and parasitic bacteria and what are facultative bacteria? 3. Are pathogenic bacteria equally pathogenic for men and other animals? 4. Name four conditions necessary to produce infection. 5. State the effects of physical and chemical agents upon bacteria. Temperature, light, moisture, oxygen supply and other environmental influences such as atmospheric pressure, mechanical agitation, and electricity. 6. Give some of the common infectious diseases for which no micro-organisms have yet been discovered. 7. Define: Natural immunity, acquired immunity, active and passive immunity, phagocytosis, opsonins, and the opsonic theory. 8. Describe the bacillus of tetanus: form, properties, growth, staining, pathogenesis, immunity, habitat. 9. Why is pasteurization of unclean milk sometimes more dangerous as a food than untreated milk? 10. What is the difference between ptomaines and toxins, and in what two different ways are the latter formed or set free in the body? 11. Give technique in short form of obtaining specimens, preparing, mounting, staining, (if necessary) etc. for the following: diphtheria, tuberculosis, gonorrhoea, and typhoid fever, and the difficulties attendant upon the procedure relative to the last named.—Dr. E. J. Taggart, Bremerton.

### CHEMISTRY.

1. Define chemistry, an atom, a molecule, chemical nomenclature, chemical reaction, chemical equation? What is litmus and its use? 2. Give the constituents of milk and state the relative difference in breast and cow's milk. 3. Define specific gravity, give that of normal urine and tell what conditions effect it? 4. Give a common test for animal impurities in water and state how to render them harmless? 5. To what is the chemical reaction of gastric juice due, give the per cent of the agent in the normal secretion and how to determine its presence? 6. Give your method of urinalysis in life insurance examinations, and the findings on which you would report favorably or otherwise? 7. What gives urine its acid and what its alkaline reaction; in an alkaline specimen how determine if reaction is due to a volatile alkali? 8. What is urea, what is uric acid; give the source and amount of each in normal urine, and method of determining. 9. Define and classify alkaloids and tell of their action in presence of acids. 10. What alkaline base unites most readily with acid radicals to form salts, write chemically what occurs in the formation of three? 11. What reagents form insoluble compounds or render inert in the stomach the following: arsenic, lead, iodine, the alkaloids and carbolic acid? 12. How are chloroform and sulphuric ether made, give a simple test for impurities in each.

### HYGIENE.

1. What are the common sources of infection in diphtheria, scarlet fever, and typhoid fever? 2. What is the best method for disposing of stable manure, and what are the dangers arising from careless disposal? 3. What are the dangers of excessive shade around dwellings? 4. What conditions and diseases in animals render their flesh unfit for food? 5. What are some of the requisites for the hygienic construction of dwellings, their foundations and cellars? 6. What constitutes a thorough inspection of a dairy and what regulations would you make concerning them? 7. What are the essentials for a good water supply? 8. What sanitary regulation and arrangement would you suggest for a school room relative to lighting, heating and equipment, giving reasons. 9. What constitutes sanitary house plumbing? 10. Give regulations for disposal of city garbage and dangers of careless disposal? 11. What is the most hygienic method of heating houses? Give reasons and criticize other methods. 12. What measures would you suggest for the suppression of the common house fly nuisance and menace?

### ANATOMY.

1. Give substance of Hed's and Hilton's law. 2. By what is the sub-clavian triangle bounded and what does it contain? 3. Give the location of the pyloric and cardiac glands and name secretion of each. 4. Where are the villi found and what is their number? Describe Peyer's patches. 5. Where is McBurney's point and line? Tell what is found at this point. 6. How many cranial nerves? Give number of spinal nerves, their origin and how divided. 7. Describe minutely the liver. 8. Of what does the sympathetic nervous system consist? Locate and name the upper and lower ganglia, and give number in each division of spine and tell how they are connected with the spinal nerves. 9. Name the internal female organs of generation. Describe the uterus. 10. Trace the blood from left ventricle and back to same. 11. Give the source, course and divisions of the pneumo-gastric nerve. 12. Name the divisions of spinal column, and tell how they differ, giving number of vertebra in each division.

### PATHOLOGY.

1. In what way are the anatomical changes characteristic of pyaemia distin-



guished from those of septicaemia? 2. In disseminated tuberculosis where are the predominant localizations of the tubercles as far as the symptoms are concerned? 3. Of what tissue is a gumma composed? 4. In Neurasthenia is there any recognizable change in the nerve centers? 5. What are the most important alterations of the blood vessels leading to cerebral hemorrhage? 6. Of what tissue is a fibroma composed? 7. What two pathological processes generally underlie chronic interstitial nephritis? 8. Give two theories of the origin of gout and briefly explain. 9. What is the most characteristic pathological phenomenon of chronic alcoholic poisoning? 10. In what organ is the change foremost and why? 11. Mention some kinds of prohibitive mechanism and protective forces against parasitic infection and intoxication. 12. Define amyloid degeneration; give the reaction of this substance with iodine.

## HISTOLOGY.

1. Give the histology of a nerve trunk. 2. Give the histology of the pancreas. 3. Give the histology of the lining of the stomach. 4. Give the histological structure of arteries, veins and capillaries. 5. Describe the appearance of a transverse section of the shaft of a long bone. 6. Give the histological structure of the liver. 7. Describe white and yellow elastic tissue, and tell where each is found. 8. Give the histology of the different varieties of muscle tissue. 9. Give the histology of the spleen. 10. Give the histology of the cornea. 11. Give the histology of the uterus. 12. Give the histology of the kidney.

## GENERAL DIAGNOSIS.

July, 1909.

1. Give the diagnostic signs which distinguish a fracture of the neck of the femur from a dislocation of the hip. 2. Name the different forms of inflammation of kneejoint and give the distinguishing features of each. 3. Following a severe injury to the head give the signs and symptoms that would lead you to diagnose a case of concussion from one of compression of the brain. 4. Diagnose acute diffuse peritonitis from ordinary ascites (non-inflammatory.) 5. What are the diagnostic signs of a complete transverse lesion of the spinal cord in the dorsal region. 6. How would you distinguish a fracture through the epiphyseal line of the distal end of the humerus of a child from a dislocation at the elbow joint. 7. What are the principal diagnostic symptoms and signs of locomotor ataxia and what is the initial anatomical lesion. 8. What are the four cardinal symptoms and the four principal signs of exophthalmic goitre. 9. What are the principal causes of ascites and how would you differentiate them in any given case. 10. Name the exanthemata and give the characteristics of their various rashes. 11. Distinguish a left-sided pleurisy with effusion from a pneumonia. 12. What are the principal characteristics of the blood in the following conditions: (a) Pernicious anaemia. (b) Chlorosis. (c) Splenic anaemia. (d) Malaria.

## OBSTETRICS.

1. Describe the development of the ovum, giving the successive changes that take place after fecundation and during its passage to the uterus. 2. Describe the development of the placenta and give its functions. 3. Give the signs of pregnancy and their relative values. 4. Into what stages is labor divided; give a description of each. 5. Name the accidents which may occur in labor. (a) To the mother. (b) To the child. 6. What is the perineum? How is it endangered in labor, and how should it be protected? 7. Describe the pelvis from the standpoint of obstetrics, naming and describing its bones, divisions, symphysis, planes and axis. 8. Des-

cribe method of delivery of the after-coming head. 9. Give the indications for the use of the forceps, the precautions to be used and the method of applying them. 10. What is placenta praevia? Give its causes, varieties, symptoms and dangers. 11. Give the technic of puerperal antisepsis. 12. What is ophthalmia neonatorum? Give its causes, symptoms and danger.

## GYNECOLOGY.

1. Give blood and nerve supply of the human uterus and ovaries. 2. Name varieties of menstrual irregularities and symptoms of each. 3. State principal causes of pelvic inflammation, their symptoms and most common sequelae. 4. Name types of deviation from normal position of the uterus and principal predisposing causes for each. 5. What is vaginismus, its causes and symptoms? 6. Differentiate symptomatology of pyosalpinx, ectopic pregnancy, ovarian prolapse and hydrosalpinx. 7. How would you differentiate between gonorrhoea in the female and an acrid leucorrhoeal discharge? 8. How would you diagnose cancer of the uterine cervix in its early stages? 9. What is an urethral caruncle? 10. Give differential diagnosis between an extra-uterine pregnancy, uterine fibroid, ovarian cyst and a four and one-half months' pregnancy. 11. Describe human uterus and its anatomical relation. 12. What is cystocele? Give its symptoms.

## PHYSIOLOGY.

1. Differentiate between Arteries and veins. 2. Give function of third cranial nerve. 3. Describe the skin and name its functions. 4. Give the physiology of the liver and name the blood vessels entering it. 5. What is the function of the nervous system? 6. Describe minutely the formation, elimination and passage of urine. 7. Describe the construction of bone and the circulation of blood in the same. 8. Describe the digestion of meat, starch and fats. 9. Describe mechanism of respiration and explain tidal air, complimentary air, reserve air, and residual air. 10. Mention the principal excretory organs of the body and explain the difference between excretion and secretion. 11. What forms of muscle stimuli have we? 12. Name the nerve of taste.

W. T. THOMAS, D. O., Seattle, July 1909.

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## CALIFORNIA. AUGUST, 1909.

## HYGIENE.

1. Define certified milk; inspected milk; Pasteurized milk. 2. How is a sand filter for water constructed and what attention must be given to such a filter? 3. Describe the three large groups into which the different forms of food poisoning may be divided. 4. Discuss the economic loss to the public through insects that carry disease. 5. Name six (6) efficient disinfectants and indicate their application to different purposes. 6. What evidence is there that tuberculosis is a septicemia? 7. Enumerate an efficient and complete plan for the control of tuberculosis. 8. Why is an early diagnosis of syphilis important and what are the methods by which a positive diagnosis can be made? 9. What are the causes of the ordinary "colds" and what can be done to prevent them? 10. What progress has been made with the serum treatment of disease?

## PATHOLOGY.

1. Name some of the causes of excessive destruction of the red blood corpuscles and describe the results of this destruction in the system. 2. Describe Nature's effects at repair of (a) simple uninfected injuries of the soft tissues; (b) infected



injuries of the soft tissues. 3. Explain in full why prolonged physical or mental exertion predisposes one to danger from infection. 4. Describe the condition usually found in Broncho pneumonia at the end of (a) twenty-four hours; (b) at the end of five days. 5. State the cause or causes of and describe the condition found in chronic Bright's disease (chronic interstitial nephritis) in adults from forty to sixty years of age. 6. Give the cause, morbid anatomy, and usual cause of death in Landry's paralysis (acute ascending paralysis.) 6. In cases of chronic disease of the heart in adults of middle age or past resulting from a remote attack of rheumatism, possibly many years before, describe the condition usually found and why. 8. In malarial infections, describe the condition usually present in (a) acute cases of only a few days' duration; (b) in chronic cases of many months' duration possibly with no history of an acute attack. 9. Examination of specimens 10. Examination of specimens.

## PHYSIOLOGY.

1. Give functions of the cord and tell which are upper and which lower neurons. 2. Give general effect of removal of the cord below fourth dorsal. 3. Enumerate the factors that produce normal pressure and velocity of the blood. Explain the effect of inspiration upon blood pressure. 4. In what manner are the lungs protected from the effects of injurious gases? 5. Locate cortical areas for special senses. 6. Explain the result of stimulation of the depressor nerve of the heart. Of what is it a branch. 7. What is an enzyme? Give origin and action of the following: steapsin, trypsin, ptyalin, amylopsin, thrombin. 8. What is the physiological significance of shock? 9. What are the principal factors controlling heat loss and heat production? 10. Name in order of importance the forces that maintain venous and lymph circulation.

## GENERAL DIAGNOSIS.

1. What can be ascertained by palpation of the radial artery and describe the following varieties of pulse: celer, tardus, bigeminus, di-chrotic, intermittens. 2. Describe trachoma. 3. Describe an attack of acute articular rheumatism. 4. Give aetiology of ileus and describe intussusception in detail. 5. Give aetiology and symptoms of lupus vulgaris. 6. Give the physical signs of a cavity in the lung. 7. Give the symptoms and prognosis of myo carditis. 8. Give aetiology, symptoms and complications of amoebic dysentery. 9. Give symptoms and prognosis of general paresis. 10. Give symptoms, complications and sequelae of diphtheria.

## GYNECOLOGY.

1. How would you make a by-manual examination of the uterus? 2. Describe a case of procidentia uteri. 3. What do you understand by the Trendelenberg position, and what is the object of this position in examination of operation? 4. Describe an enterocele, and how many forms occur, giving their location. 5. How would you make a diagnosis between a large ovarian cyst and abdominal dropsy? 6. What do you understand by Atresia of the uterine canal? 7. Differentiate between hydrosalphinx and pyosalphinx. 8. What important arteries are encountered in the operation for vaginal Hysterectomy? Give their origin. 9. Give the distinguishing features of a dermoid cyst of the ovary. 10. Describe a vessico vaginal fistula, giving symptoms.

## HISTOLOGY.

1. Show by drawing, all of the different cells found in human blood, and name them. 2. Describe a lymph gland or node. 3. Describe the descent of the testicle. 4. Draw a vertical section of the skin of the sole of the foot, naming layers. 5. Describe the different kinds of muscle. 6. Draw a cross section of the small intestine, taken from a point near the junction of the jejunum and ileum. Name each layer.

7. Show difference between and name layers of Medullated and non Medullated nerve fibers. 8. From which embryonic layer are the following structures derived? (a) Teeth. (b) Bones. (c) Brain. (d) Fat. (e) Thyroid gland. 9. Identify two specimens. 10. Identify two specimens.

## ANATOMY.

1. Describe the arrangement of the dura mater and mention four of its uses. 2. Describe the temporo-maxillary articulation. 3. What structures can be palpated in the anterior median line of the neck? 4. What muscles, other than those of the arm, forearm and hand, are supplied by branches of the nerve trunks which form the brachial plexus? 5. What are the relations of the stomach? 6. Give the topography of the gall bladder and the appendix. 7. What forms the portal circulation and how does it connect with the systemic? 8. What structures pass under Poupart's ligament? 9. What cutaneous area, muscles and articulations are supplied by the obturator nerve? 10. Describe the arrangement of the bony arches of the foot.

## BACTERIOLOGY.

1. Name the three great classes of Bacteria, based on the shape of the individuals. 2. Name five pathogenic bacteria which do not stain by Gram's method. 3. Classify the cocci, according to the arrangement of the individuals composing the groups. 4. Briefly describe the method of staining the tubercle bacillus by the Ziehl-Neilson method. 5. (a) Name the bacterium most commonly associated with specific urethritis. (b) What staining peculiarity distinguishes it from other germs found in the inflamed urethra? 6. What is the distinctive difference between the Bacillus Coli and the Tpyhoid Bacillus when grown in the form of a stab culture in the dextrose-agar? 7. What difference, if any, is there between the Micrococcus meningitidis and the Pneumococcus, when stained by Gram's method? 8. What is the difference in examination of specimen. 9. Examination of specimen. 10. Examination of specimen.

## CHEMISTRY AND TOXICOLOGY.

1. Name the three most important ptomaines, outline their origin and give symptoms of ptomaine poisoning. What do you understand by ptomaines? 2. How may arsenic be detected? Give chemical antidote. 3. How is alcohol beneficial in carbolic poisoning? What are the symptoms of carbolic poisoning? 4. Name some of the impurities of chloroform and give tests by which they may be detected? 5. Name three common chemical substances which appear in normal urine. Give the characteristics of diabetic urine. 6. What do you understand by "occult blood" and how would you test for it? 7. What is uric acid? What is its origin and its fate in the human body? 8. What is indican? Discuss the significance of its appearance in the urine and give test. 9. Describe the stomach contents of typical gastric carcinoma. 10. What is the chemical explanation of the souring and curdling of milk? How is soured milk supposed to prolong life?

## OBSTETRICS.

1. When do you consider pelvimetry necessary? What are the normal diameters of the female pelvis, viz., transverse, conjugate, right and left oblique? What measurements indicate the induction of premature labor? 2. How would you diagnose ectopic gestation? What are the possible terminations? Symptoms. 3. Mention the varieties of hemorrhage that may occur, from the inception of pregnancy, to the completion of the puerperium. How control in each case? 4. How would you diagnose an occipito posterior position? Why less favorable for delivery than anterior? 5. In case of labor, what conditions would indicate version, what forceps? 6. Give



diagnosis and treatment of a breech presentation, including three methods of delivery of the after coming head. 7. What two varieties of asphyxia do we find in the new born child? Prognosis in each case. 8. Puerperal mastitis, varieties, etiology, symptomatology. 9. What are the symptoms of threatened abortion? What the symptoms of inevitable abortion? 10. What is morning sickness, what its causation? How differentiate from the hyperemesis of pregnancy?

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## The Forum.

### A LETTER.

EDITOR JOURNAL OF OSTEOPATHY:—Is it possible to have the titles of the various papers of the A. O. A. meetings more specific? To illustrate, take the program for the Minneapolis meeting for the first day, what does one understand from that except guessing at the probabilities on account of one's knowledge of the parties?

Will we have a repetition of the "I not only heard it but felt it?" If so, I have an urgent invitation to go abroad again.

S. S. STILL.

302 Century Building.

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DEAR DOCTOR:—I took the State examination at Cleburne in June and have received and recorded my certificate to practise, just three days ago. I expect to open an office in the Commercial National Bank Building here in September. Am treating in my home through the heat of summer. I am truly in love with Texas and with Beeville in particular. We have a fine orange and fig orchard coming on and the climate is delightful. I spent most of last winter here and enjoyed fresh vegetables all the time. The summer has been the most pleasant I have ever spent anywhere until three days ago when a hot wave reached us and our thermometer skipped up to 107 degrees for the middle of the days, but when night came to us the cooling breeze drove us to the use of covers as usual. Today is again pleasant. I regard Texas as one of the finest states in the union and regard the business and professional opportunities here as wonderful.

I certainly do enjoy the Journal and here's success to it and all connected with it.

Sincerely, CATHERINE COMPTON, D. O.

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DEAR DOCTOR:—I am just in receipt of the July Journal which is always a welcome visitor in these parts, yes, like a friend from home.

I have an off-hand kick to make, so will make it to you as I have to Dr. Goode of Boston. I see in your Journal page 487, "The Latest News" Congratulations to the Massachusetts osteopaths." I fail to see where any true D. O. as I know you are,—or Dr. H. M. Still if he wrote this, can say congratulations to a bunch that puts through a bill like this. You should say bravo, good for the M. D.'s. as they have won a victory here surpassing any thing yet, unless it is in Ala. Dr. Goode says "they got something". I admit they did—a kick and a black eye, and that is all this Massachusetts College and Medic-Osteopath bunch deserve. In fact it is just what they have been working for for several years, to deliver the state into the hands of the M. D.'s. Do you find any thing in this bill for an osteopath to be proud of?

What do they get? Registration? yes as osteopaths only, and not with the M. D.'s. O No! but with a rank bunch of Fakers, and too D—d ignorant to distinguish between a dead man and a live one, or tell a new born baby from a jackass. They are

not even Osteopathic Physicians now, only plain osteopaths in the class B. with fakers. They have no representation on the medical board, and no guarantee that another one will ever get by the medical board. It is true that no more fakers can come in and hang up his sign as "Osteopath" but all the other cults are open to him, and I hardly think he will aspire to affiliate with Class B. Drs. Harris, Crawford, and several of those that have got by the medical board, have been trying awfully hard to pry open the mouth of the medical profession so it could swallow osteopathy bodily, and I suppose they think they have succeeded wonderfully well, but I hope will encounter many obstructions before we are completely assimilated.

I am entitled to register under this act, as I have practised in the state, but I would not give 10 cents for such registration, in fact, if I had not already moved out of the state I would do so now. It is bad enough to be unrecognized by the law, but to be rounded up with a bunch of rank fakers that pretend to practise everything with no training in anything is the worst yet. Perhaps by a few more trials and the Massachusetts College will succeed in getting a bill through giving them power to confer the M. D. degree, then they will teach more drug giving than osteopathy, and that will be very little.

Yours for independent boards and straight osteopathy,

FRANKLIN HUDSON, D. O.

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DEAR EDITOR:—It is regrettable to observe the tendency on the part of recognized Osteopathic colleges to desire to add a medical course and to confer the degree of M. D. on their graduates. The Massachusetts College of Osteopathy having already, we understand, put the plan into operation. The question arises, and it is a serious one: what effect will such mixing have upon the future welfare of osteopathy? What better or stronger evidence does the medical profession want than this to prove to the world that Osteopathy alone is insufficient and of necessity has to turn to medicine for that which it lacks.

A representative of the Massachusetts College made the statement in the A. O. A. convention at Minneapolis recently that of four reasons for his school giving the medical course and degree of M. D. the strongest was that they could secure students from Canada, England and other foreign countries whom they could not get without it, as Osteopathy had no legal standing in those countries. There was a time when Osteopathy had no legal recognition in its native land nor even a reputation. Yet it has won both, not by mongrels, but by simon pure osteopaths whose very souls were filled with convictions of its immortal truths, and who today point with pardonable pride to victory—not for legal recognition, but that measure of success that compelled it. Its success and reputation was never built upon that brand of "osteopathy" which is given to the patient with a spoon and needs a medical license to protect it. And we stand aghast at the spectre, and more so if possible at the reality of a recognized American college of osteopathy doling out osteopathy smothered in a tunic of medical theory or as an appendix to the very thing which its founder practiced for twenty years and discarded over thirty long years ago. We feel deeply concerned for the future of Osteopathy in those foreign countries when its supposed American friends will deliberately aid and abet in having it introduced there by weak-kneed mongrel "half-breeds" who have not the moral courage to carry it back home undefiled and present it to suffering humanity in all the purity and value that first made



them want it. Now we see it going forth in the wake of its fame as the protege of medicine—a lamb under the tender and protecting care of the lion.

What Osteopathy needs more than all else is, colleges headed by men of sufficient calibre to resist the degrading temptation of the few paltry dollars secured from a few students who desire an M. D. degree; men who have the stamina and the courage to show these few misguided the way and to uphold in its purity the science that has brought enlightenment to the world, and delivered from chaotic ignorance a drug-fraught humanity.

One mongrel breeding osteopathic college is a greater menace to the future of osteopathy than all the medical colleges on the face of the earth.—W. R. ARCHER, Kirksville, Mo.

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## Osteopathic Examiners for Insurance Companies.

About two years ago I took up the matter of having osteopathic examiners appointed by the different old life insurance companies. Mr. Melson's letter which follows, indicates to some extent the results which have been obtained. He is president of one of the largest western old line companies. Dr. George Laughlin was appointed examiner in Kirksville, and they have done a large amount of business here. They have appointed osteopathic examiners at other places also.

THE LETTER FROM MR. MELSON.  
Missouri State Life Insurance Company.

Sept. 4, 1909.

DR. WARREN HAMILTON, Secretary and Treasurer,  
American School of Osteopathy, Kirksville, Missouri.

DEAR SIR:—I am in receipt of your esteemed favor of the 3d inst. Glad to note that you are going to commence this year to give full and complete instructions to your students in regard to medical examinations for life companies. You know that I am one of your champions, and if you will do this I will make it my personal business to take up the question before the American Life Convention, of which we are a member and one of the chief promoters. This Convention now numbers nearly sixty companies. It might be well for you to visit the Convention personally, or have one of your representatives; and I could and will arrange for you to address the Convention for a short time, if you do desire.

Please write me in regard to the matter.

Yours very truly,

(Signed) EDMUND P. MELSON, President.

Next to follow was the Kansas City State Life Insurance Company, which has appointed osteopathic examiners in a number of different states, wherever business would justify such appointments. A few days ago I received a letter from Mr. Reynolds, president of this company, assuring me that they had perfect confidence in the reports furnished by the osteopaths.

The International Life Insurance Company of St. Louis is another large company, in which Dr. C. E. Still is interested. This company has also appointed osteopaths as examiners.

The Atlas Life Insurance Company, now organizing with \$1,500,000.00 paid up capital, and which will start business throughout the middle west, has an-

nounced its intentions to appoint osteopathic examiners wherever they do business. Of course they will also appoint old school physicians, but will not discriminate, and will allow the applicant to take his choice.

It is the intention of the school to have a representative at the meeting referred to in Mr. Melson's letter, and if the National Association cares to take it up and select a representative, we will be glad to have them do so, but someone should be present at the meeting. I will be glad to hear from every osteopath who is interested along these lines, and in the next month's issue of the Journal will deal more fully with the subject.

WARREN HAMILTON.

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## Book Reviews.

**Ninth Edition of Simon's Chemistry**—The degree of approval and popularity which this work has attained is evidenced by the fact that already eight large editions have been exhausted. The ninth edition comes with revisions and improvements, extensions and rearrangements making the subject matter thoroughly up-to-date and with these changes the object to furnish the student with a clear conception in concise form of the science of Chemistry, has been entirely achieved. The book is divided into seven parts: Chemical Physics, Principles of Chemistry, Non-Metals and their Combinations, Metals and Their Combinations, Analytical Chemistry, Consideration of carbon Compounds or Organic Chemistry, and Physiological Chemistry, with adequate discussion of each subject to give the student a fair understanding. The important data and facts being placed in the foreground, the average student of medicine, pharmacy or dentistry, will find the facts bearing directly upon his science within easy grasp and not difficult of comprehension.—Manual of Chemistry, by W. Simon, Ph. D., M. D., and Daniel Base, Ph. D., thoroughly illustrated, 716 pages. Cloth binding. Price, \$3.00. Lea & Febiger publishers, Philadelphia and New York.

**Evan's Obstetrics**—Two editions of this work have already been absorbed and now a third is necessary to meet the demands which, considering the brief period, is highly complimentary to the work. The book is divided into ten subdivisions: Menstruation, Pregnancy, Obstetric Anatomy, Mechanism and Course of Normal Labor, Management of Normal Labor, The Puerperal State, Pathology of Pregnancy, Pathology of Labor, Pathology of the Puerperal Period, Obstetric Operations, with a comprehensive but adequate discussion of each subject. The work is especially designed as a manual for students and practitioners and has been changed and thoroughly revised and a discussion of the newer obstetric operations introduced making the book a concise and comprehensive text or reference on the subject. Obstetrics, by David J. Evans, M. D., Lecturer on Obstetrics in McGill University, Montreal, and Fellow of the Obstetrical Society of London. 12 mo, 440 pages with 169 illustrations. Cloth, \$2.25, net. Lea & Febiger, Philadelphia and New York.

**Fundamental Principles of Chemistry**—This work by Wilhelm Ostwald, authorized translation by Harry W. Morse, has for its object the presentation of the actual fundamental principles of the science of Chemistry, their meaning and connection, as free as possible from irrelevant additions and is an attempt by the author to work out a rational scientific system without bringing in the properties of individual substances. The difficulties naturally arising from an attempt to work out a system on



these original lines, account for the many irregularities in presentation. The book is divided into eleven chapters: Bodies, substances, and properties; The Three States; Mixtures, Solutions, and Pure Substances; Change of State and Equilibrium; Solutions; Elements and Compounds; The Law of Combining Weights; Colligative Properties; Reaction, Velocity and Equilibrium; Isomerism; The Ions. The book is meant to serve as a guide to the teacher to show him how generalizations can be woven into his daily instruction in Elementary Chemistry.—Fundamental Principles of Chemistry, by Wilhelm Ostwald, 349 pages, illustrated with numerous diagrams. Cloth, \$2.25. Longmans, Green & Co., 91-93 Fifth Ave., New York, N. Y.

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## Personals.

**Found Location**—Dr. C. G. Luft, A. S. O. '09, has decided to locate at Fremont, O.  
**Locates in California**—We are informed that Doctor Fred Goodfellow has located at Whittier, Calif.

**Has Located**—Dr. Phillip P. Cary, A. S. O. '09, has located at No. 136 South Street, Morristown, N. J.

**Has Decided on Location**—Dr. Lynn E. Hewitt has decided to locate at Union, Oregon, with offices in the Hibbert Bldg.

**Changes Location**—Dr. Mabel E. Andrews, formerly of 1607 First Ave., Perry, Iowa, has changed her address to Lake City, Iowa.

**Announces Change**—Dr. Lorena Kagay announces that after August first her office will be located at 405 W. Center St., Marion, Ohio.

**Announces Change of Address**—Dr. Sarah H. Settle has changed her address from 120 W. Kentucky St., Louisville, Ky., to 110 W. Oak St.

**Opens New Office**—Dr. Kate C. Slaughter, the well known osteopath of San Francisco, recently opened an office in the Keystone Bldg., Mill Valley, Calif.

**Opens Handsome Offices**—Dr. H. A. Price, A. S. O. '09, has attractive quarters in a new and handsome office building at 945 Arlington St., Houston, Texas.

**Calls at the A. S. O.**—Dr. A. L. Evans, editor of the Herald of Osteopathy, Chattanooga, Tenn., made a pleasant call at the Journal office, August 26th.

**Announces Removal**—Dr. Charles F. Peters announces the removal of his office to "The Parkdale," 598 Sixth St., near Prospect Park West, Brooklyn, N. Y.

**Permanently Located**—Dr. H. S. Ludwig, formerly of Alcester, has purchased the practice of Dr. Redfield, of Parker, S. D., and is now permanently located there.

**Has Located**—Dr. F. A. Boulware, A. S. O. '09, has located at Clarksville, Tenn., a town of about twelve thousand inhabitants, and reports prospects very promising.

**On a Vacation**—Dr. Charles H. Murray, of Elgin, Ill., spent a two weeks' vacation in Colorado. He was accompanied by Mrs. Murray and daughter, Eloise.

**Summer Offices**—Dr. Evan Williams of 423 Byrne Bldg., Los Angeles, Calif., will be at his residence 1024 Fourth St., on Tuesdays, Thursdays and Saturdays, during August and September.

**Return from Vacation**—Dr. Frank Van Doren, of Pittsburg, Pa., returned from a three weeks' visit at his home in Malvern, Iowa. He expects to begin his third year in the University of Pittsburg this fall.

**Locates in Iowa**—Dr. O. L. Daniel has located in Corydon, Iowa, the county seat of Wayne County. Dr. Daniel recently passed the Iowa State Examination, and is pleased with the prospects of his location.

**Present Address**—Dr. W. F. Crawford announces that he is located at 51 Monroe St., E. San Jose, Calif.

**Is Located**—Dr. J. M. Farnham has located at Glenwood, Minnesota, with offices in the Macauley Block.

**New Location**—Dr. Lena R. Hodges, formerly of Los Angeles, Calif., has gone into practice at Seaside, Oregon.

**Called at Journal Office**—Dr. Esther Whittaker, of Perry, Ill., made a short call at the Journal office August 5th.

**New Location**—Dr. Frank A. Sloan, formerly of Caldwell, Idaho, has moved to Mountain Home, the same state.

**In Partnership**—Drs. J. F. Linder and E. I. Agnew, are located at Osceola, Iowa, with offices above Boden's Harness Shop.

**Changes Address**—Dr. T. H. Woodson announces that his address in the future will be Cherokee, instead of Carmen, Okla.

**Changes Location**—Dr. R. D. Ferrand of Lamar, Colo., announces that he will be located at 501 New York St., Los Angeles, Calif.

**Opens Office**—Dr. H. T. Johnson has decided to locate in Appleton, Wisconsin, with offices above the Woelz Brothers Drug Store.

**Opens an Office in California**—Dr. J. D. Wirt, has opened offices at Winters, California, in the quarters lately occupied by Dr. Floree.

**Goes into Practice**—Dr. R. T. Quick, late of the A. S. O. Faculty and Hospital Staff, has opened offices in the Peoples' Saving Bank Bldg., Zanesville, Ohio.

**Enters Partnership**—Dr. J. Falkner of Paris, Texas, has formed a partnership with Dr. Mitchell of Texarkana, and expects to make his future home at this place.

**Announces Permanent Location**—Dr. C. O. Deeming, formerly of Rock Falls, Ill., is now permanently located at Sterling, Ill., with offices in the H and W. Bldg.

**A Good Opening**—We are informed that Cairo, Ill., a city of about seventeen thousand population, will shortly be without an Osteopath. Somebody get busy.

**Changes Location**—Dr. Margaret Bowen announces the removal of her office from 102 E. Grace St. to the Virginia Bldg., Corner of Fifth and Main Sts., Richmond, Va.

**Leaves Detroit**—Dr. Emilie L. Greene, formerly of Detroit, Michigan, has removed to Chicago, Ill., with offices 1008 Trude Bldg., and residence at 1312 Lunt Ave., Rogers Park.

**Purchases Practice**—Dr. W. F. McConnell of Los Angeles, Calif., has purchased the practice of Dr. Savage, Waitsburg, Wash., and will conduct an office in Rooms 7 and 8 First National Bank Bldg.

**Back from Vacation**—Dr. William O. Flack, Portland, Oregon, has returned from a two weeks' vacation at the beach, where he was taking a much needed rest. Dr. Flack is getting very satisfactory results, and has a lucrative practice.

**Dissolve Partnership**—Dr. Bereman and Dr. E. Randolph Smith, formerly of Lyons, Kansas have dissolved partnership, Dr. Smith moving to Garden City, Kansas, where he expects to take up the practice of his profession. He is temporarily located at 402 N. Seventh St.

**Takes a Months' Vacation**—Dr. E. L. Longpre of Kankakee, Ill., is taking a "leave of absence" for a month, visiting with Dr. M. E. Clark at Indianapolis, then on to Cleveland, Buffalo, Niagara Falls, and down the St. Lawrence to Montreal. By boat line to Norfolk, up the Potomac to Washington, thence to Baltimore and back home. Dr. Longpre is enthusiastic over the prospects this coming season.



**Located in Denver**—Dr. M. E. Cayple announces his address as 431-33 Commonwealth Bldg., Denver, Colo.

**Leaves Indiana**—Dr. W. F. Aydelotte, A. S. O. '09, has left Princeton, Ind., and is now located at Charleston, Mo.

**Opens an Office**—Dr. James S. Blair announces the opening of an office in Rooms 702-4 Empire Bldg., Knoxville, Tenn.

**Announces Location**—Drs. Rosewell Denton Grant announces that his business address is 179 Broad St., Newark, N. J.

**Changes Address**—Dr. G. M. Wade of Minneapolis, announces his present address as 21 S. Sixth Street, Minneapolis, Minn.

**Another "Revived"**—Dr. I. F. Peterson, whose name was advertised in our "dead" list, is located at Emporia, Kansas.

**Announces Change**—Dr. Maude Grace Williams, A. S. O. '09, announces that her present address is 175 State St., Springfield, Mass.

**Change of Address**—Dr. J. A. Mauzy, formerly of Los Angeles, Calif., announces his present address as 1211 W. Jefferson St., of the same city.

**Leaves California**—Dr. Katherine S. Glowman, formerly of 603 E. Villa St., Pasadena, Calif., has removed to 421-22 Exchange Block, Bellingham, Wash.

**A Good Opening**—A letter recently received asks our co-operation in locating some good osteopath at El Campo, Texas, a town of about three thousand, and no competition.

**Building a New Home**—Dr. W. C. Montague of Evansville, Ind., is erecting a fine seven-room residence, with modern improvements and many unique and up-to-date equipments.

**Correction**—Dr. J. Ralph Smith announces that his residence is Waterville, Conn., but his office address is Bolan Block, Cor, Mitchell Ave., and Willow St., Waterbury, Conn.

**In Partnership with Brother**—Dr. Nelle Mavity-Ferry announces that she has permanently located at Nevada, Mo., having entered into partnership with her brother, Dr. B. J. Mavity.

**Additional Recognition of Osteopaths**—Dr. W. Homer Elmore, of Elk City, Okla., was recently elected and duly installed as camp physician for the Modern Woodmen of America in that city. Congratulations to the doctor.

**Receives Commission**—Dr. B. J. Mavity the osteopath of Nevada, Mo., recently received a commission as medical examiner of all applicants at that place for Civil Service positions in postal employ. This is the first government appointment in that part of the state. Congratulations to Dr. Mavity.

**Takes Charge of Practice**—Dr. Anna B. Woodhull of Alhambra, Calif., has taken charge of Dr. Virginia T. Smith's practice during August and the first week of September, with offices at 654-6 Pacific Electric Bldg., Los Angeles, Calif.

**Successfully Passes Examination**—In an interesting letter from Dr. J. M. Wolfe, A. S. O., Jan. '09, he states that he successfully passed the Virginia State Board examination held on June 22-25th. Dr. Wolfe now holds licenses in Missouri, Georgia, and Virginia. Congratulations.

**Takes in Excursion**—Dr. George W. Ried of Worcester, Mass., is taking in the Worcester Board of Trade excursion, to the Alaska-Yukon-Pacific Exposition. They stopped over in Spokane August 10th, and Dr. Ried had a few kinks taken out of his spine by Dr. T. C. Morris. Rumor has it that Dr. Ried will invest some osteopathic dollars in Washington orchard land, incidental to this trip.

**Announces Change**—Dr. Nannie Dufur announces that she is now located at 621 West Sixth St., Sedalia, Mo.

**Changes Location**—Drs. C. M. and V. B. Sigler announce their removal from Dunkirk, N. Y., to Trenton, N. J.

**Locates Permanently**—Dr. Frederic Schilling, A. S. O., '09, has now permanently located at the Traders' Bank Bldg., Room 1021, Toronto, Ontario.

**Announces Removal**—Dr. M. Cebelia Hollister announces her removal to 1250 Pacific St., near Nostrand Avenue, Brooklyn, N. Y., September 1st.

**Takes Vacation**—Dr. W. B. Triplett of Ashland, Ky., has been on a vacation trip through the west for about six weeks, and has just returned to his practice.

**Will Locate in Calgary**—Dr. A. E. Freeman, who has been touring the west for about five weeks on a vacation, has decided to locate at Calgary, Alberta, Canada.

**Goes to New Jersey**—Dr. Nellie L. Marcy expects to open an office about September first, at No. 78 Broad St., Newark, N. J. Her former address was Mt. Sterling, Ohio.

**Goes to Boston**—Dr. Oliver Van Dyne, who has had offices in Utica, N. Y., for the last four years, has gone to Boston for post-graduate work and will later practice in that city.

**Another Opening**—Our attention is called to an opening at Monteroy, Mexico, a woman preferred. Anyone interested should address Mrs. J. H. Fuller, 88 Isaac Garza St., Monteroy, Mexico.

**Misstated**—An announcement in the August issue of the Journal, under personals, stated that Dr. Roy M. Armstrong would be located in the Southern Bldg., Wilmington, N. C., after October first. The name of Dr. J. W. Blackmer should have been inserted instead of Dr. Armstrong.

**Pleased with Location**—From an interesting letter received from Dr. M. J. Grieves we note that he has found a splendid location in the Woolner Bldg., Peoria, Ill. He occupies two large rooms in one of the principal office buildings of Peoria, and he is enthusiastic over the prospects.

**Notice Minnesota D. O's.**—All D. O's. in the state of Minnesota wishing to join the Science Circle work and to learn more about it may do so by writing to Dr. Arthur Taylor, Box 360, Northfield, Minn., State Leader, or to Dr. S. W. Heath of Sioux Falls, South Dakota, Supreme Leader.

**Leave for Points in British Columbia**—The Doctors Festal and Coral Crain of No. 35 S. Marengo Ave., Pasadena, Calif., leave for a two months vacation at Vancouver and Victoria, B. C., September first. They will stop en route at Seattle to visit the Alaska-Yukon-Pacific Exposition.

**Makes Excellent Showing**—Dr. L. Ludlow Haight reports that he has recently taken the Oregon State Examination, and came very near leading the entire list of applicants in the grade. As it was, he was second highest in the list. He also reports that ten out of twelve osteopaths taking examinations passed.

**Hold Carnival.**—The Ladies' Auxiliary of the Osteopathic Free Dispensary, at Number 1617 Fairmount Avenue, Philadelphia, Pa., recently held an attractive street bazaar to raise money for the dispensary. Mrs. K. Daisy Curley, Chairman of the Auxiliary was general manager, and the affair was pronounced a financial success.

**First License Issued**—Dr. Harry M. Goehring was honored with the first licensed osteopathic certificate issued in Allegheny County, Pa. The certificates were issued by the state board of osteopathic examiners, and this honor was bestowed upon Dr. Goehring as one of the leaders in the long fight for legal recognition of the osteopaths.



**Another Good Opening**—We have a communication stating that there is a good opening at Paul's Valley, Oklahoma, for a good osteopath—man preferred. The town has about five thousand population, and is reported to be up-to-date, and a good place. Anyone addressing Mrs. J. T. Jones of that place can obtain full information.

**Makes Splendid Showing**—Dr. F. Austin Kerr recently took the examination in Utah, and reports that in spite of being forced to write on sixty-four out of the total number of one hundred and six questions, on the second day of the examination, he passed with the medie's making an average grade of 87 7-10. We heartily congratulate the doctor. He also wishes it to be known that his address is 55 N. Academy Avenue, Provo, Utah, instead of 3904 Harrison St., Kansas City.

**Takes Charge of Practice**—Dr. Minnie Erwin of Perry, Iowa, is spending August at Longmont, Colorado, in charge of the practice of Dr. W. S. G. Bowersox, who was planning to take in the A. O. A. Convention, and visit in Wisconsin and Chicago, returning to his practice September first. Dr. Minnie will visit at Belleville, Kansas, a week, on the return trip to Perry. The Doctors Erwin, formerly of Indianola, Iowa, also wish it to be known that they are now permanently located at Perry.

**Receives Responsible Appointment**—An item recently received reads: The state board of registration in medicine of Massachusetts have appointed their chairman, Samuel N. Calderwood, their secretary, Dr. E. B. Harvey, and Dr. M. T. Mayes, the osteopath of this city a subcommittee to receive and act upon applications for registration to practice under the new law regulating osteopathy in this state. Any points requiring legal opinion will be referred to Attorney-General Malone.

This means that Dr. Mayes is practically responsible for each practitioner's certificate, i. e., the board will turn to him to vouch for each applicant's statements. The doctor has a position of responsibility but we are confident that the board will be well served. Congratulations.

**Big Deal Consummated**—The largest real estate deal that has been put through in Marion for some time, was closed recently when the property owned by Dr. Horatio Chisholm and the Central Emergency hospital was sold to Dr. R. C. Dugan, the osteopathic physician. The consideration was \$12,000.

The deal has been pending for some time and practically dates back to the time when Dr. Chisholm left the city and located in Cleveland. As a result of this deal, Dr. Dugan obtains possession of one of the most desirable locations in the city. Besides the large roomy hospital and office, the property has a fine residence.

The property with the exceptions of the hospital, will be completely remodeled throughout. The hospital will remain as it is and will continue to be managed by Miss Clark. It will be a regular hospital and conducted along the same line as has been the custom.

The building now used as the hospital office will be replaced with a new and thoroughly up-to-date osteopathic apartment. Dr. Dugan will use this as his up-town office. He will continue to reside on Vine street, while the residence portion of the purchase will be rented.

**Speaks Highly of Osteopathy.**—The Akron Ohio Times, of Wednesday evening, August 4th, speaks very interestingly of Mrs. A. L. Conger, now located at Akron, and an A. S. O. graduate. In reviewing the history of osteopathy in Akron the name of Mrs. Conger is prominently associated with its progress. First, in order to assist her husband who was suffering from the effects of a stroke of paralysis, Mrs. Conger was induced to take up the study of osteopathy. Her devotion to her husband is

commented upon, and much credit is due her in bringing about legislation in her state authorizing the practice of osteopathy. The item also mentions the fact that Dr. Ernest Eastman was the first osteopath to practice in Akron. So great was the opposition that he was arrested nineteen times for practicing, and was as many times bailed out by Colonel Conger. Each arrest was followed by a vigorous defense by the doctor, the Colonel, and Mrs. Conger, and none of the prosecutions were successful. Although Mrs. Conger met with a great measure of success in the treatment of her husband's ailment, he finally succumbed, owing chiefly to the excitement incident to his returning to business affairs. "Although Dr. Conger is now leading a less strenuous life at her fine home on the hill overlooking the business center of Akron, yet the advance of years has not dimmed her spirit, and, should occasion arise, she impresses one as able and willing to again adopt the strenuous life."

**A Fish Story Duly Verified**—It isn't a lie, either. Dr. D. L. Clark is the man who did the deed. He would give his affidavit on it.

Mastodons, giants and whales of the imagination sink into utter insignificance in the presence of the story that Dr. Clark of Fort Collins, Colo., who is attending the American Osteopathic association convention in this city, caught a 12-pound pickerel, measuring 35 inches long, with a line so light that it could be broken by a slight jerk of the hands.

Nor was it the kind of story in which the fish "got away." The fish was landed in the boat. Dr. Clark didn't believe it at first, and he was thrown into such ecstasy that although a very quiet man he fell on his knees in the boat, clung to the flopping monster and shouted in glee, "Oh you Charley boy! Oh you Charley boy! I have been looking a long time for a fellow like you."

And the fish didn't flop out into the water again, "just as the boat was near the shore." Dr. Clark watched his prey with an eagle eye and not once was there the slightest opportunity for the 12-pounder to escape. No prouder man ever rode a street car in Minneapolis, for he carried the pride of the north.

#### **Skin is Preserved.**

Nor did the fish get lost or stolen before anyone saw it. It was taken directly to a taxidermist who removed the skin for stuffing. Five truthful witnesses will vouch for the catching and seven will swear that the fish did not escape or vanish until noon yesterday. Seven friends, who had attended the same school together many years ago, would swear under oath to the size, shape and taste of the big fish, for they assembled together at a cafe and know.

The seven men who met in their annual reunion were: Dr. D. L. Clark, of Fort Collins, Colo.; Dr. T. L. Ray, of Cleybourn, Tex.; Dr. Bailey, Dr. Schakelford and Dr. A. G. Hildreth, of St. Louis, Mo.; Dr. Holoway, of Dalas, Tex.; and T. J. Bass, of Denver, Colo.—Minneapolis Tribune.

**Dr. Camp Exonerated**—In the case of the death of Gustav Loock, which we commented upon in the last issue of the Journal, Dr. Camp was finally completely exonerated. In the final hearing, to which a number of prominent physicians of the old school and also of osteopaths were called, the osteopaths had clearly the best of the argument, and although it came grudgingly, Coroner Kleindienst was forced to admit that Dr. Camp acted entirely within his rights, and that Loock would have died in any event as a consequence of the disease. The verdict of Coroner Kleindienst was as follows: "I find that Gustav Loock came to his death on the night of July 12, 1909, at his residence, 481 Joseph Avenue; death being due to tetanus, following a punctured wound in the foot.



"I find that the injury to the foot occurred on July 3, 1909; that on July 6, Dr. C. J. Tucker, the family physician was called, examined the foot, and treated same. On July 13 Dr. Tucker was again called and found the deceased suffering from what he diagnosed as tetanus, and at that time administered tetanus anti-toxin. After Dr. Tucker took his leave the family of the deceased, of their own free will, and without notifying Dr. Tucker, called in Dr. Charles D. Camp, an osteopath of the city of Rochester. The testimony of Dr. Camp in relation to the case shows that upon his arrival at the home of said Loock he found him lying upon the floor, face downward. He had Loock removed to another room, and placed upon a bed, and treated him by manipulation. At this time Loock was taken with a severe spasm, and died. It was then said, and believed at the time, that the treatment afforded Loock by Dr. Camp brought on the severe spasm, but this was not proven at the inquest to be the fact.

"Dr. Camp, being a duly licensed and registered osteopathic physician, has a perfect right to practice his profession under the laws of the state of New York and treat patients according to the teachings of osteopathy; that law having been passed May 13, 1907. The osteopaths who testified in the case were Dr. Charles E. Teall, of Fulton, Dr. James P. Burlingham of Canandaigua, and Dr. Ralph H. Williams of Rochester, N. Y."

**The Old Doctor Celebrates Birthday.**—"August 6, 1909 was the eighty-first birthday of our beloved Dr. Andrew Taylor Still, and about forty of his nearest friends and neighbors met at the home of Mrs. Prindle and proceeded in a body to offer him their congratulations and good wishes for the future. The "Old Doctor" was found with his wife enjoying the evening air on the porch of their beautiful home. A large bouquet of Egyptian Locust blossoms of shell pink tied with wide streamers of pink satin was presented him in honor of the occasion which delighted the Old Doctor immensely. Rev. Dr. Jones of the First Methodist church presented the felicitations of the people in an appropriately worded speech to which the Old Doctor responded in his usual original and witty way. He spoke of his pioneer days in Missouri in the late thirties, of the scientific and industrial discoveries since his birth, of the war to free the slaves saying that there were more white men and women today who were more enslaved to superstition and theory than any negro was ever enslaved in the antebellum days. He spoke of osteopathy, finishing with the remark, "And if I should die before you do we can finishing talking it over after we get to Heaven." The Old Doctor was in high good humor and emphasized the points of his talk by pointing his stick into Dr. Jones' side, saying, "Eh—am I right, boy?"

The thrilling yell of the A. S. O. Osteo! Wow!!! Wow!!! was given as the Doctor ceased speaking. The guests then made themselves at home on the spacious porch and lawn and enjoyed the delightful informal hospitality of Mrs. Geo. Laughlin, who assisted by Mrs. E. C. Link and several of the young ladies present, served lemonade, punch and cakes, the Old Doctor proposing several toasts in the Shawnee language and regaling his hearers with pioneer day tales.

Here's to you, dear Old Doctor  
 May you live one thousand years,  
 To sorter keep things lovely in this vale of human tears  
 And here's that we may live too  
 Did I say a thousand years?  
 No a thousand less a day  
 For we should hate to live on earth  
 And learn that you had passed away."

## Examinations by the Pennsylvania State Board of Osteopathic Examiners.

### ANATOMY.

1. Describe the points that characterize the cervical, dorsal and lumbar vertebrae, i. e., how are they differentiated?
2. Name the muscles that are engaged in normal respiration. In forced respiration. What is their nerve supply?
3. Name the openings connected with the Diaphragm and the structures that pass through them.
4. Name, locate and describe the ductless glands of the body.
5. Give the origin, course, branches and distribution of the tenth pair of cranial nerves.
6. Describe the portal system.
7. Describe the stomach, name its coats and give its blood and nerve supply.
8. Give the surface topography of the appendix vermiformis, gall bladder, apex of heart and apices of lungs.
9. Of what does the Sympathetic Nervous System consist? What does the cerebro-spinal system comprise?
10. Describe minutely the structure, nerve and blood supply of the kidneys.

### PHYSIOLOGY.

1. Describe the animal cell in the human body and state of what it consists?
2. Name the connective tissues of the body and give example of each.
3. Explain the condit on causing muscle fatigue.
4. Explain the nervous path in a reflex action due to excitation of a sensory surface.
5. (a) Of what does the vaso-motor nervous system consist? (b) Locate the vaso-motor centre. (c) From what portion of the spine do the vaso-constrictor nerves leave the spinal cord?
6. What is the ratio of respiration to the heart beat?
7. What are the factors that make possible the return of the venous flow?
8. Explain the principal functions of the liver.
9. What is the true function of the cerebellum?
10. Define (1) (a) Myopia, (b) Hypermetropia, (c) Astigmatism, (d) Spherical Aberration, (e) Chromatic Aberration. (2) How correct the first three conditions by artificial means?

### PATHOLOGY.

(Answer any Ten of the Following Questions):

1. What are infarcts and where do they most frequently occur?
2. Define embolism and describe its sources and nature.
3. Discuss etiology of inflammation and name the different types.
4. Describe the pathological process in chronic interstitial nephritis.
5. Explain the difference between fatty degeneration and fatty infiltration and give the etiology of fatty infiltration.
6. Describe the pathology of chronic rheumatoid arthritis.
7. What blood vessel is especially liable to disease and rupture causing cerebral hemorrhage? What is its most direct vaso-motor control?
8. Explain how an upper cervical lesion may cause atrophy of the optic nerve.
9. Describe degenerative processes in spinal cord in case of tabes dorsalis.



10. Discuss how anatomical perversion is the basis of etiology.
11. Discuss the etiology of dry gangrene.
12. Discuss the etiology and pathologic physiology of tumors.

## MINOR SURGERY.

1. What general principles should be observed in the application of bandages?
2. What are the points or conditions to be observed in the treatment of wounds?
3. State the varieties of hemorrhage and explain the constitutional and local treatment in general.
4. What are the general symptoms of a fracture?
5. Describe provisional dressings of fractures.
6. Describe Pott's fracture and explain the treatment in detail.
7. What is an anaesthetic and what are the conditions that should determine the choice of an anaesthetic?
8. Detail the treatment employed in cases of burns and scalds.
9. Name the varieties of shoulder dislocations and describe the technique of the reduction of one of them.
10. What does Minor Surgery comprehend?

## OBSTETRICS.

1. Describe briefly the fetal circulation.
2. What are the positive or certain signs of pregnancy?
3. Define toxemia of pregnancy and explain the pathological anatomy.
4. Under what conditions is the termination of pregnancy justifiable?
5. What is the bag of waters? Give its function.
6. Describe the three periods or stages of labor.
7. Give one method of treatment of Asphyxia Neonatorum.
8. What are the exciting causes of post-partum hemorrhage and what treatment would you pursue?
9. What antiseptic precautions should be employed before and after delivery?
10. How treat a case of placenta praevia?

## GYNECOLOGY.

1. What lesions from an osteopathic standpoint may account for sterility?
2. Describe the normal position of the uterus and name its normal supports.
3. Explain where and why pain or ache is produced by displacements of the uterus.
4. What test would you make in differentiating uterine and vaginal leucorrhoea and state the various causes producing the former.
5. Explain vicarious menstruation.
6. Define (a) Salpingitis, (b) Oophoritis, (c) Trachelorrhaphy, (d) Catamenia, (e) sound.
7. Describe Sims position.
8. What are the symptoms of cancer of the uterus?
9. What treatment would you employ in suppressed menstruation?
10. Name specifically the spinal areas that may be primarily involved in diseases of the female generative organs.

## CHEMISTRY AND TOXICOLOGY.

(Answer any Ten of the Following Questions).

1. Define the following terms—(1) An Element; (2) Atomic weight; (3) Valence; (4) Acid; (5) Specific Gravity. (b) Write an equation showing a salt may be formed by the action of an acid upon a base.

2. (a) Where does oxygen occur? (b) What are its properties? (c) What is its office in the body?
3. (a) What do you understand by the "Chemistry of the Carbon Compounds?" Give the constitution of an ether. (c) What is carbolic acid?
4. (a) What are the elements that enter into the Carbohydrate Compounds? (b) How many Carbohydrates be classified?
5. State the elements that enter the Proteids.
6. (a) Give a test for the detection of blood in any secretion. (b) How test in the case of strains on cloth?
7. State the chemical properties of the gastric fluid.
8. Discuss the chemical compositions of bile.
9. Give a general plan of clinical urinary analysis.
10. Explain the pathological significance of increased urea in urine.
11. How purify water of (a) gaseous and (b) solid impurities and (c) bacteria.
12. (a) Mention five common poisons and (b) antidote for two of them.

## DIAGNOSIS.

(Answer any Five of the Following Questions):

1. Explain the positive diagnostic data differentiating pharyngitis and diphtheria.
2. What are the symptoms differentiating renal colic and appendicitis?
3. What lesions might incite to sciatica?
4. Diagnose typhoid fever.
5. Give all the clinical data necessary to establish a case of chronic interstitial nephritis? What spinal lesions would you expect?
6. Differentiate functional and organic diseases of the heart.

## HYGIENE.

(Answer any Five of the Following Questions):

1. To what do the organic constituents of sewage give rise, and what is the effect upon health of the continued inhalation of these products?
2. What are the physiological effects of cold, warm and hot baths?
3. Of what importance is the color of the clothing?
4. What is the difference between a contagious and an infectious disease? Give examples of each.
5. What is an antiseptic? (2) A disinfectant? (3) A germicide?
6. What is meant by quarantine and what are the principal quarantinable diseases? (2) What determines the length of quarantine of each of these?
7. What impurity in the atmosphere given off from human bodies as a product of respiration indicates the degree of unwholesomeness and how would you test for this impurity?

## PRINCIPLES AND PRACTICE OF OSTEOPATHY.

1. By what physiological processes does deep inhibitory treatment over the 3rd and 4th sacral nerves almost invariably relieve headaches in vertex or occiput?
2. Give prodromal symptoms of imminent apoplexy, and mention measures you would employ to abort such threatened attack.
3. Outline your treatment for a case of chronic bronchial asthma.
4. Differentiate symptoms and treatment between cases of brachial neuralgia and brachial neuritis.
5. What would be your treatment for a case of chronic diarrhoea?
6. How would you treat a case of chronic constipation?



7. Where would you look for lesions and how treat cases presenting too rapid a heart or too slow a heart beat?

8. Outline treatment for a case of chronic lumbago.

9. Describe treatment for scarlet fever and explain the necessary sanitary precautions.

10. What anatomical lesions would you expect in pulmonary phthisis? Explain treatment in full and state prognosis.

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

Additional names for this trip have been sent in as follows: Mr. and Mrs. Keene B. Phillips and Mrs. Anna S. Lee.

The above notice appeared in the August Journal under "Club Notices" which was an error, as the trip is not a club affair in any respect whatever.

JESSIE A. WAKEHAM, Sec'y

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### Notes from Indiana.

Dr. Helene Larmoyeux is practicing for the summer, as assistant to Dr. Charles Blackman at Bluffton and Montpelier, Ind. Dr. Larmoyeux reports a very successful practice, and will shortly have entire charge of both offices while Dr. Blackman visits his ranch in Panhandle, Texas.

Dr. Amos Tindall, who has charge of Dr. Blackman's office at Hartford City, Ind., also reports a very lucrative practice.

Here is a good joke.

The laundress was complaining to the lady of the house about having frequent headaches.

"I just don't never go no place to have a good time but that I get a headache," she said. "I've taken all sorts of patent medicines and been to most every doctor in town, but nothing's done no good."

"You had better try Osteopathy," suggested the lady of the house. "It cured me of headache."

"It did," returned the laundress. "Where do you get it? I'd like to try a bottle of it."

HELENE LARMOYEUX.

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### Births.

Born—To Dr. and Mrs. L. R. Trowbridge, Polo, Ill., a seven pound baby girl, August 29th.

Born—To Dr. and Mrs. Gordon G. Ives of Ogden, Utah, on August seventh, a daughter.

Born—To Dr. and Mrs. J. E. Francis of Charleston, Ill., on August 19, 1909, a daughter.

Born—August 18, to Dr. and Mrs. Frank F. Jones, of Macon, Ga., a son, Charles Franklin Jones.

Born—On August 29th, to Dr. and Mrs. C. E. Farnham of 11 Kay St., Newport, R. I., a daughter.

Born—On August sixth, to Drs. J. W. and Clara M. Barker, of Eureka, Ill., a daughter.

### Marriages.

Married—On August third, at Gonzales, Texas, Doctor John Thompson Penrose, of Gonzales, to Miss Ada Allen Chalkley of Richmond, Virginia.

Married—On August tenth, at Chelmondiston, England, Dr. Arthur D. Eteson to Miss Edith E. Haste, daughter of Captain Thomas Haste.

Married—On Thursday, August 26th, at Sherwood, Oregon, Doctor Ernest John Favell, to Miss Inga Maria Olsen. At home November first, Superior, Wis.

Married—On August fifth, at Kirksville, Mo., Dr. H. S. Wiles, A. S. O., '02, of Stillwater, Okla., to Miss Clara Brenz, of Kirksville, Mo.

Married—At Trinity Episcopal Church, Kirksville, Mo., September 7, 1909, Miss Miriam Elizabeth Prindle to Dr. Granville Blackburn Waller.

Married—On Sunday, August 22nd, at Gregory, Texas, Miss Joy Marcella McKamey to Mr. Ernest Eugene McAnelly. At home after October first, College Station, Texas.

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### Business Opportunities.

Wanted—To buy a practice, preferably in Pennsylvania, West Virginia, or New Jersey. Address, 18, care Journal of Osteopathy.

Excellent Opening—For an osteopath in a densely populated and still growing section of Cleveland, Ohio. For particulars address Charles H. Issell, Glenville Center Bldg., E. 105th St., & St. Clair Ave., Cleveland, Ohio. (— T. F.)

Wanted—An assistant. Must be a man of good education. A splendid opportunity for the right man. Address 929, care Journal of Osteopathy.

For Sale or Lease—A well established practice in a Missouri town of three thousand. Must change climate a while on account of health. Address 23, at once, care Journal of Osteopathy.

For Sale—My practice, running four hundred a month, in a rich, prosperous valley, and a most delightful climate, in California. Man and wife, or two men could take in two other towns. No competition. Schools and all churches except "nigger" church. Reason is "I am going back to Dixie." You must have reference, California license, experience, and some money. Having the bare necessities you will surely prosper. Address, 939, care Journal of Osteopathy.

Excellent Opening—Good opening for a good clean osteopath in promising young city of more than five thousand people. Nor foreign nor colored population, and small percentage of poor population. Address, Charles L. Hyde, President American Exchange Bank, Pierre, S. D.

For Sale or Lease—Office fixtures and practice in Illinois town of three thousand. Practice established eight years. Particulars on inquiry. Address, 869, care Journal of Osteopathy.

New York City—Will share beautifully equipped apartment two or more days a week. Waldorf, care A. S. O. Journal



## Locations and Removals.

- Agnew, E. I. located at Osteola, Iowa.
- Andrews, Mabel E., from 1607 First Ave., Perry, Iowa, to Lake City, Iowa.
- Aydelotte, W. F., from Princeton, Ind., to Charleston, Mo.
- Blackmer, J. W., located at Wilmington, N. C.
- Blair, James S., located at 702-4 Empire Bldg., Knoxville, Tenn.
- Boulware, F. A., located at 303 Franklin St., Clarksville, Tenn.
- Bowen, Margaret, from 102 E. Grace St., to The Virginia Bldg., Corner of Fifth and Main Sts., Richmond, Va.
- Cary, Phillip P., located at 136 South St., Morristown, N. J.
- Caypless, M. E., located at 431-33 Commonwealth Bldg., Denver, Colo.
- Crawford, W. F., located at 51 Monroe St., Eart San Jose, Calif.
- Daniel, O. L., located in Corydon, Iowa.
- Deeming, C. O., from Rock Falls, Ill., to Sterling, Ill., H & W Bldg.
- Erwin, E. Paul and Minnie at Perry, Iowa.
- Falkner, J., from Paris, Texas to Texarkana.
- Ferrand, R. L., from Lamar, Colo., to 501 New York St., Los Angeles, Calif.
- Ferry, Nelle Mavity, located at Nevada, Mo.
- Gloman; Katherine S., from 603 Villa St., Pasadena, Calif., to 421-22 Exchange Block, Bellingham, Wash.
- Grant, Roswell Denton, located at 179 Broad St., Newark, N. J.
- Greene, Emilie L., from Detroit, Mich., to 1008 Trude Bldg., Chicago, Ill.
- Grieves, M. J., located at 525 Woolner Bldg., Peoria, Ill.
- Hewitt, Lynn E., located at Union, Oregon.
- Hodges, Lena R., from Los Angeles, Calif., to Seaside, Oregon.
- Kagay, Lorena, from Richmond, Ohio to 405 W. Center St., Marion, Ohio.
- Linder, J. F., located at Osceola, Iowa.
- Ludwig, H. F., from Alcester to Parker, South Dakota.
- Luft, C. G., from Ada, to Fremont, Ohio.
- Mauzy, J. A., from 318 Clay St., to 1211 W. Jefferson St., Los Angeles, Calif.
- Peters, Charles F., located at "The Parkdale," 598 Sixth St., Brooklyn, N. Y.
- Peterson, I. F., located at Emporia, Kansas.
- Price, H. A., from 19 Norfolk Bldg., Cincinnati, Ohio, to 94 S. Alrington St., Houston, Texas.
- Settle, Sarah H., from 120 W. Kentucky St., to 110 W. Oak St., Louisville, Ky.
- Slaughter, Kate C., from San Francisco, to Keystone Bldg., Mill Valley, Calif.
- Sloan, Frank A., from Caldwell, to Mountain Home, Idaho.
- Smith, E. Randolph, from Lyons, to Garden City, Kansas.
- Smith, J. R., located at Bohan Block, Mitchell Ave., & Willow St., Waterbury, Conn.
- Wade, G. M., located at 21 S. Sixth Street, Minneapolis, Minn.
- Williams, Maude Grace, at 175 State St., Springfield, Mass.
- Wolfe, J. W., at Seven Mile Ford, Va.
- Woodson, T. H., from Carmen to Cherokee, Okla