

The Journal of Osteopathy

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The Journal of Osteopathy

Edited by W. K. Jacobs.

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Editorial

A Merry Christmas and a Happy New Year. Another year is drawing to a close. Measured by the extent of new osteopathic legislation enacted during the past twelve months rather than by the steadily increasing prestige the science is constantly commanding, the year has not been especially significant. That Osteopathy is continuing nevertheless to make tremendous strides, and that osteopaths have been thoroughly awakened by the danger which is threatening the profession on every hand, as well as to a thorough realization of what is the best means of safeguarding their interests, is evidenced by the fact that in no less than five states and the Province of Ontario, bills are being prepared for presentation at the coming session of the various legislatures, demanding independent State Boards of examination and registration.

Of adversities, the profession has had its share; the memory of the death of Mother Still, the revered "Mother of Osteopathy," being still fresh in the minds of all.

The temporarily adverse decision in the Bandel case, and the defeat in New Jersey, have only served as an inspiration for more determined effort. The Owen Bill, it is true, may appeal to some as a sort of overshadowing menace, but we have every confidence in the ultimate triumph of the good sense of the American people, and among them the vast majority of medical men who are thoroughly sincere and unselfish, and who are therefore opposed to this legislative monstrosity. So

"The wind may shout as it likes without,

It may rage, but cannot harm us;

For a merrier din shall sound within,

And our Christmas cheer will warm us.

There is gladness to all at its ancient call

While its ruddy fires are gleaming.

And from far and near, o'er landscape drear,

The Christmas light is streaming."

Senator Owen Taken to Task. Undoubtedly the first opinion of a great many people who were able to penetrate this subterfuge of the American Medical Association, was that Senator Owen in fathering the measure known as the Owen Bill, was being made more or less of a cat's-paw of the A.M.A., and on this ground, together with a quite natural high regard which it was presumed the Senator had for the real medical profession which he might wrongly have been made to believe was behind the Bill with an honest motive, the Senator escaped to a great degree the responsibility for espousing such an unworthy cause. However, as he has on several occasions, in spite of the storm of protest the measure has occasioned, openly defended the bill, we are forced to conclude that he is either a willing tool in the hands of the crafty medical gangsters, or does not comprehend the significance of the tremendous and emphatic opposition which his bill has inspired, not only among the laity, but among a large proportion of the medical profession itself. In this connection, Francis B. Livesey, writing as follows, takes him severely to task, as well as "Good Health," a magazine which has defended the bill from the first:

"Democratic Senator Robert L. Owen, of Muskogee, Ok., is, as is well known, the father of the Owen bill that calls for the National Department of Health. As a denouncer of trusts and as a shouter for the Initiative and Referendum, he has already shown his inconsistency in contending for a measure that has had eighteen millions of citizens ranked against it from the first; but, this not sufficing, he now blunders still more gravely in making his first attempt to publicly defend his bill through the press.

"In 'Good Health' Senator Owen attempts the defense of his bill, and every solitary point that he endeavors to make has been blunted time and time again by the Twentieth Century Magazine and hundreds of writers in the papers and magazines of the day. Sufficient it will here be to note but one of his paragraphs as a sample of the whole. He says:

"If the Department succeeds, its only function will be to prevent disease and deprive the medical profession of patients and of income."

"If that be so, the 80,000 physicians that are ranked with the American Medical Association in fighting for the Department or Bureau, will drop it like a hot potato. It is to retrieve their fallen fortunes that they have grasped the opportunity presented by the Bureau. Professor Irving Fisher of Yale, has settled this point, however, most conclusively, and Senator Owen appears to be blissfully ignorant of the fact. As President of Roosevelt's 'Committee of One Hundred,' he

circularized the physicians of the country with the special object of showing them that millions of dollars would be accessible to them through the various offices and opportunities that the bill would create. He covered it thus: 'Within a decade it will surely cost millions upon millions.' So there you are, Senator Owen.

"The 'Good Health' Magazine, in which Senator Owen has endeavored to sustain himself, is none other than the one issued by Dr. J. H. Kellogg, of Battle Creek, Mich., Dr. Kellogg being one of the 'Committee' and one of the one thousand writers that Professor Fisher subsidized to work up the Bureau. His magazine is also, presumably, one of the one hundred periodicals subsidized. I saw Senator Owen quoted in the Baltimore Star of November 12th, under the caption, "Objection to Federal Department of Health is a Baseless One." The Star is the evening edition of the Baltimore American, which paper has given about the strongest editorial condemnation of the Owen Bill I have seen. Come on, Mr. Owen, and put your foot in it once again."

Labor Laws to Protect Women and Children. The Consumers' League of Missouri, C. E. Remick, Field Secretary, 1210 Locust St., St. Louis, Mo., is active in framing measures in behalf of the women and children factory workers of the state, and during the coming session of the legislature proposes to introduce the following described measures:

1. "A bill to prohibit the employment of children under fourteen years of age in factories and other establishments dangerous to their health and morals, throughout the State. Also, to prohibit the employment of children between 14 and 16 years of age in the same establishments for more than nine hours per day throughout the State.

2. "A bill to prohibit the employment of females in manufacturing and mechanical establishments, laundries and work-shops, for more than nine hours per day.

3. "A bill to extend the Factory Inspection Law to cover the entire State, and to provide that the expenses of the Factory Inspector's office shall be paid out of the General Revenue Fund, by regular appropriation, and that the fees of said office shall be paid into the General Revenue Fund. Also to provide that every article entirely made in a legally inspected factory may contain a label showing that fact, with a penalty for using such label falsely, thus enabling the consumer to distinguish between food and clothing made in clean, legally inspected factories, and in dirty, disease-laden tenements."

The need of such laws is apparent to every physician, and the en-

actment of such regulations would prove a boon to women and children laborers of the state. Legislators throughout the state should be urged to support these measures.

A Lorenz Operation.

A few years ago, when Dr. Lorenz of Vienna performed his operation for congenital hip dislocation upon Lolita Armour, the press throughout the entire country heralded the performance as one of the medical achievements of the age. Perhaps the enormous fee demanded by Dr. Lorenz had something to do with the publicity given the operation. But it is characteristic when a medical man does something a little out of the ordinary that there is no end to the fuss made over the performance. Just the other day, our own Dr. George Laughlin performed the Lorenz operation upon a child fifteen years of age, and it was a case in which good results were, to say the least, improbable. But with his consummate skill, and in his characteristically modest, unostentatious manner, he successfully reduced the dislocation, after about twenty minutes of hard work. Enthusiasm among the spectators could no longer be restrained, and there was a wild burst of applause as the operation was concluded. But had this operation been performed almost anywhere else, by even a very ordinary medical man, the chances are his name, like that of Lorenz, would have been heralded to the ends of the earth, as one of the wonder-workers of the age. There is the contrast. The point is, does the profession appreciate as it ought the fact that we have one so skilled among our number? You know the ancient saying is "A prophet is not without honor, save in his own country." We sincerely hope in the case of Dr. Laughlin it is an exception.

Pelvic Adhesions

GEORGE A. STILL, M. S., M. D., D. O.

(Excerpts from Address before the Ohio State Osteopathic Association, December 14th, 1910.)

There are so many misunderstandings and misconceptions regarding adhesions, even amongst the profession, that we will discuss the subject from the beginning; first reviewing the pathology of the so-called adhesions, and then taking up their symptoms, diagnosis and treatment.

We will consider as the correct definition which considers adhesions as "the inflammatory products which cause the temporary or permanent coalescence or fusion of two or more otherwise free surfaces."

Adhesions, so-called, differ in no wise from the reaction to an inflammation inside the tissues, anywhere in the body. Adhesions may follow physical trauma, such as bruising. Adhesions may follow congestion due to misplacement, increased weight, or obstructed circulation to the part. They may follow infectious inflammations of, within or near by the involved structure. The inflammation may be purely by sympathy. The inflammation may be due to an obstruction of some of the normal functions of the body. Indeed, anything that could produce inflammation in the areolar tissues of the arm, in the subcutaneous tissues of the lung, or anywhere else, can produce "adhesions," if they occur in the right place; the only thing necessary being that the same pathology and the same sequelæ occur on near-by surfaces. The composition and structure of an adhesion is the same as the composition and structure of a thrombus, or of an ordinary scar following a cut or burn, or any other similar tissue. Simply that in one case it is within a tissue where surfaces do not exist, and in the other case, that of the "adhesions," it is of a tissue which in itself is a surface, whose function is that of protection and isolation, and whose chief excuse for existence is to allow of the freest, easiest and most frictionless motion between the structure it protects and covers, and surrounding structures, usually also similarly protected and covered.

Functionally, this tissue is an epithelium. Actually, it is one of the varieties of connective tissue, endothelium.

This tissue being only one cell in thickness IS IN IMMEDIATE CON-

TACT WITH ITS BLOOD SUPPLY, and is subject to the same rules as tissues deeper in the structures, and its inflammations respond in the same way.

Given any cause, and the same general phenomena of inflammation are exhibited in the production of adhesions, and these, as mentioned, are simply the ordinary inflammatory reaction processes, their diversity depending on the cause and the length of time it acts, and their sequelæ in a general way depending on the same, and also dependent on these is the possibility of being or of not being able to get rid of them.

It makes no difference whether we have an inflammation due to circulatory changes, due to infection, due to obstruction, due to position, or anything else, we have early, a local hyperemia; then we have an effusion into the tissues of serum from the blood vessels. Then, if the process continues we have the infiltration of leucocytes, their variety depending on the presence or absence of infection. Also, we have more or less CLOTTING or fibrin formation, and this is almost the rule on serous surfaces. Then if the process still continues we have a tendency towards the organization of the inflammatory exudate and the formation of connective tissue. Fibrin already mentioned is replaced by round cells. Round cells change to oval cells, and oval cells to spindle cells, and spindle cells to fibro-bundles, and fibro-bundles form the scars. In other words, with enough inflammation, we have a scar formed in our tissue, and an adhesion IS SIMPLY A SCAR, either FORMED OR IN THE MAKING, and whether it can disappear or not, under favorable circumstances, depends on how nearly it is really FORMED, and on how much of it is as yet in the making. The part that is organized scar is never absorbable.

The serum which is thrown out first in response to inflammation, may early undergo various changes and be variously modified by many things. There may be small hemorrhages into it, and it will be a bloody or sanguineous exudate. An excessive number of leucocytes may fill it, due to the presence of pus germs, and we have a purulent exudate. It may clot early or almost immediately after coming through the vessel wall, and we then have a fibrous exudate, or we may have mixtures of these; or on special surfaces, we may have added special secretions, such as mucus.

Some tissue seems more prone in general to one form or modification of exudate than another, and most especially is this true of tissues where some special substance helps in the regeneration or protection of the parts. In the exudation or callous between broken bone fragments, we have an example of this in "chondrin," and very much better as an example of the special type of exudate, though not otherwise mod-

ified by other substances, is the general tendency towards very early fibrin formation in the inflammation of any serous or endothelial surface.

Nature realizes that, first, ANY INFECTIOUS INFLAMMATION not only has an unlimited chance to spread, but a very magnified power to do damage on these serous surfaces, and also that any organ in fighting inflammation does so best when at rest and not being used for some other function. For this reason, therefore, she makes it the rule that as fast as the serum is thrown out as an exudate in any inflammation of these parts that it shall not clot and become fibrin, and one must understand that this fibrin is in no wise different from that in clotted blood, and as for their immediate condition both are very little different from the clot of milk.

Successive layers thrown off very soon tend to and do cause union or adhesion to near-by surfaces, which process may even be helped by the fact that the near-by surface may become inflamed and throw off some exudate of its own. That even the ancients had at least some idea of the structure of this exudate is shown by the fact that they spoke of it as "plastic lymph."

Understand that this exudate may be just a small patch and very dense, due to a localized but severe inflammation, or it may be just a few almost microscopical spots or threads in a mild inflammation, or it may densely cover an entire organ or group of organs, or it may cover an organ or group of organs with the very finest gossamer thread-like processes due to a very mild, but very general, inflammation.

Also depending upon the same thing, that is the severity and extent of the inflammation, it may completely organize into connective tissue and become real fibrous scar tissue which cannot be absorbed. All this may happen in a few weeks, or with a mild inflammation we may have just a semi-fibrous condition for years, which is but half organized, and one should always remember that the fibrinous and unorganized part of any scar can be totally absorbed, no matter how old.

One must remember, however, that the inflammation began in the tissues and structures underneath the surface, and that this inflammation underneath the surface may persist, and that all of our sensory and indeed most of our other symptoms come from these underlying inflammations, and that it is their treatment and their absorption which is of as much or more importance than the treatment or absorption of the actual exudates themselves.

This underlying inflammation consists, of course, to a great extent, of myriads of round cells in addition to the fibrin, fibre, and so forth.

Understand that as long as any real inflammation remains there is still some active inflammatory tissue present, and that this consists of both fibrin and round cells, and these can be removed by treatment, whereas the structures that have gone on to complete organization cannot be absorbed, but at that they do not give acute inflammatory symptoms, but simply in themselves affect the patient passively by retaining the organ in the position that the inflammation found it.

This may indirectly, of course, actually produce or keep up congestion and inflammation, and this is the part that has to be treated as a passive and indeed an almost extraneous condition.

Let us summarize as follows: In adhesions we deal with an organized or organizing exudate, which like a blood clot goes from the stage of fibrin to the stage of complete scar tissue. Any stage or any part of this process that is not fully organized may be absorbed or removed. The completely organized tissue cannot be absorbed, and must be treated passively or as a passive substance. It may, however, mechanically produce inflammation. Sensory and similar symptoms are due solely to the presence from whatever cause, of active inflammatory tissues which are not, or at least not completely, organized. Organized means "to be changed into spindle cell fibrous scar tissues," and oval cells, round cells and fibrin may be partly or altogether absorbed, because they are not yet "organized."

In treating adhesions then, we have to treat, first, the adhesions and the symptoms themselves while they are in the making, and the unorganized adhesions which are in the making are completely absorbable, and may disappear without leaving a trace.

Second, we may have to treat the inflammation of near-by organs which may either cause or be caused by these same adhesions whether organized or not, and the treatment of these, of course, brings into our field many outside factors which will not be specially discussed here.

Third, we may have to treat organized fibrous adhesions which may produce organic symptoms of an inflammatory nature, and may cause reflexes of distant organs on account of the mechanical position into which they draw or maintain different structures, or they may by direct pressure, in the same manner cause direct or local inflammation, such as sciatica.

In other words, the adhesions may be uninflamed and purely mechanical, while the organ is inflamed, or the adhesion may be inflamed and the organ not inflamed, but simply mechanically misplaced, and the distant symptoms may be present or lacking, and may be either direct or reflex. Indeed, any combination of these is possible. Therefore,

the treatment of adhesions in one case may in no wise simulate the treatment of adhesions in another.

Taking that group of adhesions that belong to the inflammatory or absorbable type as a distinct class, in order to get at the treatment more easily, and taking the fully organized and unabsorbable adhesions as another class, and the effect on the organs as a distinct proposition, we will take up their treatment in turn.

I have noticed a distinct tendency on the part of many of our profession in discussing treatments, to discuss every other form of treatment except the spinal first, and in one article which took the first prize from the A. O. A. Prize Essay Board, the spinal treatment wasn't even mentioned. For this reason I am going to mention it first, and also for the reason that I think it is the most important in the first class. And I want to call attention, first, to the fact that I do not believe any case in the acute stage is best treated without adding complete rest, because there is no distinctly acute formation of adhesions which does not threaten the formation of pus, and pus once formed is surgical.

The spinal treatment should be directed mainly towards the sacral and lower dorsal regions, and not so much towards the lumbar, as it is not the lumbar region that gives the main nerve supply to this part of the peritoneum.

Naturally, distinct lesions anywhere are to be treated as such, and any inflammation of an acute nature in the pelvis will cause contraction of the muscles of the erector spinæ group, therefore lumbar tenderness, which may or may not overlie distinct spinal lesions.

In any acute disease, and pelvic inflammation is as much a disease as pneumonia, the treatment should be given a number of times a day and not a number of times a week, and they should be longer and consist in more muscular relaxation than in a chronic affair.

The amount of motion one should subject a patient's body to depends entirely on their clinical symptoms, and where there are distinct febrile symptoms, the patient should be treated on the back.

As common adjuncts to treatment we have to consider cold, both wet and dry; heat, both wet and dry, both internal and external; light, electricity, counter irritants internal and external, and internal medication and also massage. I don't mention all these because I believe in all of them, but because they are in more or less common use, and therefore I intend to briefly discuss all of them.

At the beginning, let us say, once for all, that none of these treatments, unless it be massage, is of benefit outside of the acute attacks,

beyond the point, which some other treatment would have reached or passed in less time.

But in acute attacks,—let us say this for thermal treatment, most patients stand cold either as a wet pack or dry, as in an ice bag over an inflammation, less beneficially than they do heat, and more of them cannot stand it at all than cannot stand heat at all. This, of course, does not include inflammations of the structures in a cavity with an unyielding wall, like the brain, and throughout this article we will consider that we are discussing pelvic inflammations solely.

The effects of either cold or heat are mainly sensory, and many series of experiments have shown that this is about the only benefit, as the actual effect on the deep structures is not great and any beneficial results can better be obtained otherwise. For the sensory effects, however, their value is not to be denied.

However, in the big majority of cases, some material, like Denver mud, which will conserve the heat, allowing of no special temperature changes of the parts, is preferable to any other applications. It affords an equability of temperature which is preferable to any extreme, or to the changes, nearly essential otherwise.

Chemical or other counter-irritants are best avoided, as they do nothing not better done otherwise, and most of their effects are more or less fictitious.

Light in these cases I consider as absolutely valueless.

The claims advanced ten years or so ago for pelvic electricity are mostly disproved even in chronic cases and better methods have been demonstrated. In acute cases electricity has no place.

Medicated douches or the plain hot douches are of value only as they supply heat in an otherwise mistreated case. The medication is of no value and in cases otherwise handled correctly, douching can be practically abolished, but in otherwise untreated cases they are better than nothing.

Internal medication has absolutely no effects on the local processes.

Massage in the acute cases is to be confined to the non-inflamed abdominal areas and the spinal muscles.

Indeed, in the acute cases, treatment may be summed up in,—first, frequent inhibitory spinal treatments described; second, a protective covering over the surface, such as Antiphlogistine, this having its main effect only on the sensation; third, massage only as indicated previously; fourth, complete rest while the process is acute.

In the sub-acute cases, massage of the organ itself is of the greatest value, if properly applied. Even here, it does not supercede spinal treatment. Any case that has no decided tenderness has passed from the sub-acute to the chronic, and here massage is of little value.

In chronic cases, spinal treatment is of value, mainly as it is directed to local or distant organs affected by the adhesions and the adhesions themselves are chiefly to be treated by local stretching, manipulations or by surgery, wet or dry. Dry surgery, or the tearing of large gross adhesions with the abdomen closed is to be mentioned only to be condemned. Sepsis from rupture of an old pus focus is the greatest danger, although hemorrhage is possible.

Regarding the steady, little at a time, stretching manipulations, they are often effective. Neither massage, electricity, nor spinal treatment seem to affect this type which has entirely passed the inflammatory stage. Those cases where sudden breaking up is found practicable or possible without damage, belong to two classes, and that a number of such cases have occurred where there were no bad after results is certain; but at that, any case given the proper manipulation that requires great force to break up,—that is, beyond four or five pounds, should be left alone and treated gradually.

The two classes referred to that successfully yield are: first, those where the adhesions are extensive, but of a very fine nature. We see many cases operatively which have fine gossamer-like threads of adhesions covering the whole half or more of the uterus, and which, when the viscera are held in the right position, separate with only a few ounces of force and many times they have actually been separated once or more before the operation, but being unsupported and having dropped back into the original malposition, have adhered again.

Nearly all adhesions, of course, are in conditions where there is a retroversion, as nearly every factor producing inflammation tends to produce this malposition, and the cases just discussed often owe the failure of their cure to the condition which makes the second class, not yet discussed.

This condition is a hooding or pouching of the rectum over the uterus, and the ordinary method of attempting to replace the uterus and break or stretch the adhesions very often simply magnifies this pouch or hood, and renders the desired result impossible.

We often fail to remember that the rectum is much larger than its outlet, that it normally has a capacity when dilated, of a quart, and that the shape of the pelvis and the promontory of the sacrum throw its upper part way forward compared to the lower, and that the sigmoid

flexure still further magnifies the ability to make a pouch or sack for the fundus of the posterior uterus, and that with or without adhesions, if attempt is made to restore the uterus, with the patient in the dorsal position and by pushing up and forwards on the uterus, either manually or with an instrument, the pouch is often so magnified that reduction is impossible, and when the organ is released it springs back into place, almost as though drawn by an "elastic band." Now understand that plain adhesions do this, but the point is that without adhesions at all, and with only very fine adhesions in other cases, we get the simulation of very dense adhesions, and several times, during operations to suspend a prolapsed uterus, where the practitioner who had treated the case for months or years had diagnosed dense adhesions, I have found FEW OR NONE AT ALL. On the other hand, I have also, on several occasions found the densest of adhesions where the ATONY OF THE RECTUM AND THE LOOSENESS OF ITS ATTACHMENT HAD ALLOWED OF FREE UTERINE MOVEMENT ON MANUAL MANIPULATION SO AS TO MAKE DIAGNOSIS OF THE adhesions themselves practically impossible.

But to get to the best method of stretching these adhesions that are present, of restoring the posterior uterus, and where possible breaking the finer adhesions, no method compares in advantages in the difficult cases, with the KNEE CHEST POSITION, the PULLING DOWN OF THE CERVIX WITH A VULSELLUM and then the pushing forward of the fundus THROUGH THE RECTUM, then the release of the cervix, and the MANUAL ELEVATION OF IT PER VAGINUM. The treatments of this sort do best if given on the average twice a week, and if they produce tenderness should merely be reduced in severity, not in number.

The use of the vulsellum need not worry one if used correctly. The best type is a two, or better three pointed instrument, with points on both sides, and which will lock. Of course too much force must not be used, as a few ounces will always suffice, and usually after a few times the finger may be substituted, as indeed in many cases it suffices from the start, but in every case treatment may be applied as easily or easier in the knee-chest or even the Sim's position, than in the dorsal, and most cases do better with a combined rectal pressure.

Cases which will not yield, or are associated with pus, or yield with too much difficulty and require too much time, enter the surgical field, and are handled as follows:

(TO BE CONTINUED.)

Osteopathic Observations at North American Surgical Meetings

F. E. MOORE, D. O.

The recent "Clinical Meeting of the Surgeons of North America" held in Chicago November 7th to 19th, proved of unusual interest from an osteopathic view-point, as well as surgical. It was a privilege to be present at this greatest meeting of its kind ever held, and I consider the remarkable surgical procedures witnessed were practical demonstrations of the skill of some of the world's greatest surgeons. I shall not attempt to discuss the surgical side of the meeting, but I wish to call attention to a few thoughts gathered which emphasize that surgery, like the practice of medicine, is gradually recognizing the truth in the basic principles of osteopathy.

The meeting was not in the form of a convention, but at headquarters maintained by the Editors of the international magazine, "Surgery, Gynecology and Obstetrics," the clinics of the leading surgeons of Chicago were posted daily and the opportunity was presented of selecting the operations and the surgeons one desired most to see. One could but be much impressed with the world-wide known Doctor John B. Murphy, a man of splendid personality, master of the situation at all times, manifesting knowledge and distinguished skill, with the ability to impart. But I believe the key to Dr. Murphy's great success in surgery is found, like in our home surgeon Dr. George Still, in the mechanical basis of his reasoning. Referring to Dr. George Still's success in surgery, I wish to say that I rank his skill with many leading Chicago surgeons who are years his senior. Dr. George Still is a mechanic and applies his mechanics to surgery, but surely his promising future in surgery will be not a little due to his osteopathic foundation. His knowledge of the truths in the great science the "Old Doctor" has given the world gives him a large advantage over the average surgeon. And this is the point I want to give the osteopathic profession, that the great surgeon of the future will be osteopathic in principle whether he acknowledges it or not. It means that in osteopathy we have the true principles of healing. The therapy of the future is mechanical from its viewpoint and in its procedure, and while it may overlook the vital part of osteopathy, its

etiology and treatment, it is a big step our way. It does not make so much difference whether M. D. surgeons and medical men acknowledge osteopathy or not, but it is very essential that osteopathic physicians and osteopathic surgeons fully realize that Dr. Andrew Taylor Still discovered the true basis of healing thirty-six years ago and that they adhere unflinchingly to its principles.

It was gratifying to an osteopathically trained mind to hear Dr. John B. Murphy at Mercy Hospital make such remarks as: "Remember always that the cell is the mechanic of the body." "Remove the pressure." "Remove the obstruction." "The artery is supreme." "We used to kill in appendicitis pus cases by washing out. What is indicated is to RELIEVE THE TENSION ON THE DISEASED PROCESS AND NATURE WILL DO THE REST." Several visiting surgeons expressed the fear of leaving any pus in the peritoneal cavity, but Dr. Murphy assured them THE BLOOD WAS A BETTER GERMICIDE THAN ANY ANTISEPTIC HE KNEW, and he cited sixty-five successful cases in alimentary rupture into the peritoneal cavity in which he used drainage, but no irrigation. Again, he said, "The first thing that must be done in joint suffering is not to give morphine to relieve the pain, but to give extension to relieve the pressure." In speaking of paralysis of bladder function he said, "Gentle persistent massage of the prostate will finally let the urine pass. Avoid the use of catheter as long as possible, for once resorted to, one will never get normal overflow." Dr. Murphy showed one case of special interest to the surgical mind as a new possibility in surgery, and still it was remarkably simple from a point of osteopathic diagnosis and most promising from a point of osteopathic treatment. Case was a young man of twenty-four who several months ago strained his back lifting boxes of apples. Dr. Murphy said: "This shows to the average medical mind lumbago or psychiatry. We do not pay enough attention to diagnosis, and this is the reason these patients go to osteopathy, and we do not give detailed attention to the lesion which the osteopath does. In this case you will find a segment of the spinal column fixed (patient bending to touch the floor to make it apparent) and the sciatic nerve becomes inflamed or you have a neuralgia. These cases are treated by medical men, but not for the spinal lesion which is disturbing the spinal nerves. In this case the spinal lesion caused a lesser resistance and Tubercle Bacilli possibly from an old focus elsewhere invaded this spinal area, and he developed an infectious granuloma, causing pressure on the cord. Remember a pressure from granuloma causing paralysis is on the concave (not convex) side of the spinal cord, a lordosis being present in the early manifestation of paralysis. The pa-

tient shows ataxic gait. There has been no degeneration of spinal nerves yet, so what can we do for this class of cases? The cord is becoming compressed. Now a process of absorption must be brought about, or we must perform a laminectomy and cut in there and remove the pressure." Needless to say, my osteopathic mind wished to become informed upon the condition of the sacro-iliac region and desired to see an A. T. Still adjustment of that spine.

At the Post Graduate College, Dr. Franklin H. Martin advised the use of exercise and support of the lower abdomen in showing cases of enteroptosis. He further said, "I have patient lie with shoulders and head down and pull the abdomen up." In showing fracture cases at Cook County Hospital, Dr. F. A. Besley, after declaring his opposition to splints and even to casts, said, "You never can accomplish anything by pressure for correction in fracture. Always think of THE CIRCULATION TO THE PART AND DON'T INTERFERE WITH IT. In Colle's fracture reduce perfectly under anesthesia and you really do not need any support; use massage to promote lymphatic circulation. I prefer to treat a fractured humerus with extension (Buck's) four or five days." In discussing open fractures, Dr. Besley said, "I must impress upon you that antiseptics used in these open fractures, even though we know there is infective material present, will do much more harm than good; THEY WILL KILL THE GERMS ALL RIGHT, BUT WILL KILL THE TISSUES ALSO, so we must depend entirely upon the vitality and resistive power of the underlying tissue."

Dr. John Ridlon, a distinguished orthopedic surgeon, at Rush Medical College, in discussing Anterior Poliomyelitis, said: "Massage can be used daily for years and I think it does good. One great remedy though, is use of muscles by patient himself. Do active motion when possible, use opposed motion when you can, make motion for patient when he has none."

I have quoted from a few of these famous surgeons, not to detract from their native ability or finely trained minds, but to emphasize the "signs of the times," which is that the surgeon as well as the medical man, is rapidly coming to the osteopathic idea. Dr. Still gave the world truth when he declared "the rule of the artery is supreme;" also, "Man is a machine and the doctor is the mechanic whose business it is to keep that machine in order so that it may carry on normal functioning." The "Old Doctor" thus lives to see his discovery proclaimed thirty-six years ago gradually winning the world. Who can foretell the possibilities of osteopathy thirty-six years hence?

Prevention and Cure of Inflammation of the Middle Ear

BY DR. A. J. C. SAUNIER, LOS ANGELES, CAL.

(Read before Los Angeles County Osteopathic Society.)

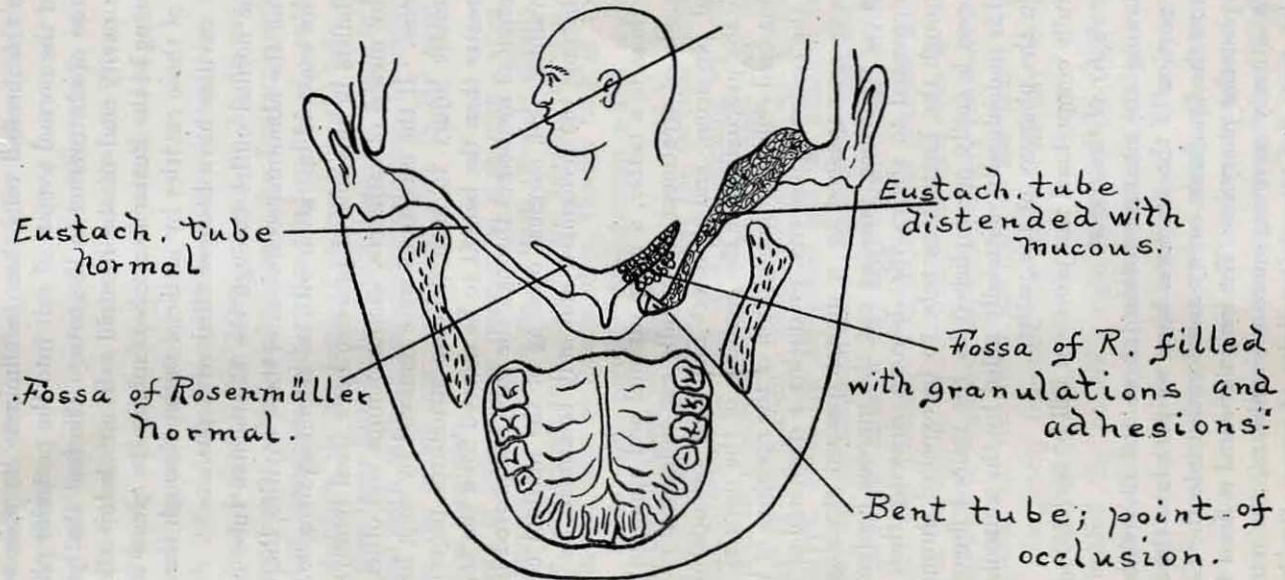
It seems to be the province of osteopathic practice to constantly diminish the operative field of the surgeon by curing diseases by manipulations which have heretofore been controlled only by the knife.

In this category we may mention appendicitis; tumors; goitre; displaced kidneys, ovaries and uteri; operations on the biliary passages; on club-foot and other deformities; and tonight I wish to call your attention to the prevention and cure of middle ear diseases, including mastoid disease and deafness, by manipulative procedures.

The middle ear has three subdivisions, the eustachian tube, the tympanic cavity and the mastoid cells. The entire cavity has in general a very intricate formation extending from the cavity of the nasopharynx through the various arrangements of soft and bony structures to the ultimate cells of the mastoid process, and involving intimate relations with the delicate organs of hearing and of equilibrium, as well as a contiguity with the brain itself.

The general direction of the cavity of the middle ear is downward, forward and inward and is undoubtedly so arranged to permit of the drainage of its secretions into the posterior cavity of the mouth. So long as these natural mucous secretions drain away freely they cause no more trouble than other natural eliminative functions; but when, from an obstruction of this natural sewer, the secretions of the various portions of the extensive middle ear cavity are retained, they produce various inflammatory and septic diseases, including tympanitis auris, mastoiditis, deafness, vertigo, and may even extend the trouble to a fatal cerebral meningitis.

The Eustachian tube is a direct sewer for drainage of the cavity of the middle ear, and while in the vast majority of cases it is fully sufficient for such purpose, unfortunately portions of the tympanic cavity and of the mastoid cells opening into this cavity are below the level of the beginning of the outlet of the Eustachian tube, and it so happens that an infection of this cavity from any cause, seems more prone to



Diagrammatic section of head showing canal of middle ear.

extend to the mastoid cells than to eliminate its poisonous secretions by way of the normal avenue of exit into the posterior pharynx; generally because of obstruction in the tube. The fact that portions of the tympanic cavity and of the mastoid cells are below the level of the inner opening of the Eustachian tube, explains the excuse for the surgical drainage of those cavities by artificial outlet through the mastoid bone when the cavities have become filled with pus.

If the normal outlet through the Eustachian tube could be made to carry off the abnormal secretions of these cavities, there would be no occasion for mastoid operation with its attending dangers.

Specialists in this line of practice have tried removal of these secretions by means of catheters, suction pumps and other devices, with poor success. If the secretions were removed by such harsh measures, the traumatic injury to such delicate structures proved a source of danger greater than the benefit to be derived from the accomplishment. The injection of medicines through the tube has proved both dangerous and unavailing. So, surgical opening of the mastoid cells behind the ear has become the recognized and only treatment by the old school doctor.

But there is a better, a more rational and apparently far more effective mode of treatment for middle ear inflammations open to the intelligent physician, and in direct line with osteopathic procedures. I refer to the evacuation of the contents of the cavities of the middle ear and mastoid cells by manipulation of the openings of the Eustachian tubes in the posterior pharynx, producing a discharge of their contents.

This is accomplished by a digital forward stroking of the tube, thus opening its orifice, pressing out the mucous contents and by the suction conveyed to the cavities beyond, drawing their contents also down through the Eustachian tube to be expelled through the mouth. This process is easily accomplished by the trained finger of the osteopath and is undoubtedly materially aided by the muscular contractions excited in the pharynx of the patient.

To fully comprehend this process it will be necessary to refer briefly to the anatomy of the region.

Following the channel forward from the diversified cells in the mastoid portion of the temporal bone we pass into the larger antrum, thence into the tympanic cavity and forward into the Eustachian tube into the posterior pharynx. The irregular canal is lined for most of the way with a freely secreting mucous membrane, the mucous discharge from which finds exit into the posterior pharynx often by means of ef-

ports at suction and hawking on the part of the individual, thus keeping it normally clear.

Just behind the anterior opening of the tube, which at this end is cartilaginous in formation, is a depression called the fossa of Rosenmuller, a region freely supplied with adenoid structure and which seems particularly prone to inflammation.

When such inflammation occurs the pillars forming the anterior and posterior boundaries of this fossa are apt to be drawn together by inflammatory bands, which action bends the Eustachian tube near its end upon itself, closing its caliber; like the bending of a rubber hose. This, in turn, obstructs the discharge of mucus from the tube and middle ear, and it then lacks but the baneful influence of a cold in the head or a sudden chill with their accompanying infection, to precipitate an inflammation in the middle ear, extending often to the mastoid cells or to the cerebral meninges.

The keynote of osteopathic practice is FIND THE CAUSE OF THE DISEASE AND REMOVE IT. The cause in these cases is plainly the obstruction in the Eustachian tube, due to the bending of that tube by the adhesions in the fossa of Rosenmuller; though back of this lesion there generally exists some cervical displacement which undoubtedly produced a weakness in these soft tissues.

Hence the indications are plain; correct the cervical lesion, break up the adhesions, liberate the bent tube, thus opening its normal caliber, and clear it of its mucous contents. This is easily done by inserting the forefinger in the patient's mouth beyond the soft palate to the side of the pharynx, where the depression and the mischief are easily found. Breaking up the adhesions and crushing the enlarged mucous follicles about them will cause a very slight hemorrhage; stroking out the liberated tube will discharge it of its mucous contents and by the suction conveyed through it, to the middle ear and even as far as the mastoid cavities, tend to draw out the inflammatory contents contained in them. In giving this treatment the nails of the fingers should be smoothly and completely trimmed, the hands carefully cleaned and washed in some mild antiseptic.

Standing behind the patient's right shoulder the right index is quickly inserted to his left pharynx, while he gives a forcible exhalation to open the pharynx and blow the palate forward. The finger easily finds the fossa of Rosenmuller, breaks what small adhesions obstruct it and by a few strokes forward, clears out the lower section of the tube. The patient generally gags, but it is so soon over they do not object much. The same procedure is gone through with on the left side. Each suc-

ceeding treatment grows easier. Do not try to accomplish too much in one treatment. Generally one insertion of the finger on each side must suffice for a sitting. Patients thus treated invariably express a sense of relief in and behind the affected ear immediately following the treatment.

As yet I can report on but nine cases, and my object in offering so meagre a report is to call attention to the simple and effective method of treating a serious malady in hopes that it will lead others to follow along these lines and fully test its efficiency.

CASE No. 1. A woman 32 years of age caught a severe cold in the head, followed by pain and fullness in the right ear and mastoid region. Hearing in the left ear was nearly destroyed by middle ear abscess a number of years previous. History of diphtheria in childhood. General acute congestion of all mucous membranes of the head. Both fossæ of Rosenmuller filled with adhesions and granulations; Eustachian tubes occluded by mucus and distorted by tension of adhesions behind their mouths. Adhesions broken up, tubes evacuated by stroking. Treatment given three times the first day, then twice daily, once daily, and finally, occasionally for a couple of weeks. Marked relief after first treatment and complete recovery later. A partial deafness of long duration was much benefited but not entirely overcome.

CASE No. 2. Woman aged 38. Totally deaf in both ears; cannot hear even with trumpet which was formerly used. Pain and fullness in ears and mastoid regions for years; gradually growing worse. Had diphtheria and pharyngeal paralysis in childhood. Examination showed both fossæ of Rosenmuller full of boggy granulations and adhesions and Eustachian tubes plugged with mucus and bent out of shape near openings. Has had "all kinds of treatment," including local applications, inflation, massage and electricity.

The adhesions and granulations were broken up by repeated manipulations and the tubes cleared of mucus. Hearing was restored to the extent that she could converse easily by using the trumpet and could hear instrumental music without it, something she had not done for several years. Distress in head and ears entirely removed.

CASE No. 3. Sister of No. 2, aged 22 years. They have a brother who is totally deaf. Had a bad sore throat when a child, nature not known. Complained of pain and fullness in left ear and mastoid, with some impairment of hearing. Adhesions in fossa of Rosenmuller. The usual treatment soon corrected the difficulty. This case had not yet become severe.

CASE No. 4. Woman aged 24. Operated on right side for mastoiditis five years ago; right ear drum perforated at that time for suppurative otitis media, the discharge from which has continued ever since. Sought relief from intense pain and fullness in left ear and mastoid following a cold in the head. Symptoms same as previous mastoiditis and was fearful of another operation. Diphtheria in childhood. Adhesions and occlusions in fossæ and tubes of both sides. Attack soon aborted by usual treatment. She has had much previous nose and throat treatment from specialists with but partial relief. Six months later expressed herself as better than for years.

CASE No. 5. Woman aged 40. Had suppurative tonsillitis of left side five months ago, when she suffered intensely with pain in her ear and head, causing temporary mental derangement. It finally subsided without operation. Sought treatment for relief of pain now extending to mastoid region and to prevent further acute attacks. Examination showed the usual adhesions and occlusions of tubes. The same method of treatment gave immediate relief and complete recovery in six weeks.

CASE No. 6. Young man aged 25. Had suppurative tonsillitis following exposure six years ago; no diphtheria. The tonsillitis, though mild, was followed by mastoiditis, for which operation was performed. Ear has annoyed him since by occasional pain and fullness. Sought relief from an unusually severe attack. Found the usual adhesions and occlusions of tube. One thorough treatment removed the distress and he never came back for more. Five months later he said he had had complete immunity from the trouble.

CASE No. 7. An osteopathic physician, who had been troubled with fullness in the head, tinnitus aurium and partial deafness for years. He had "suffered many things from many physicians," mostly old school physicians, but with little relief. The fossæ of Rosenmuller were bulging with redundant hypertrophic adenoid follicles. The first treatment crushed many of these and produced considerable hemorrhage, and opened a deep sulcus between the folds of the pharynx. Treatment was intermitted for a week to allow healing, and then continued for a month. The result was entirely satisfactory. The distress in throat and ears disappeared and hearing was much improved.

CASE No. 8. Girl 4 years old. Tonsils and adenoids enlarged and inflamed; a typical mouth breather. Is hard of hearing and catches cold easily; has pains in the ears. Parents objected to surgical removal and sought osteopathic aid. Treatment restored hearing and reduced size of tonsils, but as they seriously obstructed the throat operation was finally resorted to.

CASE No. 9. Girl five years old. Almost identical with case eight, except the attack followed closely after measles. Three weeks' treatment has reduced tonsils and made them firmer and free from acute congestion. Hearing much improved. Is still under treatment.

No one recognizes more than the writer the futility of basing a claim for the cure of such difficult and dangerous diseases as mastoiditis and suppurative otitis media on the result obtained in so few cases; but the uniformly good outcome in each of these cases leads me to call attention to them and in doing so I offer to our osteopathic brethren a vast field for investigation which promises brilliant results from our modern methods, where the skill of the old school doctor has proved unavailing except as dangerous surgical operations have given partial relief.

In closing permit me to call attention to several important points. First, the previous history in the most severe cases of some infectious throat trouble and the probability of such infection travelling up through the Eustachian tube to the middle ear or mastoid cells. Second, the fact that free drainage through the only channel provided by nature, i. e., the Eustachian tube, was precluded in all these cases by the occlusion of this canal by thick mucus. Third, that the cause of this stoppage in the drainage canal was due to a flexure of the Eustachian tube near its outlet. Fourth, that this flexure of the tube was caused by contractions of inflammatory adhesions formed in the fossa of Rosenmuller. Fifth, the ease with which nature restored the normal condition of the parts when the lesions were corrected.

"Blood Poison"---A Case History

BY GEORGE A. STILL, M. S., M. D., D. O., SURGEON IN CHIEF A. S. O. HOSPITAL.

The accompanying cut of a hand, in this issue, illustrates a very sad but common result of the ordinary lay and professional treatment of small infections, especially of the extremities, and points out the necessity of handling these cases more sensibly at the beginning, and beginning earlier.

It is a certainty that even a week after the first infection this could all have been prevented, with correct treatment, lasting from one to three days, and instead of a nearly useless hand after eight weeks in bed, it would have been forgotten in a few days.

Let us review the history, and then discuss treatment of this particular case.

Patient, age thirty-one, American born, farmer's housewife.

General health good. Family history good.

Mother of three children. No special or recent disease.

HISTORY OF PRESENT ILLNESS.—About September 15th, at a time when two of the children had infections of a minor nature, patient scratched herself with a needle on the ulnar side of the hand; no attention was given to it until in a few days it swelled locally, got sore and showed the usual signs of a small abscess formation, so a doctor was called and lanced it. Neither drainage nor hot boric acid was used to keep wound open, and it immediately closed again, and began to spread until after four days the hand was generally swollen and edematous, and the doctor developed excuses for not coming to see it.

The hand got worse steadily, cellulitis extended to the elbow, tenosynovitis of all the digital tendons set in and constitutional symptoms developed.

To make a long story short and concise, the patient was in bed, septic, from that time until November 25th, when she was able to get out of bed and come to the home of her father, a short train ride, and

Nature saved the life of the organism by waging a battle in a part of the organism which left some essentially permanent marks on that part, and forever limited its full return to original function.

Experience teaches that in time we can overcome a part of this; perhaps a great part, but the treatment will be tedious and, unless persistent, unsuccessful.

AND ALL OF THIS COULD HAVE BEEN PREVENTED!

First, by a second's attention to the scratch at the time it happened.

Second, by free drainage when the first little abscess was lanced, (a wisp of cotton or gauze bandage would have done it).

Third, free incision, drainage and hot boric acid irrigation when the cellulitis set in.

Tuberous Subchorial Hæmatoma (Breu's Mole)

A CASE REPORT BY DR. HARRISON McMains.

I am indebted to Professor A. Holmes, Assistant Psychologist in the University of Pennsylvania for these pictures.

The patient from whom this specimen was delivered is 26 years of age. She gave birth to a child in September, 1908. It was an abnormal case, had to be delivered with instruments. It had a cranial operation nine days after birth, and died thirteen days later.

The flow continued with the patient seven weeks. She was in pain most of the time, and discomfort all the time. The flow stopped

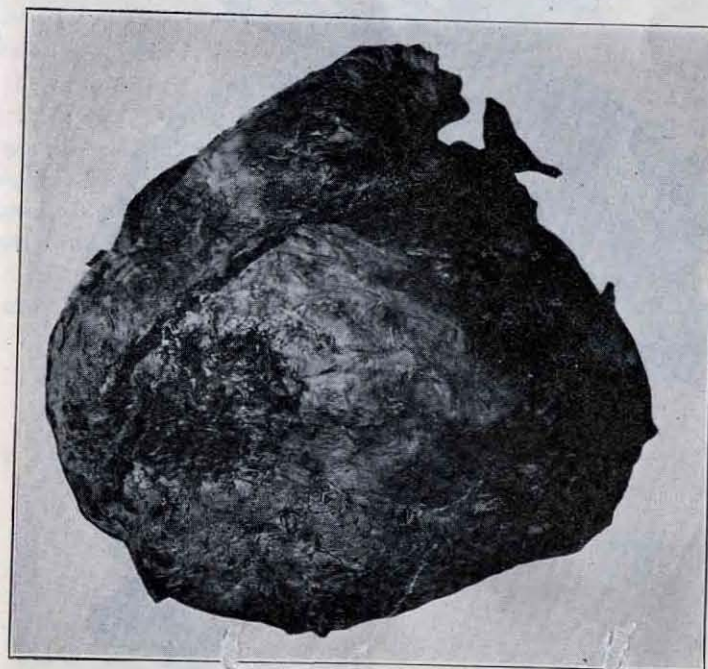


Fig. I.—Shows the placenta as delivered.

two weeks, and seemed to come on naturally, lasting ten days. It came again in four weeks, and continued several days. The blood stopped flowing, but there was a yellowish discharge, stringy at times which was described as looking like flesh. The condition continued until May, 1909. She was then examined by a specialist. The case was diagnosed as four months pregnancy. At this time there was a showing of blood, followed by an increased flow of yellow mucus, etc. Conditions continued about the same until July, when she began using a douche of hot water and boracic acid. This relieved the symptoms somewhat, with no decided change. It continued at intervals for four days. There was a showing of blood with the mucus discharge until the delivery of the placenta.

I saw the patient April 5, 1910. She was then having occasional hemorrhages, and was very weak. There was a great deal of soreness in the lower dorsal, lumbar and sacral regions. The pelvis was twisted and sacrum posterior. The treatment was directed to the correction of these conditions. The patient began to feel stronger from the first treatment. On April 17th she was attacked with labor pains. I saw the patient about four hours after the pains began. The local examination revealed a dilated uterus, with a slight protrusion of a foreign substance which I was unable to diagnose. A stimulating treatment in the lumbar and sacral region was given, also an inhibition of the os uteri. This relieved the pain to a great extent; another examination in about half hour revealed a placenta well out of the uterus. There were no more severe pains after this. We allowed nature to take its course. Nothing more was done for about one hour, when I found the placenta in the vagina upon examination.

The patient was handled as a case of child birth. She is now able to attend to her household duties.



Fig. II.—Shows a cross section of the specimen. (A description of Breu's Mole can be gotten from Dr. Williams' Obstetrics, page 525.)

The Report of the Carnegie Foundation*

BY DR. J. A. EGAN, SECRETARY ILLINOIS BOARD OF HEALTH.

(A criticism of the Report of the Carnegie Foundation, by the Secretary of the Illinois Board of Health, reproduced in part in the Journal, shows the general attitude of the medical profession. This same Mr. Flexner, who wrote the report, examined the osteopathic schools, and if the truth of his report is to be judged by his references to the osteopathic colleges, it is no wonder that the medical profession is rising in wrath against him.)

Among other things he says that there is not a single full time teacher in any osteopathic college; in this Flexner either lied or didn't take the trouble to find out the truth, as the whole osteopathic profession knows; in either case, he is unfit for the position he holds.

Possibly we may not understand what Mr. Flexner means by a "full time teacher;" it is true that some of the teachers at Kirksville do not spend more than fourteen to sixteen hours a day in school work, but they offer as an excuse that they must eat and sleep a little.

Again, Mr. Flexner says that clinic patients pay two dollars per treatment. This was never true in the Kirksville school, in which the clinic has always been free, but why mention these things? Mr. Flexner managed to examine the A. S. O. in a little less than an hour—between four and five P. M. It is a big school, and with a "huge student body," according to his own statement.

He came to find fault. He found it, and what was the difference to him if he did get mixed a little on his facts?

Let him rest in peace in the professional grave he has dug for himself, in the graveyard of his erstwhile friends, the "Regulars."—Ed.)

"In the Bulletin of the Illinois State Board of Health dated Springfield, June, 1910, No. 6, Vol. VI, we find the story of the Carnegie Don Quixote entertainingly, yet carefully narrated. A synopsis of it reveals the following, which will be of interest to those who have yet to learn the 'inside facts.'

In November, 1908, the trustees of the Carnegie Foundation authorized a study and report upon the schools of medicine and surgery in the United States. The study was undertaken by Abraham Flexner, a teacher, not a medical man, as his report expressly states. Flexner

*Abstract from the Secretary's Report in the June Bulletin of the Illinois State Board of Health.

has been for many years a mere school teacher in the secondary schools of Louisville, Kentucky, but later went abroad and spent several years there in the study of educational problems and institutions. No evidence showing that he was in the slightest degree medically qualified for the gigantic task so airily undertaken by him can be found in his now celebrated report or anywhere else.

His report is based upon a personal investigation of every school in the United States and Canada and it was the hope apparently of the Foundation that it would receive extended consideration from the American Medical Association. In this however the Foundation was disappointed for the Association completely ignored Flexner and his Quixotic campaign against the colleges.

Moreover a report on the same colleges published by the A. M. A. incidentally characterized Flexner as a 'dreamer' and his report as an 'instrument of idealism.'

At the meeting of the American Confederation of State Medical Examining and Licensing Boards held at St. Louis on June 6th not a voice was heard in favor of or even in defense of the Flexner report. The consensus of opinion expressed at this meeting was that the report was 'destructive not constructive.'

The sweeping character of his condemnation of medical colleges from Atlantic to Pacific can best be observed by study of the report by states.

"Alabama, Maryland, Kentucky, Tennessee, Arkansas, Texas, Georgia, Iowa, Kansas, Louisiana, Mississippi, Missouri, North Carolina, Ohio, Oregon, Virginia and Wisconsin are condemned more or less in toto, though certain exceptions are made.

"Flexner praises Howard University which he states 'has a distinct mission, that of training the negro physician.'

"In New England it would be well 'if all medical schools except those of Harvard and Yale were eliminated.'

"In New York even Columbia does not suit him and the schools in Buffalo, Albany and Brooklyn are 'of the past.' In Ohio there is only one college which is 'permanent.' In Pennsylvania there are only two schools which could avoid 'serious damage' if Flexnerian standards were enforced.

"The leading medical press and the officers of the various colleges sweepingly indicted have rightfully resented the Flexner report. Some of the opinions published are as follows:

"W. H. Welch:—"Cannot approve the report which is entirely too severe.' (Dr. Welch is of the Johns Hopkins College praised by Flexner.)

"Ira Remsen, president of Johns Hopkins:—'I do not agree with the report or its criticism. It is entirely too severe.'

"(It is to be noted that Flexner praised Johns Hopkins, he being a graduate of its academic department.)

"Hospital Bulletin of the University of Maryland:

"The word has been passed that it is high time for the University of Maryland to close up shop and turn over its assets to the Johns Hopkins University. A so-called educator of the country—Flexner by name—is the author of the above proposition. Coming from such a source the proposition is extremely insulting in character. It is not entirely to subserve the ends of education, either, for this Flexner is a graduate of the under-graduate department of the Johns Hopkins University, and takes it as a dire piece of impudence that the University of Maryland dares compete with the Johns Hopkins University. He is the representative of an education oligarchy, and the existence of a poor institution doing good work is a beam in his eyes. It goes without saying that the vituperative rantings and slush of a three-ball artist will fail utterly in wiping the University from the face of the educational world.

"Mr. Flexner claims to have visited and carefully inspected every medical college in the United States and Canada. He is not a medical man, and consequently can hardly be expected to be a good judge of what is and ought to be a good medical school. He is an employe also of an institution founded by a man whose money was made by 'trust' methods, and it is perhaps natural that the officials and employes of the Carnegie Foundation should also be saturated with the 'trust' idea. * * * The report is not constructive, but destructive, in its tenor, and is entirely devoted to the interests of the endowed medical schools connected with the large universities, whilst those that are less favored with filthy, and perhaps tainted, lucre are invited to get off the cart.'

"Considering the report as it concerns further the University of Maryland, the Bulletin pronounces some of Flexner's statements true, 'some foolish, and some absolutely false.' In addition, the editor shows that Flexner lacks knowledge regarding the university affiliations of the University of Maryland, on which he presumes to speak *ex cathedra*; that his strictures on the preliminary educational requirements are unwarranted; that even in the matter of income, the college is incorrectly quoted; that the assertion that 'education is overshadowed by business' in the University of Maryland, is untrue.

"Taking up the subject of anatomy, which Mr. Flexner says is poor in the University of Maryland, the editor expresses the opinion that

Mr. Flexner is not a competent judge, and then states that the college 'has an excellent anatomical laboratory, with an abundance of material and a full corps of competent and faithful teachers.' The editor shows too that Mr. Flexner has underrated the hospital and other clinical facilities of the University of Maryland. He points out, that Mr. Flexner is in error in stating that neither the city nor the state has ever done anything for the Johns Hopkins Medical School—all of this to demonstrate the general inaccuracy of Flexner's findings.

"In conclusion, the editor of the Bulletin delivers himself in the following: 'The University of Maryland Medical School has been in uninterrupted and successful operation for 103 years, and we strongly suspect that it will still be fulfilling a useful and beneficent mission long years after the gentle Flexner shall have been carried into Father Abraham's bosom.'

"The Health Officer of Alabama, Dr. W. H. Sanders, of Mobile, says of Flexner's criticism of Alabama:

"Without hesitation I pronounce them unjust and highly misleading.'

"Perhaps the soundest arraignment of Flexner and his curious prejudices are to be found in the opinion of Sajous. The Illinois State Bulletin puts it as follows:

"The name of Charles E. de M. Sajous is indelibly written in the history of American medicine of the past twenty years. Dr. Sajous' acquaintance with systems of medical education at home and abroad is equal, at least, to that of any practitioner in America. What he says will carry weight, and here is part of what he says on the report of the Carnegie Foundation:

"The deductions of Mr. Flexner are as fallacious as his estimate of the standing of our medical school is misleading. He tells us that out of the 155 medical colleges in the United States fewer than thirty have acceptable hospital facilities, and yet he decries as 'thoroughly objectionable and demoralizing' the fact that the state of Pennsylvania has for years 'been distributing large sums,' which have enabled Philadelphia schools to build and partly maintain their own hospitals.

"Mr. Flexner's view that 'consolidation' of medical schools is the proper course to follow serves but to show that his whole fabric is based on pure conjecture. If he fathomed the teachings of centuries of practical experience—that of Europe—he would have become familiar with the evils of concentration. Within the last few weeks the writer saw the main court yard of the Paris Medical School filled with troops, police and 'plain clothes men' to preserve order during an 'examination' for *agreges*, so intense was the feeling among the general profes-

sion and students against a system which enabled what they termed 'pontiffs,' 'the elect'—the faculty, in other words—arbitrarily to select whom they pleased for these important teaching positions. It is the 'boss' system personified, even though the 'bosses' here are high-classed men, who think, at least, that they are serving the best interest of the school. In our country the results of 'concentration,' of which Mr. Flexner's plan would be the initial step, would prove far more pernicious, for it is not the modest and learned scientist who would reach the apex of power, but the hustling ignorant wire-puller. Briefly, France is chafing and trying to rid herself of the very educational aristocracy—which even at best condemns a multitude of excellent men to effacement regardless of their ability—that Mr. Flexner and other theorists, in total ignorance of the teachings of experience, want to impose upon us with the aid of Mr. Carnegie's money!

"Space forbids further reference to the well merited rebuke by medical schools, prominent educators, and medical authorities throughout the country to what the Charleston (S. C.) News and Courier aptly terms the 'rape of our entire educational system by one man, and he, one without any practical experience whatever in educational affairs.'

"The claim of the Carnegie Foundation that Flexner made a 'careful personal inspection' is refuted by the following: (1) The Registrar of Hahnemann Medical College of Chicago has no official knowledge that Mr. Flexner was ever in the college. (2) The Registrar of St. Louis University reports that Mr. Flexner did not spend over 20 minutes in the college. (3) The Dean of the Milwaukee Medical College reports that Flexner 'examined' the colleges there in less than four hours, etc., etc. A full account of the farcical 'examinations' would fill several pages.

"During the month of April he 'inspected' in Illinois 12 medical colleges, 3 post-graduate schools, and one school of certain specialties. He also inspected during this same month 17 medical colleges in five other states.

"It is unnecessary to comment upon Mr. Flexner's arbitrary classification of Illinois medical colleges, which was entirely uncalled for. It is for the physicians of Illinois to decide whether they shall be guided by the findings and conclusions of Flexner, a teacher, or by those of the Council of Medical Education of the American Medical Association.

"Mr. Flexner does not believe in the 'poor boy' plea,' says the editor of the Hospital Bulletin, 'and his attitude toward the poor boy is very much like that of the late Mr. Vanderbilt toward the public. In other words, medical education is to be an aristocracy, rather than a democracy.' Possibly this is an exaggerated assertion, but the fact

remains that the boy, poor or rich, coming from a high school has no place in a medical school, from the standpoint of Mr. Flexner. A prospective student should spend at least two years in a university before presuming to embark on the study of medicine. This is Mr. Flexner's opinion. On this we can speak authoritatively, for we have heard Mr. Flexner so express himself.

"In accordance with his belief in the undesirability of the poor boy in medicine Mr. Flexner suggested to the Illinois State Board a plan for examination of candidates for a license. The Bulletin closes its article with the following:

"Mr. Flexner suggested a plan for practical examinations which we deem entirely out of the question on account of the time that the examiners and the candidates would be required to be in attendance. We asked Mr. Flexner if he realized that such an examination would take several days. He answered, 'Yes, the examination should extend over a period of eight to ten days.' When we ventured to inquire of Mr. Flexner if he stopped to consider the expense incident to the examination proposed, he rejoined in the manner of one whose dictum must carry weight, 'that may be covered by charging each candidate a fee of \$100.00.'

"One hundred dollars! Here is the voice of 'unlimited wealth,' with a vengeance. What do you think of this, medical men of Illinois, especially those of you who found it difficult 'to make both ends meet' during your college course? (We were in that class.) How does this proposition strike you, physicians of the Prairie State who faced a trying problem in 'ways and means' when it became necessary to pay the modest sum of fifteen dollars required by the Illinois State Board of Health for examination and licensure? What would you have done if the 'Flexner system' had been in vogue when you came up to qualify in Illinois? But our question seems superfluous for, under the Flexner ideals, few of us could have been graduated, and the fees necessary for the state examination would have been of little consequence.'

"The complete report on Flexner and his Carrie Nation attack on the colleges may be had gratis on application to the Illinois State Board of Health. It should be read by every physician whose ideas have been jaundiced by the abbreviated paragraphs of his daily press. We believe that the State Board of Illinois is doing the profession a great service in showing up so thoroughly the wretched pretensions of an unqualified 'inspector.'

"That Flexner's report was a boon to certain medico-politicians who gave it newspaper publicity we do not deny. But that it will prove to be a boomerang we are equally confident."—The Clinique.

The Vicious Circle

HOWARD T. CRAWFORD, D. O.

The way of the patient who is afflicted with an osteopathic lesion (i. e., a "bone out of place"), is hard indeed. To be sure, this misplaced bone may "go back" of itself, as undoubtedly a certain percentage of them do. If it were not so, the already overworked osteopaths would have to retire to a less strenuous life.

But how about the man who, for example, is unfortunate enough through some slip, or strain, or fall to misplace one or more of his vertebræ, which do not return to the normal position of themselves? The physiological and anatomical changes consequent upon such misplacement are such that a return to normal without outside interference is practically impossible. When the bone slips out all the structures in the immediate vicinity, ligaments, muscles, etc., are put upon a stretch and so irritated that they tend to hold the bone in its abnormal position. Thus we have the vicious circle. The misplaced bone causes ligamentous and muscular irritation, which in turn causes the misplacement to become more permanent.

Naturally the question arises, cannot exercise reduce the misplacement? At first thought it would seem as if it could. But the very ligamentous tightening above mentioned serves to bind the parts together that two or three bones move as one instead of as individual bones. In other words, the lesion becomes locked, and only intelligently directed and applied force, such as the osteopath alone gives these conditions, will serve to unlock them and restore normal motion to the immobilized parts. In nearly twelve years of practice, I have seen only one case where exercise succeeded in correcting a lesion. This was in a man of marvelous physical development, whose first lumbar vertebra was twisted to the right (so diagnosed, it is interesting to note, by the famous Dr. Lorenz). This man, by the intelligent use of his powerful muscles and the leverage of his doubled up fist held over the vertebra, succeeded in affecting his own cure.

It would seem then that the patients who have been subjected to accident, strain, or injury, with a resultant mal-alignment of some part of the body mechanism must of necessity go to an osteopath if they desire help. No other school of medicine is competent to treat such

conditions, because they do not look for them, even denying that they can exist. For a man who is suffering from a diseased condition which medicine does not seem to reach, a visit to the osteopath is not only a sane, but the only thing to do. Otherwise there is no escape from the vicious circle of misplaced structure and the irritated tissues keeping that structure misplaced.

Boston, Mass.

The Winter Pine.

Dost think the heart of winter hard?
Her soul without its love?
Attune thine ear to yonder pine
Musing the summer song.

New England's heart is wintry cold?
Her soul without a love?
Unstop thy stranger ear; and hear
Her summer song of pines.

—CHARLES WELLINGTON STONE.

Hospital Notes

PROGRAM FOR "REVIEW WEEK."

December 26th to 31st inclusive, 9 to 12 a. m., 1 to 4 p. m. daily. Diagnosis, Differentiation and Treatment of the commoner children's diseases, followed by an open parliament and question box by Dr. Geo. Laughlin.

MONDAY P. M.

Discussion and demonstration of the use of the famous "606" treatment for Syphilis, also the Wasserman reaction in diagnosis. (The entire medical profession is excited over the "606" treatment as it has been over no single discovery of recent times, and whatever its value may prove to be, the knowledge of it from a standpoint of current information is almost essential. Hence, one reason for explaining and demonstrating it.) This will be followed by open parliament and discussion of other current subjects by Dr. Geo. Still.

TUESDAY A. M.

Treatment of acute and chronic joint affections, both rheumatic and otherwise, except tubercular, followed by open parliament and question box by Dr. Geo. Laughlin.

TUESDAY P. M.

Discussion and Treatment of burns, blood poison, small wounds, abscesses, etc., with demonstration of cases and question box by Dr. Geo. Still.

WEDNESDAY A. M.

Orthopædic operations, such as congenital hip, club foot, etc., by Dr. Geo. Laughlin.

WEDNESDAY P. M.

Some practical points in Osteopathic Obstetrics, with demonstration of cases. (Last year complaint was made that more obstetrics were wanted. This will be remedied this year.) A few practical points on pelvic measurements will also be illustrated by Dr. Still.

THURSDAY A. M.

Tubercular infections of the spine, hip, and other localities, with discussion of treatment and demonstration of cases by Dr. Geo. Laughlin.

THURSDAY P. M.

Discussion of practical points in Toxicology, the use of the uni-

versal antidote, etc., followed by discussion and other emergencies and open parliament, by Dr. Geo. Still.

FRIDAY A. M.

Special course in manipulations, reviewing some old ones and presenting some new ones, by Dr. Geo. Laughlin. Cases will be demonstrated and then the practitioners may ask for any special lesions they wish shown.

FRIDAY P. M.

Surgical operations and discussion of the treatment of emergencies. (As nearly as possible several cases of minor operations will be shown like those that the practitioner can handle at home.)

SATURDAY A. M.

Treatment of infectious diseases in the adult, general methods of protecting one's self, fumigating, and of general practical care, aside from the direct treatment of a patient, followed by open parliament, by Dr. Geo. Laughlin.

SATURDAY P. M.

Operations and also FURTHER OBSTETRICAL DISCUSSION AND DEMONSTRATION if desired, by Dr. Geo. Still.

Scattered along as time permits many practical points on splints, casts, jury masts, ambulatory splints, etc., etc., will be given by Dr. Geo. Laughlin. Also on one afternoon Dr. Geo. Still will demonstrate the method of uniting large arteries by magnesium rings, which has excited the surgical world and has been given so much newspaper space in the past few months. The doctor who discovered the method, is a graduate of the same school as Dr. Still, and has actually succeeded in transplanting kidneys, legs, and other fragments of animals from one to the other. It opens up a field of surgery long dreamed of but never before successfully carried out. An actual demonstration on animals will be made before the convention by Dr. Geo. Still.

Many other interesting and practical points that cannot be given room in the program will be demonstrated and discussed, and if there is anything you want discussed that you don't hear, it will be because you don't ask for it. Dr. Laughlin will even say a few words about pellagra.

A tentative announcement of the State and Society meetings during the evenings was given in the October Journal, but a complete announcement will be made at the meetings. Most of the students being out of town, there will be no difficulty in securing rooms and board.

We expect, BUT WILL NOT GUARANTEE, one or two obstetric cases during the week.

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. We would suggest that any criticisms pro and can be sent to C. B. Hunt, Brastes Block, S. Omaha, Nebr.—Ed

Minnesota Science Circle No. 2.

CASE REPORT NO. 1. Man of 52 was taken sick last July with, if the M. D.'s diagnosis was correct, peritonitis. Attended by the M. D. for two and one-half months, when D. O. was called. Examination at this time showed spinal contracture from 6th dorsal down; also an enlargement over duodenum, caused by a fall a few years ago. Treatment to relieve the spinal conditions and reduce the tissue thickening around duodenum. After five weeks he was out at work again.

No. 2. Young lady complained of continuous pain through left side for a period of three weeks. Examination showed fourth, ninth and twelfth ribs down. Correction of the rib lesion relieved all pain.

No. 3. Has had a number of acromio-clavicular sub-luxations to correct of late, with involvement of circumflex nerve and impaired function of the deltoid. In most every case it was caused by a fall. One patient had given up in despair and thought there was not any hope of his arm ever being restored to normal again, but after giving osteopathy a "trial," he changed from a skeptic to a staunch advocate of osteopathy.

No. 4. Elderly lady of 78 had an apoplectic stroke. D. O. was called in one week after the attack and found right upper and lower limbs affected; also loss of speech. Found atlas to left. Has given four treatments with the result of having the voice restored slightly and the limbs show some improvement. The Doctor expects to report on the progress in this case later.

No. 5. Young lady of 23 had an infection start in an abrasion in large toe. Temperature of 100, foot and limb was swollen to knee, with pain in the whole limb; also nausea and headache. Treatment consisted in making an incision and draining; also dressing same and boiling out with hydrogen peroxide; later on soaking the whole limb in as hot a bichloride solution as she could stand for about fifteen minutes,

increasing the temperature of the water from time to time. Gave special attention to emunctory organs. In four days all that remained of the trouble was a slight discoloration on large toe and some lameness in the limb.

No. 6. Young girl had pain through region of eighth rib and radiating around toward abdomen; parents were afraid of appendicitis. Found the eighth rib down. As soon as the irritation from the rib lesion was relieved, all pain ceased.

There is not any method that can build up the system and eliminate toxins like osteopathy, and rheumatic fever is not any exception. You must have the co-operation of your patient in following out your instructions as to diet, fomentations and rest. Rest and diet are two essentials for the patient to carry out. The condition of the emunctory organs must be watched closely so as to protect the heart as well as to eliminate the toxins. Correct all the lesions that it is advisable to in each case and give spinal treatment, restoring venous and arterial circulation to the inflamed areas. The experience of the members of this Circle in such cases has been very gratifying whenever the patient will follow out the instructions given them by their physician.

Diabetes mellitus, like all other diseases which we have to deal with all the time, has proved to be a very interesting subject for discussion. Prognosis must be guarded, yet we can promise to do more for our patients who have this disease than any other method of therapeutics, keeping the patient in comparatively good health after other methods have given up all hopes. In this disease the patient must follow out the strict diabetic diet, excluding starches and sweets and substituting gluten flour and saccharine sugar, which looks hard at first thought, but with the two former substitutes many palatable dishes can be served. Unless the patient will follow this diet there is not any use in taking these cases; however, some will take things on the sly, but a careful urinalysis will tell the story. One member reports a case in which the young man would not follow the diabetic diet at all, and it was not many weeks before he died in diabetic coma. In most of the cases reported the typical neurotic or straight spine was found, and it was noticeable that the fleshy people predominated. The amount of sugar in the urine was always greatly lessened, and in a few cases it was stopped entirely until the patient became careless in diet and overworked, when considerable sugar would be found. No member has yet reported a case entirely cured, but all have been benefited under our treatment when they would diet.

ARTHUR TAYLOR, D. O., Leader.

Forum

EDITOR OF THE JOURNAL:

Seeing the announcement in the November Journal of Osteopathy by Dr. L. V. Andrews, of Lake City, Iowa, reminded me of some correspondence I had during the month of June, 1910, with A. R. Talbot, Head Consul of the Modern Woodmen of America. (See enclosed letters from Mr. Talbot.) I am of the opinion that these letters may produce some action in the Osteopathic ranks.

Fraternally yours,

C. B. ATZEN.

Letter No. 1.

Dr. C. B. Atzen, Omaha, Nebr.

My Dear Doctor:—I have yours of the 27th, concerning the communication from Dr. Meredith of Norfolk, asking you to write me concerning the qualification of Doctors of Osteopathy to conduct the medical examination of applicants in the Modern Woodmen of America. I had a talk with Dr. Meredith along this line at Norfolk, because of inquiries that frequently come to my office as to why doctors of osteopathy are not elected as our Camp Physicians. I do not know whether you are a member of the Modern Woodmen of America or not, but it is a Fraternal Society, having a large number of local lodges called Camps, and each one of these Camps selects by vote, one or more physicians, who, under certificate or authority from the Supreme Medical Board of the Society examine the applicants for membership in that Camp. This medical examination touches the physical condition and soundness of the applicant from a medical standpoint. Heretofore our Head Camps, which are our governing or legislative bodies, have placed a provision in our laws requiring all such Camp physicians to be graduates of some medical school; hence up to this time doctors of osteopathy have not been eligible to election under the interpretation placed upon that section by our Head Camp. I am writing you for this purpose, if conditions are as I understand them to be, I want to recommend to the next Head Camp a change in that law, providing that Doctors of Osteopathy may be selected as Camp physicians. For this purpose, I wish you would kindly furnish me a statement, showing what qualifications Doctors of Osteopathy are required to have when they graduate from your school, touching the necessary knowledge or infor-

mation to enable them to make these physical examinations. My limited knowledge of your school work and practice is that your schools train your men and teach them practically the same course as the old school colleges in medicine, except MATERIA MEDICA. If this is true, I see no reason why your men could not make examination.

I believe you can see from this what I have in mind, and if it is agreeable to you, I should be glad to have a full and complete statement from you as Secretary of your Association, touching these matters. Personally, I am in favor of Doctors of Osteopathy doing this work, but I want to be fortified, so as to impress the next Head Camp with this view.

Yours fraternally,

A. R. TALBOT, Head Consul,
Modern Woodmen of America, Lincoln, Nebraska.

Letter No. 2.

Dr. C. B. Atzen, Omaha, Nebr.

My Dear Doctor:—I have your kind letter of the third inst., answering mine of the second, and giving me your reasons, which are very strong and clear, why the laws of the Modern Woodmen should be so modified as to permit examinations in local Camps by Doctors of Osteopathy.

I have also received your catalogue of the American School of Osteopathy, showing the course of study in the preparation of your men.

The information in your letter, in connection with this catalogue, is just what I wanted, and I shall take pleasure in presenting this to the next Head Camp, with a view of having our laws amended so as to permit examinations by Doctors of your School.

With kindest regards, I remain, Yours fraternally,

A. R. TALBOT, Head Consul.

* * *

EDITOR OF THE JOURNAL:

Enclosed find clippings relative to action of Board of Health, object as stated by Dr. Dowling is "Better Sanitation, Hygiene, Health and Better Doctors." Dr. Porter, the agent for Louisiana for the Rockefeller Hook-worm fight, lectured at the Public Auditorium. I attended. His theory of infection, based on rural investigation, is that the Hook-worm gains entrance through the child's foot, or between the toes, is carried to the lung, where the worm burrows through to the bronchi and migrates to the mouth and thence to the bowel where it attaches to the bowel wall, five hundred consuming one ounce of blood daily. He claims the burrowing in the lungs is one cause for pneumonia. (Trau-

matic.) He stated that all infection takes place through the foot before the shoe age, meaning twelve to fourteen years. Principal symptom was anemia. I met the Doctor, and told him the solution of the problem lay in shoeing the children. He laughed, asked me if I was a shoe drummer. I said yes. He said he was a commercial man too, and if I would shoe his family for one year he would preach my shoes as a preventive. The lectures were illustrated with stereopticon views and film, fifteen hundred feet. I have treated patients who were treated for Hook-worm. They were anemic even after the removal of the worms. I have come to the conclusion that the Hook-worm must be taken in uncooked food, cane, etc., or water, and the cause for them being allowed to remain, the torpid liver. The anemia is a product of malaria. All cases show the torpid liver, and severe contractions from seventh dorsal to first lumbar, with some lateral and posterior conditions. All responded to the treatment, and soon showed good color.

This Health exhibit is O. K., but must be a part of a political scheme, as well as for the dear people. The exhibits were fine. It is along the line of Dr. McCormack's work of the A. M. A. The Hook-worm was illustrated large enough to swallow an ordinary baby. There were suggestions for every physician and dentist (osteopaths excepted). All will profit, except us, in a money way. MURRAY GRAVES, D. O.

Legal and Legislative

Medical Clause in the Proposed Arizona Constitution.—The politicians of Arizona have been beguiled by allopathic physicians into placing in the proposed constitution a clause that no doctor shall be allowed to practice medicine in Arizona, unless he is a member of the regular schools of medicine. If this is allowed to pass, it will effectually shut out osteopaths, and should be defeated.

Strong Resolutions Against the Owen and Similar Bills.—At the annual meeting of the Los Angeles County Osteopathic Association, held November 21st, the following resolution, introduced by Dr. Edward Strong Merrill, was passed unanimously:

"Whereas, the members of the Los Angeles County Osteopathic Association have banded themselves together for the express purpose of forwarding true scientific research and the ultimate welfare of the people at large, and,

"Whereas, the dominant medical school of this country, the allopathic, has by fair means and foul tried to hinder and suppress any other therapy than that taught and practiced by them, and,

"Whereas, we believe that the Owen, Mann, Creager and other bills introduced into Congress, were introduced by and with the connivance of the American Medical Association, for the ultimate purpose of eventually completely controlling the practice of the healing art in the United States, and cutting off from practice those physicians of whatever school who do not conform to the theories of disease and therapy as held and expounded by the American Medical Association, and,

"Whereas, this would produce a state medicine which we believe is as obnoxious to the American citizens as state religion, therefore, be it

"Resolved, that the Los Angeles County Osteopathic Association at its regular annual meeting does vigorously object to a bureau or department of medicine, as outlined in the Owen and other bills, and does heartily recommend the work of the National League for Medical Freedom, and be it

"Resolved, that the Secretary be instructed to send a copy of this resolution to all members of this Association, also to all members of Congress."

Doctors Try to Govern Preachers.—With one member dissenting, the Tippecanoe County, Indiana, Medical Society, on November 28th, adopted a resolution addressed to the ministers of the city, and the secretary of the society was instructed to send a copy of the resolution to every minister in the city. This resolution requests the ministers in the event they permit a lecture on medical subjects in their churches to first consult some member of the local profession and ascertain whether or not the subject is a proper one.

The member of the society who opposed the resolution did so on the ground that ministers are men of intelligence and know what is proper and what is not. He insisted that the doctors had no more right to suggest the character of lectures to be given in churches than the preachers have to suggest office hours for the doctor or to tell people how to vote. His view was in the minority, and the resolution was passed over his protest.

It is understood that the suggestion embodied in the resolution was prompted by a lecture given recently by a member of the medical profession in one of the city churches, who, it is said, made a suggestion in his lecture which, if followed, would result in race suicide.

Osteopathy in New Jersey.—The first practitioners of osteopathy located in New Jersey about twelve years ago. They were successful—others came; when aroused by their increasing numbers, certain organizations of medical practitioners instituted proceedings in the courts against one osteopath, on the ground that he was practicing medicine without a license. This case was carried through the various courts and resulted in the famous decision of the highest court in the State that the practice of osteopathy is not the practice of medicine within the meaning of the law.

Since this decision there has been no method of regulating osteopathy or of molesting its practitioners except by the passage of some law which would put a new definition upon the practice.

In order to meet the situation which thus arose the New Jersey Osteopathic Society was organized in 1901 for the purpose of looking after the welfare of osteopathy. The only requisite for admission into this society has been, and is, the possession of a diploma from an osteopathic college which insures the individual holding it to be possessed of adequate preliminary and professional education for the practice of osteopathy. The educational qualifications have increased with the rising standard in the osteopathic colleges, and now require a high school certificate and three years of nine months each in actual attendance at college—practically the same as required of candidates to practice medicine.

Since its organization the New Jersey Osteopathic Society has been forced by the court decision above mentioned, in the absence of any legislation upon the subject, to take somewhat the place of the State with reference to this practice in New Jersey. It has held annual meeting for the usual clinics, papers and scientific discussions. It has adopted a code of ethics; has looked out for young practitioners coming into the State; and in general has endeavored to elevate the personal and professional standing of its practitioners.

These purposes have been made more difficult because of the organization within the past four or five years of certain societies of pseudo-osteopaths who have not so high a standard for admission into their societies, and which, in fact, freely admit graduates from correspondence schools or anyone who admits himself to be called an osteopath, without regard to professional training or personal attainments.

This unfortunate situation has created confusion in the minds of the public and has in some cases doubtless done harm in the estimation in which osteopathy is held. Except by educating the public, which has been one of the chief aims of the New Jersey Osteopathic Society, it could do nothing except to attempt to pass a law which would define the practice and the requirements of its practitioners.

Since 1902 the Society introduced each year into the Legislature a bill to regulate osteopathy. These bills have been uniform in character and have provided for an educational standard equal to that required of practitioners of medicine. They would create, without expense to the State, a board of osteopathic examiners who should conduct examinations and have entire charge of osteopaths practicing their profession in New Jersey.

The reasons for creating a separate board of osteopaths, instead of placing the control of osteopathy under the established board are as follows:

1. On scientific grounds: Osteopathy is not the practice of medicine—it is the science and art of treating disease from a mechanical standpoint. Medicine is the science and art of treating disease from a chemical standpoint. Even in subjects studied in common it is impossible for an osteopath to test the knowledge of a medical man or for a medical man adequately to test the osteopath's knowledge. Therefore, in order to test the knowledge and ability of a candidate to practice osteopathy, the present board of medical examiners would not be competent, and it is necessary that he be examined by a board of osteopaths.

2. For practical reasons: It is unwise to put the control of osteopathy into the hands of a board representing the only persons in the State who have continuously and persistently fought its very existence. Medical men do not understand what osteopathy is, and their attitude, where not one of open hostility, is that of ridicule.

In the published reports of the annual meeting of the Medical Society of New Jersey at Atlantic City last June, when the osteopathic question was considered, the following statements were made by medical men who have been conspicuous in their efforts to make a law for osteopaths:

"Osteopathy is founded upon a false principle and must eventually die."—Norton L. Wilson, M. D.

"The move we have been driven to make throughout the country to protect us against osteopaths and other charlatans."—William E. Ramsay.

"The Committee has always taken the attitude that osteopathy was a fake; that their schools were far below the standard."—Report of the Committee on Legislation by Luther M. Halsey, M. D., Chairman.

Doctors Wilson and Halsey are prominent and active members of the Committee on Legislation of the State Medical Society, which has been most active in its efforts to defeat osteopathic bills. Dr. Ramsay is the Assembly man who introduced the bill last year which was properly vetoed by Governor Fort and which would have regulated osteopathy by placing it under the control of medicine. In other published reports Dr. Ramsay is quoted as saying that "osteopaths are no better than bath-house rubbers."

Is it reasonable to suppose that the practice of osteopathy can be fairly or intelligently regulated by a profession holding such a prejudiced attitude toward it? From such expressions, what more assurance does a thinking individual require that the real reason for the fight to control osteopathy by medicine is the desire and intention of medicine to crush osteopathy out of existence?

The only opposition to the osteopathic bills have come from the medical organizations. The doctors have been strong enough each year to defeat them and consequently the State of New Jersey now allows any one who chooses, regardless of training, to practice osteopathy without let or hindrance.

For this situation, which is admittedly unfortunate for the people of New Jersey, who believe in osteopathy and receive benefit from its practice, medical men alone are to blame. During the coming session of the Legislature another bill will be introduced by the osteopaths which would regulate and restrict the practice in a manner befitting the dignity of the State.

Inasmuch as the State has seen fit to take the practice of medicine out of the hands of incompetents and by law to establish it upon a high plane of educational and professional merit, the osteopaths ask, in fairness to themselves and to their

patients, that it do as much for them. They hold that in this contention they are demanding only their just rights, founded upon the principle of liberty and freedom to the individual, which is the basis of our government.

In support of these claims it is submitted that osteopathy is today recognized by law in forty states of this Union, and is regulated by a separate board in half of this number with satisfaction to the State and to the profession. There are now eight colleges in the country maintaining courses of study which compare favorably with those in the best medical schools. One of these colleges has recently been recognized by the Board of Regents of the State of New York as giving a training equal to that of any medical college. There are now more students in osteopathic colleges than in the homeopathic and eclectic schools combined.

The osteopaths of New Jersey demand that the State give to them the right to prove their qualifications.

Winter Rain.

Falling upon the frozen world last night,

I heard the slow beating of the winter rain—

Poor foolish drops, down-dripping all in vain;
The ice-bound earth but mocked their puny might.

Far-better had the fixedness of white

And uncomplaining snows—which make no sign.

But coldly smile, when pitying moonbeams shine—
Concealed its sorrow from all human sight.

Long, long ago, in blurred and burdened years,

I learned the uselessness of uttered woe.

Though sinewy Fate deals her most skillful blow,

I do not waste the gall now of my tears,

But feed my pride upon its bitter, while

I look straight in the world's bold eyes, and smile.

—ELLA WHEELER WILCOX.

Associations

Hudson River North Association Meets.—At the regular meeting of the Association, held in the office of Dr. William M. Smiley, of Albany, New York, on November 8th, the following officers were elected: President, Dr. H. L. Owen, Albany; Vice-President, Dr. Elizabeth Fink, Troy; Secretary and Treasurer, Dr. Emma Thompson, Schenectady. Dr. Franklin Fiske of New York gave a demonstration on the "Mechanics of the Spine."

Bay State Osteopathic Association Holds Meeting.—At the meeting held in Oakland recently, a case of congenital hip dislocation, which was set at the National Osteopathic Association, was shown. The child is doing nicely and is out on crutches.

Dr. W. W. Vanderburgh's case was discussed, and he was reported to be improving nicely. There was a fracture of the eleventh dorsal vertebra in the accident which befell Dr. Vanderburgh.

Dr. Ernest Sisson produced a case under his care, where there have been blindness and total deafness for the past seventeen years. The patient can now see across a large room. A hardening of the cornea produced the blindness. The case was taken to a dentist first and then an X-ray was made of the patient. This revealed a cervical vertebra twisted. Dr. Sisson adjusted this twisted vertebra and the patient is improving steadily.

Meeting of the Central Kentucky Osteopathic Society.—The Central Kentucky Osteopathic Society met in Lexington, Ky., Nov. 8th, in the offices of Dr. E. O. Vance. A most interesting program was given, and a most delightful lunch was served by Dr. and Mrs. Vance. The annual election of officers resulted as follows: President, Dr. Martha Petree, Paris, Ky.; Vice-President, Dr. Lula Marcum, Lexington, Ky.; Secretary, Dr. O. C. Robertson, Cynthiana, Ky.; Treasurer, Dr. J. S. Oldham, Carlisle, Ky. We had two visitors outside of the Association: Dr. Bush, of Louisville, Ky., and Mrs. Anna Lee, an Osteopathic nurse, from Carlisle, Ky. The next regular meeting will be held on the second Tuesday in February, with Dr. Josephine Hoggins, at Frankfort, Ky. This is one of the most enthusiastic local Osteopathic societies in the country.—O. C. ROBERTSON, D. O., Sec'y.

Report of the Denver Association.—The Denver Osteopathic Association met at the offices of Drs. Payne and Parmelee, 519-520 Temple Court, Saturday evening, Nov. 5th. It was the annual election of officers, and the following were elected: President, Dr. F. A. Luedicke; First Vice-President, Dr. H. J. Sanford; Second Vice-President, Dr. R. B. Powell; Secretary, Dr. Mabel C. Payne; Treasurer, Dr. Cara S. Richards. The paper of the evening, on "Legislation," was read by Dr. J. T. Bass. Seven new members were received into the Association.—MABEL C. PAYNE, D. O., Sec'y.

Report of the King County, Washington Association.—On Nov. 15, 1910, the King County Osteopathic Association of Seattle, held its annual meeting and election. The attendance was good, and the spirit decidedly progressive. A strong program was published for nine monthly meetings of the coming year. The following officers were chosen: President, Dr. C. N. Maxey; Vice-President, Dr. Arthur B. Cunningham; Secretary, Dr. Celia J. Newman; Treasurer, Dr. Nelle Evans; Corresponding Secretary, Dr. Roberta Wimer Ford.

Meeting of the Southwestern Michigan Osteopathic Association.—Dr. Frank C. Farmer delivered his lecture, "Physical Diagnosis," before the Southwestern Michigan Osteopathic Association in Dr. Hugh Conklin's office, Battle Creek. Dr. Farmer emphasized the importance of thorough examination of all organs before making examination of the spine. He expressed his regret that more attention is not given to this most important subject in our own and in the medical schools, saying he did not know of a school where a thorough course is offered. The students are not made to feel the importance of the subject, and as a rule cut this class if possible, and in the early days of their practice are forced to work out the subject for themselves, or else ignore it as far as they dare, doing great injustice to themselves and their patients. Dr. Farmer said that after the technique is mastered a physical examination could be made in about twenty minutes, being time well spent. Should the patient leave and go to another physician, this physician will not be able to tell the patient anything which the former one had not discovered. All the members of the Association were present to enjoy Dr. Farmer's lecture, together with Dr. Higgins of Ann Arbor, who was a guest of the Association.—ALICE I. BEEBE, Sec'y.

Eastern Washington Osteopathic Association.—The matter of sending an account of the last meeting of Eastern Washington Osteopathic Association was overlooked until present time, but perhaps will

still be in time for to appear in next issue. The date was Saturday, Oct. 8th, and the program follows:

1—Regular order of business. 2—Paper, "The Physician," Dr. F. C. Jones, Sunnyside, Wash. 3—Paper, "Diet and Hygiene; Important, but Sometimes Neglected," Dr. F. B. Teeter, Davenport, Wash. 4—Report of A. O. A. Convention, Dr. F. C. Morris, Spokane.

During the afternoon the offices of Dr. Morris were headquarters for those who wished to meet for discussion or examination of clinic. The evening session was called at 7 o'clock.

1—Paper, "Should we as Osteopaths Practice Psycho-Therapy?" Dr. Helena S. Halvorsen, Spokane. 2—Paper, "Technique of Examination for and Correction of Cervical Lesions," Dr. Wm. Most, Spokane. 3—Paper, "Osteopathy in Relation to Acute Diseases," Dr. Ina F. Rupert, Spokane. 4—Opening of Question Box.

Each of the several papers led to lively discussion and the session was full of interest and very instructive. Clinics were presented during the day by Drs. Most and Caster. The date of the next meeting is Jan. 7, 1911. Fraternally, H. E. CASTER, D. O., Suite 326 Old National Bank Building.

Meeting of the Los Angeles County Society.—The annual meeting of this Society was held in Blanchard Hall on Monday evening, Nov. 21st. The following officers were elected for the ensuing year:

President, Dr. L. Ludlow Haight; Vice-President, Dr. Grace W. Shilling; Secretary, Dr. C. H. Phinney; Treasurer, Dr. J. O. Hunt; Trustee (5 years), Dr. E. S. Merrill.

The Society adopted resolutions objecting to the Owen, Mann, Creager and other bills, before the U. S. legislature, outlining a State Bureau of Medicine, and recommending the work of the National League for Medical Freedom.

The matter of Osteopathic entrance into the Los Angeles County Hospital, also a series of resolutions adopted by the Board of Counselors of the Los Angeles County Medical Association, received some notice and discussion. The next meeting occurs on Monday, Dec. 19th.—C. H. PHINNEY, Sec'y.

Central Ohio Osteopathic Society.—Twenty practitioners of Central Ohio met in the office of Dr. H. B. Scott, Columbus, O., Monday night, Nov. 14th, and organized the Central Ohio Osteopathic Society. The Society adopted as its standard the Code of Ethics of the American Osteopathic Association, and proposes to co-operate with the National and State organizations. Meetings will be held once a month and ef-

forts made toward organizing the forty or fifty practitioners of Central Ohio for definite lines of work.

The following officers were elected: L. A. Bumstead, Delaware, President; J. H. B. Scott, Columbus, Vice-President; B. H. T. Becker, Columbus, Secretary; Effie Koontz, London, Treasurer.

Resolution Adopted at the Annual Meeting of the Sixth District Iowa Association.—To Dr. A. T. Still, Kirksville, Missouri: At the third annual meeting of the Sixth District Iowa Osteopathic Association, held at Council Bluffs, Iowa, Nov. 3d, 1910, the Committee on Resolutions beg to express our appreciation of your great discovery in the healing art, and wishing that you may enjoy many more years in which to watch the growth of your great work. Very respectfully, CAROLYN BARKER, D. O., C. D. FINLEY, D. O., Committee.

The meeting was well attended by the Osteopaths of the Sixth District, and the Society went on record as being in favor of an Independent Examining Board for the State of Iowa. The following officers were elected for the ensuing year: President, Dr. Charlotte McCuskey, Council Bluffs; Vice-President, Dr. J. K. Johnson, Jefferson; Secretary, Dr. O. A. Barker, Carroll; Treasurer, Dr. H. W. Gamble, Missouri Valley.—O. A. BARKER, D. O., Sec'y.

Washington Osteopathic Association.—The Board of Trustees of Washington, Oregon and Idaho Osteopathic Associations have arranged a Tri-State meeting in Portland, Oregon, January 13th and 14th, 1911. A good program has been arranged and a very happy and profitable time expected. The Missouri, Iowa and Illinois Tri-State meetings have been a source of great good to them, and we can profit the same if you can come and help. Can we count on you?—J. CLINTON McFADDEN, President; W. T. THOMAS, D. O., Secretary, Tacoma, Wash., 821 Fidelity Bldg.

Annual Meeting of the Fourth District Iowa Association.—The annual meeting of the Fourth District Iowa Osteopathic Association was held at Eagle Grove, Iowa, Nov. 16, 1910, at the office of Dr. E. P. Saddon.

The Clinic, conducted by Dr. Saddon and Dr. S. S. Still, was first on the program. Several cases of infantile paralysis were presented and the treatment discussed. Two atypical cases of T. B. meningitis were also presented and discussed. Dr. O. Densmore presented a case of spondylitis deformans and demonstrated, by chart, the progress made in treatment of the case.

Dr. S. S. Still, of Des Moines, Iowa, in a very able paper presented the legal and professional points arising and likely to arise from the "Bandel case."

At the business meeting Dr. C. P. Christiansen of Humbolt, Ia., was elected President; Dr. L. V. Andrews of Lake City, Ia., Vice-President, and Dr. O. Densmore of Mason City, Ia., Secretary and Treasurer. The meeting adjourned to meet the last of April at Ft. Dodge.—O. DENSMORE, Sec'y.

El Paso County Association Meeting.—The El Paso County Osteopathic Association met at the residence of the President, Dr. J. J. Pearce, on Friday evening, November 11th. At this meeting the Association discussed ways and means of handling the problem of illegal and pseudo-osteopaths, with which El Paso is plentifully supplied and then some. The Association meets monthly.

Dr. McCormack, the "walking delegate of the A. M. A.," lectured in El Paso recently on "Better Food, Drugs, and Doctors." The burden of thought throughout the lecture was "Harmony among doctors; death to the discord of 'pathies.'"

We have been treated to the rare spectacle of an Osteopathic exhibit at a county fair in El Paso, with delightful placards of "Dr. A. T. Still, Osteopathic Infirmary," located in most conspicuous places, and one, and sometimes two, women assistants acting as demonstrators of Dr. I. W. Collins's "method of pushing the blood around"! Need we say that legitimate Osteopaths gave the county fair a wide berth? We are sending you a good photo of the exhibit.—J. J. PEARCE, D. O.

Annual Meeting of the Indiana Society.—The thirteenth annual meeting of the Indiana Osteopathic Association was held at the Hotel Dennison at Indianapolis, Wednesday, Nov. 2. Dr. M. E. Clark, Indianapolis, was elected President, and Dr. W. S. Thomasson, Terre Haute, Secretary. The meeting was attended by about 40 Osteopaths, and an excellent program was carried out. The feature of the meeting was the lecture by Dr. Frank Farmer of Chicago, who delivered a lecture on General Osteopathic Diagnosis. Dr. Thomasson read a paper on Pellagra; Dr. Abell of Princeton, one on Typhoid—Diagnosis and Treatment, which was followed by general discussion. The Indiana Association is composed of some very enthusiastic Osteopaths, and these meetings are always profitable and pleasant.

The Association has decided to apply to the next session of the Legislature, which convenes in January, for an Independent Board with a four-year clause. There has been no attempt at Osteopathic

legislation since 1905. At that time the Osteopaths applied for a separate Board and compromised after a hard fight, accepting a clause giving all who were practicing in the State at the time the right to take the examination, which had been refused them, on the claim that a twenty-months' course was too short to qualify them for practice. Since that time Indiana has had a "Chinese Wall" around it, and with few exceptions, no Osteopaths have come into the State, as the law required a four-year course. Osteopathy has made many friends in the last five years, and all the influence possible will be brought to bear in this fight, which will likely wax pretty warm if it comes up. There are about 100 Osteopaths in the State, and over 3,000 medical practitioners.—W. S. THOMASSON, D. O., Sec'y.

In Re the Fifteenth Annual Convention of A. O. A. in Chicago, Ill.—On October 19th, the Chairman of the Convention Committee met at dinner in Hotel LaSalle and perfected their organization.

We have adopted the Chicago motto—"I WILL," and we are going to give the profession one of (if not the best), meetings ever held.

Dr. C. P. McConnell has about completed his program, which will repay all for their coming to the Convention; and every paper and clinic will be something all will want to enjoy.

We will have the entire 19th floor of the Hotel LaSalle, which will be equal to an acre of floor space; where we will be able to enjoy an abundance of fresh air, light, and be free from any annoyance by noise of the street.

The Arrangements Committee are sparing nothing to make this an event to look forward to and long to be remembered.

We want every Osteopath in practice, and their families and friends, to be with us. Can we expect you? Now is the time to plan for the next summer's outing.

We have reason to believe and expect that Dr. A. T. Still—"Pa Still"—will be with us.

Make this memorandum:—"I WILL MEET THE OLD DOCTOR IN CHICAGO THE LAST WEEK OF JULY IN 1911."—FRED W. GAGE, Secretary and Treasurer Arrangement Committee.

State Osteopathic Associations, Take Notice.—The Arrangement Committee for the A. O. A. Convention, July 25th to 28th, 1911, extends a cordial invitation to all State Osteopathic Associations to hold their annual meeting in Chicago, Monday, July 24th, preceding the National Convention.

The Committee will procure suitable meeting places in the hotels, supply clinics, if necessary, and arrange all details for the convenience and comfort of a successful state meeting.

Will the officers and trustees who have the appointing of the time and place, especially, all those states which hold their meeting in the summer months, kindly take this matter up at once and decide it.

We would like to get in communication with the Chairman of the Arrangement Committee, or some one in charge of each State which accepts this offer, as soon as possible, that nothing may be left undone for the benefit of their meeting.—J. R. McDOUGALL, Chairman Arrangement Committee.

* * *

Pacific Coast Notes

Dr. H. W. Henderson, with whom Dr. William Horace Ivie offices, was quite ill for some three weeks, and Dr. Ivie had to take care of his practice as well as his own. He is all right again and is hard at work as usual. About the time he was down, Dr. Vanderburgh had his accident. He is doing very well now, and it is only a matter of time until he will be all right again. The accident straightened out a bad anterior lumbar condition for him, and in that respect he ought to be better than ever when it is all over. It is understood that he will be placed in a light brace in about three weeks.

There is not a very great deal doing in osteopathic quarters just now. Everybody is engaged in looking after the sheekles that usually come in during this—the harvest—time of the year.

Dr. S. F. Meacham, M. D., D. O., has removed his offices to Rooms 408-9-10 and 11 Thayer Building, corner of Fourteenth and Jefferson Streets, Oakland, Calif.

Dr. J. Talbot, a recent graduate of the L. A. C. O., has opened offices at Sebastopol, Sonoma Co., Calif.

Dr. Irma Moon has removed from San Jose, Calif., to Room 713, Union Savings Bank Building, Oakland, Calif.

Dr. H. C. Phelps, after an extensive post-graduate course at the A. S. O., has opened offices and laboratories in the Whitney Building, San Francisco. During his post-graduate course he specialized along the lines of laboratory diagnosis, and is prepared to do all forms of that work for any members of the profession that may need his services.

Dr. Eudora Axtell, of the recent graduating class of the L. A. C. O., has opened offices in the Berkeley National Bank Building, Berkeley Calif.

A meeting of the Bay Osteopathic Association was held on November 10th in the offices of Dr. Ernest Sisson. Dr. T. W. Sheldon gave a resume of the treatment of the spinal condition resulting from Dr. Vanderburgh's accident. He reported that Dr. Vanderburgh was doing very nicely and that it apparently was only a matter of time until he would be as strong as ever. The accident had corrected a bad anterior lumbar condition, which condition had not returned on the correction of the displacements higher in the back.

Dr. H. C. Phelps discussed the value of laboratory diagnosis. Dr. Ernest Sisson presented a very interesting case of blindness and total deafness resulting from a fall, which was improving slowly under treatment; and Dr. Fraiser gave a demonstration of the case of congenital hip dislocation which Dr. H. W. Forbes had operated on before the State Association. The second cast is soon to be put in, at which time it will be demonstrated how successful the reduction was.

Whether it was the interesting program or the effect of the enthusiasm left behind by the recent national meeting no one knows, but this meeting was the best attended of any for some years.

Dr. Farnham, the State President, has not announced the personnel of his committees, but it is known that Dr. William Horace Ivie is to be the chairman of the Committee to work in the interests of the National League of Medical Freedom.

Hospital Saturday

The committee who had in charge the management of Hospital Day, Nov. 5th, made arrangements with the weather man for a suitable day, and though rain was persistent and continued until late Friday night, the following morning was as bright and sunny as could be desired.

Early in the morning, the students of the A. S. O. were seen darting here and there in strange costumes, and with glad smiles of anticipation on their faces, and at 9:30 when the bugle sounded, the parade lined up in front of the A. S. O., and started on its mission to please, amuse, and incidentally collect money for the Free Ward of the Hospital.

Leading the procession, rode the Chief Marshall, Dr. Pratt, astride a beautiful black horse which acted anything but genteel, and showed its mettle on many occasions. "Old Glory," was borne by patriotic students, also a large osteopathic pennant. Then came the band, fearful and awful, in female attire. Some members cutting pretty good figures, and others most grotesque effects. Stewart, the six-footer of the Junior Class, was very funny, and was a living contradiction to the old saying that "brevity is the soul of wit." Following came the autos, five in number, the first bearing the Mayor of Kirksville, the Vice-President of the A. S. O., and the Dean. This was followed by other autos, in which rode the faculty, Superintendent and nurses of the A. S. O. Hospital. A carriage came next, and held the famous and popular quartet, namely the A. S. O. students' book-men, Messrs. Cooper Janisch, Root and Bledsoe. Thirty collectors who followed were dressed in surgical gowns, with bandaged heads, and wore a demure but somewhat professional air. These were followed by the ambulance, which warned wayfarers, with a honking horn, to clear the track for its wobbly course. Next came a star-and-stripe bedecked horse and rig, in which sat a haughty, white-haired Martha Washington, and a most efficient negro coachman, wearing a tall silk hat, these parts being ably taken by Mrs. Garrod, and Miss Hudson, senior students.

The special "stunters" were next given place in the parade, and there were many most unique features among them. Several strangely garbed gentlemen were drilling through their march. A bearded farmer, with his wife and a wheel-barrow of corn-stalks, and another pair with a barrel of home-made apple-butter appeared next.

The float, bearing the inscription, "Bottled Osteopathy, The Dope that made Kirksville famous," seemed to strike a funny vein in the crowd. Miss Lillian Hurd as "Ruffles and Patches," and Miss Resnikov, were brilliantly gowned.

Mrs. Weaver rode a beautiful dapple-gray, and some "kiddies" in costumes, rode tiny ponies, while Miss Meek drove a pony-cart.

The Axis Float followed, and hinted the mystic of the Orient, with its Japanese lanterns and jingling chimes. The daintily kimonoed ladies held pretty Japanese parasols. Two of their ladies were dressed as Indians.

Following came the Delta girls, each carrying a Delta Omega pennant, headed by two of their number, bearing a huge Delta Omega banner. Four of their number, Miss Houriet, Mrs. Turnbull, Miss Macdonald and Miss Rogers, made a hit as Chinese coolies drawing jinrickshas, and following them, five of the girls were dressed as Indians, Mrs. Mechling bringing up the rear as a "heap big Indian chief," on a scrawny old horse. Miss Lapp and Miss Earl, as the two little country girls, in gingham aprons and sunbonnets, carried a Delta Omega draped pail, which was used to hold their collections.

The Y. W. C. A. were immediately behind, each wearing a pennant on their sleeve, and were followed by the Stillonians with their nicely decorated booth. The I. T. S. were next in the procession, and twenty-five in number, marched with a lock-step, and in prison stripes and painted faces excited much admiration. They were very original and unique.

Mr. Ford with his wife (?) Mr. Courner, with a wagon load of pumpkins drawn by mules, led off the Atlas Club, who were jauntily twirling neat little canes, tied with red and white ribbons.

The Friars, in comical costume, following their mascot, black goat, brought up the rear. After the parade had circled the square, all gathered in front of the courthouse, where the Mayor addressed the good-natured throng. He gave the students the privilege of enjoying themselves, and mentioned the importance of osteopathy to Kirksville. The amused faces along the route, the quizzical, questioning looks, and smiles of recognition, showed the interest of the on-lookers.

The scene on the square the remainder of the day was of the busiest order. The band rendered splendid selections in front of the different performances, and helped boom everything generally. The I. T. S. were conducting a raffle of everything one could find in a country store, and did a rushing business.

Two Freshies sold picture transfer material, and angel tempers are being "transformed" to that of demons ever since.

Jimmie Minear, with his little keg of cider, passed around the square at such a rate that his two eyes did not "resemble."

A couple of Juniors ran a pop-corn fritter stand, and things successfully "frittered" all day.

Wimp and McBride sold original poetry, and Wimp had much to complain of, in that people would walk on his feet instead of on their own. His make-up was splendid, and called forth much admiration on account of its originality.

The Y. W. C. A. ran a neat booth, at which were sold sandwiches and coffee, and which was well patronized.

The Axis Club conducted a candy and cake booth in a very business-like manner. They also sold Japanese parasols, besides raffling a pair of ladies' slippers, a set of furs, and a large fruit-cake.

Mrs. Herman Still and Miss Roop were exceptionally good Indians, and the pappoose never cried once.

In the opposite corner, a crowd kept edging around the Delta Omega candy booth. When it was found that the demand for the toothsome home-made dainties had far exceeded the supply, the ladies made fresh candy, and sold while yet hot. The country girls collected money in their pail, while Mrs. Gulliland told fortunes in an Indian tepee. Then there were the Delta Chinese coolies, riding patrons around in their jinrickshas. One could scarcely imagine that they were not the real thing until one compared their agile, dainty movements, with the slow Chinaman's, whose solemn features are known to us all. The ladies also received ANY contribution, which was very unlike the Mongolians. The rides given Marshall Hull and Dr. George Still were the features of the afternoon, a couple of worthy citizens assisting in their mounting and alighting. The Delta Indians looked very solemn, and sold cigars.

"Pinkie" Strayer, as the ballet-girl, was very attractive, and received much attention.

The wild-man, otherwise the natty Mr. Johnson, was a puzzling creature, though extremely unpopular with some of the younger population.

The wagon-load of pumpkins was raffled off, and Mr. Ford's get-up, and acting of his part, were praised and admired during the whole day.

The Nickel-Odeon donated a percentage of their proceeds for the day, and was well patronized, and their kindness was much appreciated by the A. S. O. students.

The students were "tagging" everyone who ventured in their way,

and caused many hurried visits to the various banks, by those not prepared for the onslaught.

The Faculty and their wives were considered the natural prey of the entire assembly.

At the Palm Garden was pulled off a game of basket-ball between the "Talls" and the "Shorts."

In the New Foster Building, the Persian Freshman, Mr. Ardishir Iranti, gave a very realistic Oriental performance of mystery. He was exceptionally quick and clever, and highly amused his large audiences. His programs were interspersed with solos, which were greatly enjoyed.

On another corner the apple-butter vendors were located, and sold "Apple-butter like mother used to make." The dainty little washer girls sold pop-corn balls out of their generous sized baskets, and were charming and kind to everyone.

The Stillionians sold flowers from their pretty booth, and many citizens on the square had the appearance of just returning from a wedding.

There was a paddle drawing game by Messrs. Shaffer and Crocker of the Atlas, and the boys sure "paddled" as if their lives depended on it.

Messrs. Fahrney and Earl Weaver sold samples of bottled osteopathy, and judging by the smiles it caused, it was good "dope."

The Theta Psi Fraternity had Dr. Charlie's large "cir-curious" tent, pitched on the courthouse lawn, and did a rushing business. The spielers and barkers did their work well. The music and songs were delightfully rendered. They showed a three-legged man who had not "realized his condition until that very day." A double-headed boy, who when one face smiled the other did likewise, both faces being occupied with peanuts on many occasions. There was the alligator girl(?) and her mother(?), who told of the little girl in tones ridiculously funny, and reminded one of the recent carnival in Kirksville. They also showed a double-faced man, and a bearded lady. A couple of thorough-bred dogs, an Angora cat, some guinea pigs, and white bantams. Then there was the wild-man who ate raw meat, who added much to the performance.

Mr. Eugene Thomas had kindly donated a beautiful ladies' watch, which was raffled off during the day by Martha Washington and her negro coachman.

Altogether the day was one huge success, but the tired participants of one day remote from savagery, stayed close to their rooms and rested on the following day, and some slid down on the bannisters. The total receipts were \$871.64.

A Feel in the Chris'mas-Air

They's a kind o' feel in the air, to me,
When the Chris'mas-times sets in,
That's about as much of a mystery
As ever I've run ag'in!—
Fer instunce, now, whilse I gain in weight
And ginerall health, I swear
They's a goneess somers I can't quite state—
A kind o' feel in the air.

They's a feel in the Chris'mas-air goes right
To the spot where a man lives at!—
It gives a feller a' appetite—
They ain't no doubt about that!—
And yit they's somepin'—I don't know what—
That follers me, here and there,
And ha'nts and worries and spares me not—
A kind o' feel in the air!

They's a feel, as I say, in the air that's jest
As blame-don sad as sweet!—
In the ra-sho as I feel the best
And am spryest on my feet,
They's allus a kind o' sort of a' ache
That I can't locate no-where;—
But it comes with Chris'mas, and no mistake!—
A kind o' feel in the air.

Is it the racket the children raise?—
W'y no!—God bless 'em!— no!—
Is it the eyes and the cheeks ablaze—
Like my own wuz, long ago?—
Is it the bleat o' the whistle and beat
O' the little toy drum and the blare
O' the horn?—No! no!—it is jest the sweet—
The sad-sweet feel in the air.

—JAMES WHITCOMB RILEY.

News of the Month

Toronto Hospital Destroyed by Fire.—The Toronto Free Hospital for Consumptives and several surrounding buildings were destroyed by fire on December 1st. Ninety-two patients, forty of whom were helpless, were removed safely. The loss was about \$100,000.

Exophthalmos in Brain Tumors.—Weisenburg remarks that exophthalmos accompanies brain tumor more frequently than is generally supposed. It occurs only in those cases in which there is great intracranial pressure, especially when there is in addition direct interference with the normal flow of the cerebrospinal fluid. Exophthalmos is produced by direct pressure on the cavernous sinus. Its presence is of some clinical value, inasmuch as unilateral exophthalmos is nearly always indicative of an intracranial lesion on the same side.

"606."—Emery reviews the progress made in the use of dioxydiamidoarsenobenzol. He concludes: "Whatever may be the fortunate future of Ehrlich's discovery, one cannot withhold an unreserved admiration from this sympathetic savant, whose whole scientific career is a model and an example of ingeniousness, of logic and of perseverance."

Has the Appendix a Function?—Hærtwig answers yes, that it is not a superfluous organ, but is necessary for the discharge of its contents from the cæcum.

Soy Bean as a Food in Diabetes.—Friedenwald and Ruhrah speak of the soy bean (*Glycine hispida*) sometimes incorrectly called the soja bean, an annual leguminous plant which originally grew in a wild state from Cochin China to the south of Japan and to Java, and has been known in the United States for many years. It has been one of the staple foods of Japan, the large amount of nitrogen probably accounting for the small amount of meat and other animal food taken by the Japanese. It contains no starch, or at least, a very minute quantity, and this suggests its use in certain diseases, or in infant feeding. The authors have used it in eight cases of diabetes, and come to the conclusion that its use is of the greatest value to the diabetic; for when a rather limited diet is observed to which the diabetic patient is restricted, any addition to his dietary must be greatly welcomed.

How Red Cross Seals Fight Consumption.—It would be impossible to tell of all the good work that the money received from Red Cross Stamps last year has done during the past year, but a few instances may be cited.

In Chicago a little over \$9,000 was realized and this money for five months supported eight free tuberculosis dispensaries, together with eleven nurses, 1,850 new patients being examined and 8,760 visits made to the clinics. In addition to this for the same five months the Central office of the Chicago Tuberculosis Institute was supported, and through this office hundreds of thousands of people were helped in that city and throughout the state of Illinois.

In Brooklyn, the \$5,000 taken in from the stamp sale has gone to support a ferry boat day camp with an average daily attendance of 75. Many patients have been restored to health and usefulness as the result of this work.

In New York, the County Red Cross Day Camp on the roof of the Vanderbilt Clinic has given a chance for new health to hundreds of consumptives. Similar camps have fought the fight against tuberculosis in Kingston, N. Y.; Schenectady, N. Y.; Washington, D. C.; Kalamazoo, Mich.; Cleveland, Ohio, and in many other cities.

Special nurses have been provided from the Red Cross funds and in some cases, tuberculosis dispensaries have been established. Literature has been printed and distributed, lectures given, exhibits conducted, and legislatures, municipal and county authorities stirred to activity, as the result of the Red Cross Stamp sale of 1909. Every stamp has been a real bullet in the fight against tuberculosis.

Radium and Its Application to the Treatment of Malignant Tumors.—Dr. Louis Wickham, Chief of the Department of Pathological Surgery of the Radium Institute recently read a paper, which he illustrated with lantern slides. The most interesting and important aspect of radium therapeutics was the selective action of the rays. Radium played the role of a subtle modifying agent, which sought out those elements which were most sensitive to its action. All tissues were not suitable ground for this selective power; the most favorable were cancer, angioma, keloids, eczema, and some other diseases. The exact meaning of selective action was that of a certain quantity of measured radio-activity could modify the cancerous cells and arrest their malignant evolution without producing any modifying action on the general cells surrounding the cancer, thus enabling a cancer to regress and disappear without producing on the surface any signs of irritation or inflammation. This elective action could work on the superficial or the deep-seated pathological tissues, the rays possessing the power of transversing them both. The determinative cause between the caustic action, which burned or destroyed, and the selective action, was the quantity of rays absorbed in a given time by the tissues.

Paralysis is Contagious.—The state board of health of Connecticut has announced that anterior poliomyelitis, or infantile paralysis, is very contagious and difficult to cure, a throat spray of some antiseptic solution being the most effective preventative. Infantile paralysis is at present ravaging Connecticut, and the state board of health has called upon every practitioner to report all cases which are brought to his attention that proper quarantine measures may be employed.

History of Red Cross Seals.—Red Cross Christmas Seals date back in their origin to "charity stamps," first used for the soldiers' relief funds in Boston in 1862, during the Civil War. After the war, this method of raising money was discontinued in this country for a generation, although it found vogue in Portugal, Switzerland, Australia, France, Spain, Denmark, Norway, Russia, Sweden, and other European countries. There are now several hundred different types of charity stamps used in all parts of the world.

Stamps or seals were first used to get money for the anti-tuberculosis crusade in Norway and Sweden in 1904. After being used in these countries for three years, as a direct result of the interest of Jacob Riis in this movement, the Delaware Anti-Tuberculosis Association, headed by Miss Emily P. Bissell, and the Red Cross Society of Delaware combined in issuing a Tuberculosis Stamp. So successful was this campaign that nearly \$3,000 was realized, and the next year, in 1908, the American Red Cross was induced to issue a National Red Cross Tuberculosis Stamp. From this sale, \$135,000 was realized, that amount being almost doubled in 1909. This year, for the first time, the sale is organized on a comprehensive basis, taking in all parts of the United States. A million for tuberculosis work is confidently expected.

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Radium and Its Application to the Treatment of Malignant Tumors.—Dr. Louis Wickham, Chief of the Department of Pathological Surgery of the Radium Institute recently read a paper, which he illustrated with lantern slides. The most interesting and important aspect of radium therapeutics was the selective action of the rays. Radium played the role of a subtle modifying agent, which sought out those elements which were most sensitive to its action. All tissues were not suitable ground for this selective power; the most favorable were cancer, angioma, keloids, eczema, and some other diseases. The exact meaning of selective action was that of a certain quantity of measured radio-activity could modify the cancerous cells and arrest their malignant evolution without producing any modifying action on the general cells surrounding the cancer, thus enabling a cancer to regress and disappear without producing on the surface any signs of irritation or inflammation. This elective action could work on the superficial or the deep-seated pathological tissues, the rays possessing the power of transversing them both. The determinative cause between the caustic action, which burned or destroyed, and the selective action, was the quantity of rays absorbed in a given time by the tissues.

Paralysis is Contagious.—The state board of health of Connecticut has announced that anterior poliomyelitis, or infantile paralysis, is very contagious and difficult to cure, a throat spray of some antiseptic solution being the most effective preventative. Infantile paralysis is at present ravaging Connecticut, and the state board of health has called upon every practitioner to report all cases which are brought to his attention that proper quarantine measures may be employed.

History of Red Cross Seals.—Red Cross Christmas Seals date back in their origin to "charity stamps," first used for the soldiers' relief funds in Boston in 1862, during the Civil War. After the war, this method of raising money was discontinued in this country for a generation, although it found vogue in Portugal, Switzerland, Australia, France, Spain, Denmark, Norway, Russia, Sweden, and other European countries. There are now several hundred different types of charity stamps used in all parts of the world.

Stamps or seals were first used to get money for the anti-tuberculosis crusade in Norway and Sweden in 1904. After being used in these countries for three years, as a direct result of the interest of Jacob Riis in this movement, the Delaware Anti-Tuberculosis Association, headed by Miss Emily P. Bissell, and the Red Cross Society of Delaware combined in issuing a Tuberculosis Stamp. So successful was this campaign that nearly \$3,000 was realized, and the next year, in 1908, the American Red Cross was induced to issue a National Red Cross Tuberculosis Stamp. From this sale, \$135,000 was realized, that amount being almost doubled in 1909. This year, for the first time, the sale is organized on a comprehensive basis, taking in all parts of the United States. A million for tuberculosis work is confidently expected.

Tuberculosis Show.—The Ontario Provincial Government has leased from the Canadian Pacific Railway a car which it purposes to fit up with a complete exhibit of matters pertaining to the anti-tuberculosis campaign. The car, when equipped, will be placed under the charge of lecturers and demonstrators and will be sent to every railway station in the province. Free lectures will be given and literature will be distributed.

Bureau of Public Health.—In the annual report of the Department of Agriculture, Secretary Wilson declares that while he is in hearty accord with the general proposition to provide better facilities for work in the interest of public health, he is strongly opposed to any plan which will remove from the Department of Agriculture the inspection work involved in the enforcement of the Food and Drugs Act and the Meat-Inspection Law. Such action, would, he believes, be a great detriment to the work of his department and to the agricultural and live-stock interests without any corresponding gain in efficiency or public advantage, and would result in increased expenditures rather than in economy.

Mrs. Mary Baker G. Eddy, discoverer and founder of the Christian Science Church died on Saturday, December third, at the age of eighty-nine years. Some of the dissenting Christian Scientists claim that she died many years ago, and that the woman just passed over was an imposter, but that is probably an error.

Wants Help in Instructing Doctors.—Dr. J. N. Hurty, Secretary of the State Board of Health of Indiana, believes it will be necessary for the Board to make some arrangement for instructing the physicians of the state concerning acute anterior poliomyelitis, or infantile paralysis, which has recently assumed alarming proportions in various parts of the state. The secretary has received a large number of letters from physicians and from health commissioners who complain that they know very little about the disease, and that they are unable to find anything in the established textbooks concerning it which is of any practical value to them.

The state board recently added the disease to the list which is to be reported monthly to the state board. It is Dr. Hurty's wish to issue an official pamphlet on the subject to be circulated among all the physicians of the state, but he says that the appropriation for the department will not permit its circulation in adequate numbers.

Makes Human Tissue Grow After Removal From Body.—Along lines conceived by himself and worked out under the guidance of the Hopkins men who are at the head of the Rockefeller Institute for Medical Research, Dr. Alexis Carrel has made a startling medical discovery.

It involves a method for removal from the human body portions of the stomach, blood vessels, skin, bone, and practically every other tissue, and make them grow at as lively a rate as they did in the human form to which they belonged.

Dr. Carrel has kept portions of the body alive as long as three weeks after they were taken from the person to whom they belonged.

The method of cultivating the living body, or portions of it, is similar to the cultivation of disease germs, and is by the aid of culture material within sealed receptacles. The value to humanity of the successful development of the methods employed by Dr. Carrel is incalculable.

Red Cross Seals—Announcement comes from the headquarters of the American National Red Cross that Christmas Seals are being printed at the rate of a million a day and that already over 60,000,000 have been given out to agents in all parts

of the United States. The demand for these holiday seals is greater this year than ever before.

At the same time the Red Cross issues a warning calling attention to all users of Christmas Seals to the ruling of the Post-office Department that these stickers must be placed on the back of letters and packages. To avoid the possibility of the misuse of holiday seals, warning cards are being posted in every booth where Red Cross Seals are sold, telling that the stickers are not good for postage and must be used only as seals.

Already several million seals have been sold to large manufacturing concerns and other business houses in all parts of the United States, and orders are coming in hourly. The outlook for selling 100,000,000 seals and thereby making good the slogan of the campaign, "A million for Tuberculosis," are very bright.

American Museum of Safety.—With the slogan, "Fifty per cent of industrial accidents preventable," the American Museum of Safety has opened a permanent exposition of safety devices in the Engineering Societies Building, 29 West 39th Street, New York. Machines, models and photographs demonstrating simple, practical safeguards adapted to the needs of the American employer for protecting the lives and limbs of his workmen, are shown.

Cholera Reaches Canada.—On the arrival of the steamship Royal George at Quebec recently, one of the steerage passengers was found to be ill with cholera. As a result all the steerage passengers were detained at the Grosse Isle quarantine station about thirty miles below the city.

Street Disinfection.—In Poughkeepsie, N. Y., a plan is on foot to test the efficacy of disinfection of the streets by sprinkling with a solution of corrosive sublimate.

Pulmonary Tuberculosis and the Muscles of the Chest.—This antiquated subject has received considerable attention for the past twenty years or more, new problems arising from time to time which concern the walls of the chest in connection with the intimate nature of the habitus phthisicus. Fischer seems to confine himself to the state of the muscles directly over the tuberculous focus. The muscle first shows a state of paresis, which is best demonstrated by testing its mechanical excitability, the latter being increased. The primary condition is followed by degenerative atrophy.

Business Opportunities.

For Sale.—Splendid practice in a fine Missouri city of about eight thousand. Physician in charge wishes to take post-graduate work. Address "1210," care of the Journal of Osteopathy.

For Sale.—Well established practice in a thriving city of 3,500. Will sell all or part of office equipment and do all I can to turn practice to purchasers. Terms cash. Address "1902," care of the Journal of Osteopathy.

For Sale.—Practice in a wealthy city in oil fields of Pennsylvania, or will sell interest to lady partner. Address "X. Y. Z.," care of the Journal of Osteopathy.

For Sale.—Established practice in Indiana city of seventy thousand inhabitants. Present osteopath has confidence of the entire community, and very large practice. Reason for selling, desires to go south. For particulars write M. E. Conlon, care of the Filbeck Hotel, Terre Haute, Ind.

The Year

What can be said in New Year rhymes,
That's not been said a thousand times?

The new years come, the old years go,
We know we dream, we dream we know.

We rise up laughing with the light,
We lie down weeping with the night.

We hug the world until it stings,
We curse it then and sigh for wings.

We live, we love, we woo, we wed,
We wreath our brides, we sheet our dead.

We laugh, we weep, we hope, we fear,
And that's the burden of the year.

—ELLA WHEELER WILLCOX.

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A WORD ABOUT THE MAGAZINES

Space will not allow a description of the magazines entering into the various combinations—it isn't necessary, as nearly every one is a household word in every American family of average intelligence. While we are not featuring any particular magazine, we do wish to emphasize "Current Literature" as being a particularly desirable unit in any combination.

It contains a monthly review of the world's news; quotations from and comments on the press of the world; numerous graphic cartoons and other illustrations; photographs and biographic sketches of the conspicuous personalities of the month; the most recent advances in science and discovery; the noteworthy events in religion, literature and art; critical reviews of the best fiction, dramatic and musical works; a page of the best humor and a condensation of the leading play of the month.

The magazines included in these combinations have been carefully selected, and we are safe in saying that they represent the most popular and widely circulated of any of our American publications.

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We have unusual facilities this year to get you almost any combination of magazines you want at prices which speak for themselves. Here are only a few special combination offers:

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The Dietetic and Hygienic Gazette	Regular Price \$1.00
Journal of Osteopathy	Regular Price \$1.00
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Success Magazine	Regular Price	\$1.00	
Delineator	Regular Price	\$1.00	
Current Literature	Regular Price	\$3.00	
Journal of Osteopathy	Regular Price	\$1.00	
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Hampton's Magazine	Regular Price	\$1.50	
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Journal of Osteopathy	Regular Price	\$1.00	
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Everybody's	Regular Price	\$1.50	
Journal of Osteopathy	Regular Price	\$1.00	
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Book Reviews

The Diseases of Women.—A Handbook for Students and Practitioners. By J. Bland-Sutton, F. R. C. S., England, Surgeon of the Middlesex Hospital, etc., and Arthur E. Giles, M. D., B. Sc., London, F. R. C. S., Edin., Gynecologist to the Tottenham Hospital, etc. Sixth Edition. With 123 illustrations. New York, Reiman Company, 1123 Broadway. Cloth, price \$—.

It is often convenient to have at hand a concise textbook, which may be consulted readily without having to search through a larger work for some condition being treated, and the book before us has been prepared for just such a purpose. It is very clearly written, the paragraphs being all introduced in heavy type, and the subheads being well marked off. There are over sixty chapters dealing with every phase of women's diseases from simple dysmenorrhea to tubal pregnancy, and from pseudo-hermaphroditism to complete hysterectomy, and the book will be found useful to all desiring a short, concise and interesting handbook along these lines. The authors show evidence of wide experience, and the book will prove useful to a large number of readers.

Diagnosis and Treatment of Diseases of Women.—By Harry Sturgeon Crossen, M. D., Professor of Clinical Gynecology, Washington University, etc., etc. Second Edition, Revised and Enlarged. With seven hundred and forty-four engravings. St. Louis, C. V. Mosby Co., 1910. Price, cloth, \$6.00.

The Diagnosis and Treatment of Diseases of Women are subjects upon which every general practitioner—osteopathic or medical—is consulted many times every year, and upon his correct knowledge of the subject will depend often the happiness and welfare of many more than the mere patient. In this work, no space is devoted to detailed description of the technique of major operations, but much care has been taken to set forth clearly the differential diagnosis of the various conditions requiring such operative treatment with details of preparatory and subsequent treatment, etc. This work presents the important points of gynecological study clearly and systematically, the endeavor being—the author tells us—to present them “so clearly and so systematically that they will be readily understood, and well remembered for use at the bedside.” The illustrations are numerous and very good, which is a point of great importance in a work of this kind, in which it is hard to

get a perfectly clear idea without seeing the actual conditions pictured. In this new edition there are, moreover, a number of additional illustrations which further enhance the value of the work. There are eighteen chapters, dealing with gynecological examination methods, diagnosis and treatment; diseases of external genitals; lacerations; inflammations; displacements; fibromyomata and malignant diseases of the uterus; pelvic inflammations; affections of the Fallopian Tubes; tumors of the ovary; malformations; disturbances of function; operative methods and after treatment; and medico-legal points. The book well deserves its position as a classic on the subject, and the author is to be congratulated on its production.

A Handbook of the Surgery of Children.—By E. Kirrison, Professor of the University of Paris, Surgeon to the Hospital for Sick Children, etc. Translated by J. Keogh Murphy, M. C., (Cantab.), F. R. C. S. Hodder and Stoughton, Warwick Square, London, and E. C. and Henry Frowde, Oxford University Press, 1910. Price, cloth, \$—.

The author of this treatise states in his preface that he has written it with the desire to be "really useful, not only to the medical student who is anxious to acquire sound principles for the practice of his profession, but also to the practitioner obliged to put up with the numberless calls on his time and patience in the practice of his profession." All pure theory, history, pathological anatomy, and pathogeny have therefore been omitted, to make place for the real essentials of knowledge, that is to say symptoms, diagnosis and treatment. In other words, the author has given us a work here which presents the principal facts among the high lights leaving in the shadows all that is of less usefulness. Two great subjects then are found to dominate all Infantile Surgery, first the study of malformations, and second, the diseases connected with the locomotor apparatus, to which may be added certain affections of the various regions, as middle ear, cervical glands, etc. The author emphasizes the importance of a sound practical knowledge in a vast number of cases to which the practitioner is called, such as emergency cases, retro-pharyngeal abscess, etc., where no exceptional operative skill is required, no special assistance, no perfect theater, "just sound practical knowledge," and it is to provide the practitioner with the means of obtaining this knowledge that the book has been prepared. It is profusely illustrated, and in completeness, practicality and clearness would be hard to equal. The author is a man of wide experience, and we have no hesitancy in recommending his work.

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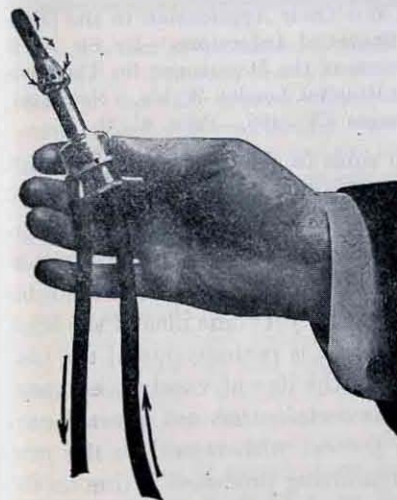
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A Handbook of Practical Parasitology.—By Max Braun, Professor of Zoology and Comparative Anatomy, and Director of the Zoological Museum of the University of Königsberg, Prussia, and Dr. M. Luke, Lecturer and Assistant at the Zoological Museum of the University of Königsberg, Prussia. Translated by Linda Förster. Illustrated, 208 pages. William Wood & Co., New York, 1910.

The advances made in recent years in our knowledge of parasites makes every book that is written upon the subject one of great interest to both student and practitioner. This work is divided into three main parts, dealing in turn with Protozoa, Helminthes and Arthropoda. In the first part, after a brief and general survey touching upon the organization of the protozoa and technique of examination, staining and preparation, there is a detailed account of the various classes and subclasses of protozoa. In the second portion there are five chapters dealing with the following subjects: Directions for obtaining material; methods of preserving Helminthes; examination and preservation of the eggs of Helminthes; rearing Helminthes; examination of Helminthes and of their developmental stages. The third portion of the book deals with the arthropoda in two sections: Acarina, discussing in turn Ixodes; Gamasidæ, Tryoglyphidæ, Sarcoptidæ; Demodex and Linguatuladiæ; and Insecta. The work is a good one, and will be welcomed by every investigator along these lines.

Studies on Immunization and Their Application to the Diagnosis and Treatment of Bacterial Infections.—By Sir A. E. Wright, M. D., F. R. S., Director of the Department for Therapeutic Immunization. St. Mary's Hospital, London W., etc. New York, William Wood & Co., 1910; pages XV—490. Price, \$5.00.

It is needless to say that there two sides to the question of vaccine-therapy, and either side has its advocates and adherents in the osteopathic profession. While it is impossible to enumerate in detail the various subjects discussed, since the book is largely made up of a collection of papers reprinted from articles written by the author and his co-workers during the past ten or twelve years, yet some idea of the book may be gained from the fact that Dr. Wright is perhaps one of the best authorities, if not the best authority along the line of vaccine therapeutics in the English-speaking world. It is certain that not a small part of the sum total of the knowledge we possess with regard to the protective substances in the blood and immunizing processes is due to the original work of the author.

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This beautiful Sanitarium is located at Bentonville, Arkansas, in the northwestern part of the State. For some time we have felt that an institution of this kind was needed by the profession, especially a place where practitioners could send patients who desire a rest and equable climate. Benton County, Arkansas, is one of the greatest health resorts in the world; the air is light and bracing, and the temperature even in July and August never gets above ninety, and it is seldom cold enough there in the winter time for one to feel the need of an overcoat, except perhaps for a few days. The altitude is 1,700 feet, but the country is not broken, as you might expect. This region of the State is a fertile plateau on top of the Ozarks. The Sanitarium building and grounds are located at the edge of Bentonville. The building is commodious and well-arranged, being fitted throughout with modern sanitarium furniture, well ventilated and heated with steam. In addition to the main building there are a half dozen two-roomed cottages for summer use. The grounds consist of about ten acres of beautiful lawn and nice shade trees. There are a number of natural springs that supply the finest water that can be found anywhere. We have for a number of years received many inquiries concerning a sanitarium of this sort, where patients who desire to get away from the heat of summer and the cold of winter can go and receive first-class accommodations. A number of trained nurses have gone from the Hospital at Kirksville after graduation, and are now employed in the Sanitarium. Dr. C. E. Still and G. M. Laughlin make frequent trips here for the examination of patients, while Dr. E. H. Laughlin and his assistants are there permanently. It is an especially good climate for neurotics, and other chronic sufferers, as they can be out-of-doors most of the time the year round. The Sanitarium was opened September first, and is now in operation. All classes of patients will be received here except the insane, and those suffering from pulmonary tuberculosis. However, some time during the winter months, we expect to establish a Sanitarium apart from this one for the treatment of pulmonary tuberculosis. For further information address

Dr. E. H. Laughlin, Bentonville, Arkansas

Part one of the book is devoted to a study of the protective elements in the blood: the agglutinins, bactericidins and opsonins. Part two deals with therapeutic immunization, and under the general head of vaccine-therapy he discusses the problems arising from the application of these protective substances to the treatment of disease.

To the general practitioner, student or investigator along these lines, the book will be intensely interesting, and much valuable information may be obtained from its careful perusal.

Clinical Commentaries Deduced from the Morphology of the Human Body.—By Professor Achille De Giovanni, Director of the General Medical Clinic, University of Padua. Translated by John Joseph Eyre, M. R. C. P., L. R. C. S. I., D. P. H. Cambridge, New York. Rebman Company, 1123 Broadway. Price, cloth \$—.

It has been said that "the history of medicine is the history of the errors of the medical doctrine, both as to method and reasoning," and it is probably the coloring of facts of observation according to the fashion of the moment that has caused so many theories to be so constantly prevalent in the medical and scholastic minds. The author of the work under consideration has for many years been working along a line of more or less independent thought, which he has generalized as the principles of morphology, and he intimates that he believes that when the "era of morphological medicine is ushered in, medicine will become a true biological science." He is a firm advocate of the preventive branch of therapeutics, asserting that the hygiene of the infant, according to the principles of morphology, is equivalent to the preventive treatment of some diseases of adult age, as well as the improvement of the human race. In his introduction he says that the cause of the special morbidity of the organism resides in its special morphology, thereby indicating the theory of individual differences. He emphasizes the reciprocal influence exercised by external environment and organisms, reasoning that from the above premise one must not attribute to the environment more than its proper part in influencing morbidity. He moreover maintains that the principle which explains the formation of the organs, of the organisms and their functions, explains the anomalies of form and of function that the organisms present during the periods of life. Reasoning further he believes that by means of clinical anthropometry which will later give the "practical eye" one may recognize some fundamental morphological causes which govern the morbidity of the individual, each individual being a morphological variation of the type to which the anatomical and physiological averages cannot be

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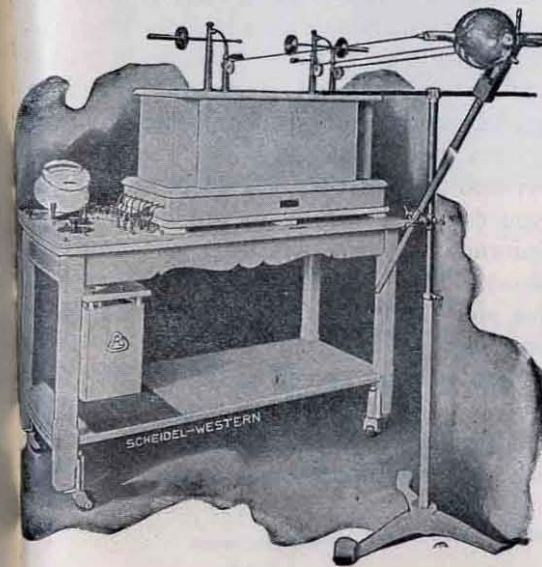
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applied. Treatment must be largely preventive, based on the principle of the science he is upbuilding, and he believes that a grand initiative belongs to the "naturalist physician" of the future in the many social questions for removing principles, as well as for rejoining the established institutions.

The Physician's Visiting List for 1911.—By Lindsay and Blakiston. Leather, gilt edge. Regular Edition, pocket size, with special memoranda. Price \$1.25. P. Blakiston's Son & Co., Philadelphia, Pa.

With this edition, this unique little book enters upon the sixteenth year of its existence. The contents are as follows: Calendar 1911-12. A new and complete table for calculating the period of Utero-Gestation. Table of signs (to be employed in keeping records in the book), chemie incompatibility, poisoning, the metric or French decimal system of weights and measures, table for converting apothecaries' weights and measures into grams, dose table, asphyxia and apnoea, comparison of thermometers, blank leaves for visiting list, memoranda of wants, obstetric engagements, vaccination engagements, record of births, deaths, cash account. With the exception of the dose table, the book contains useful information for osteopaths and it is in convenient form. It is a neatly gotten up, useful little book.

The Physician's Pocket Account Book.—By J. J. Taylor, M. D. 212 pages, leather. Price \$1.00, postpaid. J. J. Taylor, Publisher, 4105 Walnut Street, Philadelphia, Pa.

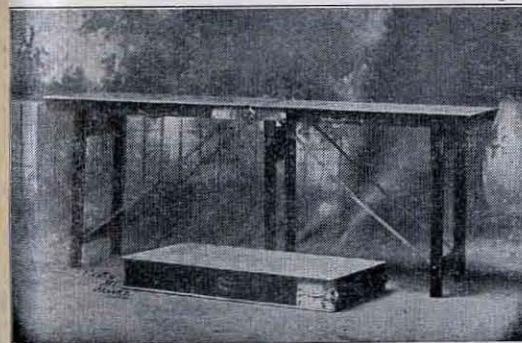
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The Science of Living or the Art of Keeping Well.—By W. S. Sadler, M. D., Director of the Chicago Institute of Physiologic Therapeutics, etc. Illustrated. Second Edition. Chicago. A. C. McClurg & Co. 1910.

The author's purpose in this book is to present to the lay reader a concise outline of modern hygiene, or as he himself says, "to tell the story of health in plain everyday English." He advocates the simple life "free from fads and the teachings of fanatical extremists," and the whole book is written from the standpoint of practical instruction. He tries to convince the reader that health and disease are not matters of chance, being regulated by universal laws, sickness being a consequence, directly or indirectly, of some violation of nature's laws. His instructions deal with the utilizing of sunlight, proper breathing, exercise, proper clothing, digestion and nutrition, drinking, bathing, rest and sleep, worry, hygiene and sanitation. There is a great deal that is good in this book, and it is one that could be read with much benefit by patients.

The Wizzard of the Damavant.—A Tale of the Crusades. By J. Richardson Parke, M. D., Sc. B., Ph. G., Author of "Human Sexuality," "Miss Malinger's Legacy," "Raised from the Dead," etc., etc. Twenty-eight illustrations. Professional Publishing Co., Philadelphia. 1910.

In drawing upon the history of the crusades, in many ways an extraordinary bit of European history, for a foundation for his story, the author has availed himself of an opportunity grasped by very few writers of fiction. Necessarily, "Richard of the lion heart" and the great Saladin are the central figures, around which the story principally centers, with enough fidelity to actual history of these stirring times and a thread of romance interwoven, to make the story very readable and interesting. The author has also sought, as he states in his foreword, "to picture one of those great moral teachers or philosophers, far commoner in the East than in the West, ascribing to him certain occult powers, which the adepts of Buddhism have never ceased to

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claim," and the author puts some very interesting bits of philosophy into the mouth of this adept of occultism, the Prince of Hamadan. The "difficulties of medaeval dialogue" is presented in the way of an apology for the modernity of the language employed, which may be readily condoned, as it in no essential way detracts from the interest and merits of the novel. It is difficult in so short a review to give an adequate idea of the book, therefore suffice it to say that the writer has drawn freely from a vast fund of information and collateral history, and with splendid skill has woven this mass of material into a very fascinating story.

The Cause and Cure of Colds.—By William S. Sadler, M. D., Professor of Therapeutics, Post-graduate School of Chicago. Illustrated. Chicago, A. C. McClurg & Co. 1910.

Common colds are undoubtedly the most widespread and distressing of all the minor maladies, and the author of this little book handles his subject rationally and well, touching on its every aspect, etiology, prevention, general and special treatment, etc. He advocates cutting down the diet, and increasing liquid intake, and gives detailed and various methods for sweating the cold out, which undoubtedly, together with the other instructions suggested, will help greatly in breaking up a cold. In one place he notes the importance of facial massage, which makes one feel that if he knew about it, he would elaborate on the osteopathic methods of accomplishing the result he is aiming at, for we know that it is the experience of every osteopath that a thorough treatment will "set the cold a-flying" quicker than anything else, though undoubtedly results may be helped along by the methods the author advocates. Moreover, often a patient, or a patient's friends, rightly insist on "doing something," and the suggestions offered in the book will give the intelligent osteopath abundant material along this line, though if we had our way, we would inscribe on the title page, "more important than everything herein is an osteopathic treatment."

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Personals.

Announcement of New Offices.—Dr. Ruth Johnson announces the opening of an office for the practice of Osteopathy at Eighty-two Engle Street, Englewood, New Jersey. Office hours: 10 to 12 a. m.; 2 to 4 p. m., and by appointment on Mondays, Wednesdays and Fridays.

Changes Location.—Dr. Margaret Ammerman, who for the past three years has been located in the Windsor Hotel Building, on Independence Street, Shamokin, Pa., has, with her daughter, Miss Blanche Ammerman, changed her residence and office to 215 East Sunbury Street.

Buys Property.—Dr. J. D. Miller of Morgantown, West Virginia, has bought property at No. 87 Beechurst Avenue, and is now better prepared to take care of his practice, and is better located.

Returns From Vacation.—Dr. Campbell Black has just returned to Toronto, after a four months' trip in the South and West. He also attended the surgical convention in Chicago with Drs. G. A. Still and F. E. Moore, and spent a few days in Kirksville en route.

Remove Offices.—Dr. Francis J. and Clara P. Beall have moved their office from 466 S. Salina Street to 441 S. Salina Street, Union Building, Suite 211, Syracuse, New York.

Osteopathy on the Campus.—At the Columbia University, New York City, recently, while trying a "stunt" on a horse, in one of the gymnasium classes on the campus, a Freshman fell back heavily, the shock rendering him unconscious. Fortunately, Dr. Philip S. Spence, a graduate D. O., and a fellow Freshman, was on hand to set a vertebra of the neck which had been dislocated by the fall, and thus restored the "dismounted rider" to consciousness. Dr. Spence is Secretary of the Freshman Class at the University, and Treasurer of the 1914 Debating Team.

Dr. Platt Honored.—Dr. Reginald Platt of Princeton, New Jersey, is the first osteopath to treat in the University Dispensary, New York City.

Will Spend Winter in Arizona.—Dr. Minerva Kenaga writes us that she will spend the winter in Phoenix, Arizona, and says it is a delightful place.

Returns to Her Home.—Dr. Esther Whittaker of Perry, Illinois, who has been traveling in the West for about a year, principally in California and Idaho, has returned to her home at Perry. Dr. Whittaker has been taking a much-needed rest, after seven or eight years of practice in Illinois. On her way home she paid the Journal office a brief call.

Goes to Florida for Health.—Dr. Jenness D. Wheeler of Malden, Mass., will spend the winter in Sarasota, Florida, for the improvement of her health.

Locates in Oakdale, Calif.—Dr. Elmer E. Clark, a graduate of the Los Angeles College of Osteopathy, has transferred his offices from Stockton, California to Oakdale.

Dr. Fryette Breaks Leg.—Dr. S. J. Fryette of Madison, Wisconsin, was thrown from a buggy October 22nd, when a team he was driving became frightened at a street-car. Dr. Fryette held on to the lines firmly and held the animals in check, but was thrown out, and his leg fractured in two places.

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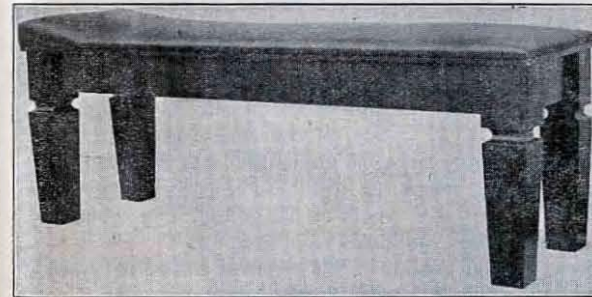
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Receives Appointment.—The Governor of the State of Idaho recently made the following appointment: "I have appointed and do hereby appoint Dr. O. C. Keller a member of the State Board of Osteopathy, for a period ending March 6, 1914, to fill the unexpired term of Dr. G. S. Smelzel."

Locates in Los Angeles.—Dr. Estelle T. Smith, a graduate of the Still College of Osteopathy, has recently removed her office and residence to the New Callender Building, corner West Pico and Dewey Streets, Los Angeles, Calif.

Announces Removal.—Dr. H. E. Caster, formerly of Room 8, Golden Gate Block, announces the removal of his offices to Suite 326 Old National Bank, Spokane, Washington.

Sells Practice in Mexico.—Dr. J. F. Morrison has sold his practice in Monterey to Dr. Clara Case of the S. S. Still School, P. G. '10, and is visiting in Colorado at present.

Resumes Her Practice.—After four months out of practice, following the death of her son, Dr. Effie M. Messick of Monmouth, Illinois, has resumed her work.

To Practice in Ontario, Oregon.—Drs. Harriet and Pauline Sears have removed their offices to Ontario, Oregon, where they will continue the practice of their profession.

Killed by an Automobile.—While chasing a runaway puppy, little Helen Neilson, the five-year-old foster daughter of Dr. Theophilus Neilson of New York City, was struck by an automobile on Upper Broadway and instantly killed, November ninth.

Osteopaths Honored.—Drs. Carroll B. and Clara E. Morrow of Butler, Pa., have been appointed Medical Examiners for the United States Annuity Society of Pittsburg, Pa., for Butler County, Pa.

Returns to Former Field.—Dr. Ada E. Morrell, who has been practicing for a short time at Lewiston, Maine, has returned to her former location at 125 Dover Street, Lowell, Mass.

To Return to Missouri.—Dr. R. M. Buckmaster, after ten years' residence in Lexington, Ky., left there November 26th, to return to Kirksville, Missouri, where he will probably make his future home. Dr. Buckmaster will stop in St. Louis for some time, visiting relatives and friends. His son, Dr. R. P. Buckmaster, who recently returned from Colorado, will succeed to his professional practice in Lexington.

Has Taken Larger Offices.—Dr. R. T. Tandy, of the June class, A. S. O., who has been practicing in Seneca, Kansas, since his graduation, has removed his offices to the Courier Democrat Building, which has just been recently completed, and now has one of the best offices in town, with rooms on the ground floor, fronting on Main Street. He reports a good practice, and business picking up.

Removal Notice.—Dr. Sten Hanson announces his removal from 614 Front Street to the "Pioneer Life Building," Suite 3, Fargo, North Dakota.

Acts as Private Physician.—Dr. John H. Lee of Billings, Montana, is spending a few weeks in Empire City, Oregon, as private physician to a Mr. Smith. Incidentally, the Doctor is taking his vacation.

To Have an Operation.—Dr. Dana G. Sniff of Escondido, California, is in Los Angeles to be operated on for appendicitis.

Take Larger Quarters.—Drs. J. F. and Mrs. Gregory of Freeport, Illinois, who have been located in the Best Building, have moved into larger quarters at Suite 201-2 Old Colony Building, where they will have the advantage of elevator service.

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Dr. McCall Again Able to Practice.—After two weeks' confinement, following an automobile accident, Dr. T. Simpson McCall of Elgin, Illinois, is again able to resume his practice. Dr. McCall had a collision with a wagon and team, the tongue of the wagon crashing through the front of his machine, and badly injuring his right hand. The machine was also more or less seriously damaged.

Dr. Gass Restores a Memory.—Dr. L. D. Gass of Joplin, Missouri, effected a rather startling cure recently on a young man who had apparently lost his memory. The young man gave his name as "Charley", and would remember nothing of his past life before August of this year. Dr. Gass found a severe lesion at the base of the skull, and began treating him November first. On November 13th Dr. Gass was able to replace the vertebra, when the young man's memory immediately returned. He said his home was in Chicago, and he had a wife and two children. He had left home on July 5th, and was probably struck by a street-car or an automobile while attempting to cross the street. He does not now remember what happened to him between July 5th and November 13th, but is clear about everything prior to that time.

Get Out an Attractive Folder.—The Wabash Railroad Company have just issued an attractive folder of Excelsior Springs, Missouri. The folder is well illustrated, and shows Excelsior Springs as being a very attractive, modern little city. This is Missouri's all-year-round health and pleasure resort, and abounds in mineral waters. Copies of the folder can be obtained from any Wabash agent, or by writing Mr. J. D. McNamara, General Passenger Agent, St. Louis, Mo.

Pope Said.—"The learned reflect on what before they knew."

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Visits in Kirksville.—Dr. L. A. Starkwather of the June class, A. S. O., who has been substituting for Dr. Fannie Parks at Macon, Missouri, spent a few days in Kirksville recently, en route to Quincy, Illinois, where she intends to open offices in the near future.

To Practice in Atlantic City.—Dr. R. L. Starkwather, A. S. O. '04, has purchased the practice of Dr. O. L. Butcher, and is now permanently located at Atlantic City, New Jersey, in the McCrary Apartments, New York Avenue and Boardwalk.

Married

At La Salle, Illinois, on Saturday, November 19th, 1910, Dr. Joseph Charles Bienemann to Miss Leila Godfrey Coutant. At home after the fifteenth of December, 541 Fifth Street, La Salle, Illinois.

At Surprise, Nebraska, on Friday, November 25th, Dr. Lester Clark Marshall to Miss Maybelle Clare Sylvester. At home after January first, Wisner, Nebraska.

At Princeton, Missouri, on Sunday, November 20th, Dr. Charles Lee Hawkes to Miss Edna May Kesterson. At home after January first, Clearfield, Pa.



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Tandy, R. T., Seneca, Kansas.
Wheeler, Jenness D., from Malden, Mass., to Sarasota, Fla., for the winter.
Whittaker, Esther, returned to Perry, Ill.

Born.

To Dr. and Mrs Ray L. Davis of Guthrie, Oklahoma, on November 23rd, 1910,
a son, Melvin Hugh.

To Dr. and Mrs W. H. Hollcroft of Mt. Vernon, Mo., on November 17th, a
daughter, Willa Elodee.