

# **The Journal of Osteopathy**

**January 1910**

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# The Journal of Osteopathy

Edited by W. K. Jacobs.

VOL. XVII.

JANUARY, 1910

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## Publisher's Forecast.

The time for the unfolding of our plans for the new year has arrived, and while it has been found almost impossible to carry our plans through in all details as was intended, the contributions which we here announce, have been definitely arranged for and all of them will appear during the coming twelve months.

Dr. Carl P. McConnell, of Chicago, is an osteopath so well known throughout the profession as an author, physician and research worker, that anything in the way of introduction would be entirely superfluous. His article on "Plastic Osteopathy" appears in this number. Dr. Frank Geeslin of Lamar, Mo., is a successful physician and his article on "Pneumonia," which appears in this number is timely, and will be appreciated. Dr. Louisa Burns of the Pacific College of Osteopathy, who is conducting extensive physiologic research work, contributes an article on "Hysteria," which also appears in the January number. In the December issue of the Journal appeared a well written article on "Drugless Dermatology," by Dr. R. K. Smith, which furnished the inspiration to Dr. Emmett Hamilton, Dean of The American School of Osteopathy to take up and continue further the discussion along the same line. Dr. Hamilton is a close student and much of the success which the American School is attaining, as a school, is due to his ability to organize and systematize. The first of a number of contributions from him appears in the January issue. Standing in the very front rank of the osteopathic profession and always regarded as an authority on the subjects about which he writes, is Dr. George Laughlin of Kirksville, Mo. The following series of articles on common deformities and the diseases producing (1) Club Foot; (2) Tubercular Hip; (3) Post Infectious Arthritis; (4) Pott's Disease; (5) Congenital Dislocation of Hip; (6) Infantile Paralysis, are assured "Obstetrical Lacerations: Their Prevention and Cure," is the first of a series of several articles

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along surgical lines to be contributed by Dr. George A. Still, Surgeon-in-Chief at the Hospital of the American School of Osteopathy. Not only is Dr. Still recognized throughout the entire osteopathic profession as an eminent authority on surgery, but he bears the distinction of being without a peer in the west in his line of work. Although retired and loth to be dragged out again into the limelight, Dr. Charles C. Teall the veteran osteopath has kindly consented to contribute two articles; the first, "Oriental Observations through the Corner of An Osteopath's Eye," will appear in an early issue. The other on "High Colon Ene-mata," will appear later. Dr. Teall, as co-author with Dr. McConnell of McConnell & Teall's "Practice," is well known throughout the entire profession. Always active in boosting things osteopathic, and standing at the head of his profession in his state, Dr. John F. Spaunhurst, of Indianapolis, Ind., is in a position to write authoritatively on the subjects he has undertaken. His first article on "Rheumatism" will appear in the February number and the second of the series, on "Con-junctivitis," is scheduled for the June issue. Dr. Spaunhurst is the osteopathic member on the State Board of Medical Examiners of his State.

Dr. F. P. Millard, of Toronto, Ont., although one of the young men of the profession, stands at the very top of his profession as an "osteopathic illustrator," and will contribute a series of three illustrated articles. The first, on "Facial Neuralgia," will appear in the February issue, and the second, on "Pelvic Wrenches," will be published in the April issue. The third, on "Eye Strain," will appear in the June number. Dr. A. D. Becker, staff physician and member of the faculty at the A. S. O., has had quite a little experience with and has been successful in the treatment of "Exophthalmic Goitre," and an interesting discussion of the disease and its treatment is promised for the February number. As one of the older men in the profession, experienced and eminently successful, Dr. A. G. Hildreth, of St. Louis, is perhaps better fitted than almost any other osteopath to talk on "How To Conduct an Office Practice," and always being actively associated with every phase of the work of our professional organizations, his second article, "For The Good of the Profession," will prove an interesting discussion of the subject as he sees it and is sure to be full of good advice. Dr. F. P. Pratt is an extremely busy man as staff physician and member of the faculty at the A. S. O., but Journal readers are promised an article on "Osteo-pathic Gynecology." Dr. Pratt has specialized along this line, and if his lectures upon subjects on which he has not particularly specialized are a criterion, his article will be one of the best in the entire list. He is

thoroughly posted upon the subjects he undertakes to discuss and is a brilliant lecturer and one of the most popular instructors at the A. S. O. Dr. Franklin Fiske, well known throughout the profession as former editor of the Journal of Osteopathy, staff physician and member of the faculty at the A. S. O., is now in private practice in the city of New York, but his popularity as lecturer on "Osteopathic Mechanics," make his services in much demand at association meetings, etc., and we are pleased to announce a series of four illustrated articles along this line. One of the most popular writers and lecturers in the osteopathic profession is Dr. W. Banks Meacham, of Asheville, N. C. Dr. Meacham has well grounded convictions against the use of "Diphtheritic Antitoxin," and has contributed a well written article along this line. As an eye specialist, Dr. Stanley M. Hunter of Los Angeles is perhaps the foremost in the osteopathic profession. The first of a series of three articles, "Lost and Failing Sight and Their Restoration by Osteopathic Principles," will appear in an early issue, and will be followed by another article on "The Twentieth Century Physician," and another on "The Twentieth Century Patient." Dr. Hunter has had much experience, and his visit to the foremost hospitals in Europe has provided a fund of material with which few osteopaths are equipped. As chairman of the Legislative Committee of the American Osteopathic Association, Dr. Asa Willard, of Missoula, Mont., has little time for anything outside of this work and his practice, but it is the busy people who usually do things and the readers of the Journal are promised an article on "Spinal Lesions," which will appear later in the year. Dr. Willard is a clear thinker and a popular writer, and his contribution is bound to be of special interest. "Observations in Practice," is the title of an interesting article by Dr. Joseph H. Sullivan of Chicago. Dr. Sullivan is a successful physician and popular lecturer and writer and this contribution from him is highly appreciated. Dr. Earl Laughlin, staff physician at the A. S. O. has been peculiarly successful in treating a number of difficult and interesting cases and he has kindly consented to compile a series of case reports which will prove of great interest to the profession. Dr. Laughlin has splendid opportunity to observe and any contributions from him along the lines of his experience are bound to be of much value. An article on "Scarlet Fever," in the March issue is well timed as the disease is so often prevalent during this time of the year. Dr. E. R. Proctor, of Chicago, has had considerable experience in handling this disease and his success along this line will add special value to his contribution.

A discussion on "Otitis Media," by an osteopath who has had exper-

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ience with it, has also been arranged for. It is a well written article by Dr. William C. Montague of Evansville, Ind. "Myelitis," owing to its increasing prevalence, particularly poliomyelitis, has been a source of considerable concern on the part of osteopaths, and additional literature on the subject will be welcomed. Dr. George Tull of Indianapolis, Ind., has contributed an article along this line and it will appear in one of the early issues. "Epilepsy," is the title of an article by Dr. William H. Eckley of St. Paul, Minn. Dr. Eckley handles an interesting subject and the experience and ideas of this successful osteopath, will be appreciated by the profession. One of the latest contributions, we have received to be included in our list of professional articles for 1910, is one by Dr. E. E. Tucker of New York City. It is entitled "Automatic Factors In Morphology," and it will appear later in the year. Dr. Tucker is a versatile writer and something good is assured. Quite a number of excellent articles have appeared from time to time from the pen of Dr. S. T. Lyne of Kansas City, Mo., and he ably handles the subject of "Digestive Disorders," in an article which will appear in one of the early summer issues.

Such is the feast of good things during the year 1910 which awaits Journal readers. Fully fifty well written articles covering a variety of subjects which speaks well for the broad and varied application of the principles of our science. At least four of these will appear in each number and you cannot afford to miss a single issue. Right here a word with regard to expiring subscriptions may not be amiss. If you do not continue to receive the Journal, in all probability your subscription has expired and should be renewed. If you have reason to think that it is being sent to a wrong address, kindly advise us of your former as well as present address so the matter may be adjusted. If you receive a yellow slip with your Journal it means that your subscription expires with the current issue and in order not to miss any number of the Journal, the matter of renewal should be attended to at once, as the magazine will be discontinued after the first issue succeeding the one in which your notice of expiration was enclosed.

With this arrangement for scientific articles during the coming year, we feel that this phase of the Journal has been materially strengthened and the value of the publication as the magazine of the profession, greatly enhanced. The enthusiastic co-operation of these members of the profession who have supplied the articles for 1910, is greatly appreciated and as the work along this line is to continue and the publication constantly improved as opportunity is seen, the co-operation of the entire profession is solicited to this end.

## Editorial.

**A Happy New Year.** The Journal extends to all its readers and friends, hearty and sincere good wishes for abundant prosperity and happiness during the coming year, upon the threshold of which we stand. In retrospection, the past year has meant much to the osteopathic profession. The science as a whole has received much additional and important recognition. The osteopathic schools have turned out their quota of recruits to the osteopathic ranks and proportionate strength has been added. Large classes of earnest and intelligent men and women have again been gathered in and matriculated, all of which augurs well for osteopathy. But the new year should mean more than almost any which has preceded. May it bring about a closer union of sympathy and interest among all of the members of the profession, and a larger and more active interest in whatever is of benefit to the profession as a whole. May the research movement which has been inaugurated and the determination and gathering of scientific data receive all possible encouragement, and in matters of legislation may "self-limitation" not be allowed to become either a "sin of commission" or the result of "broken resolutions." Individually, let us give all possible thought and attention to the more complete comprehension and grasping of our science and as little as possible or as is consistent with the well being and status of the profession, to the medical man who may oppose us. May all these remain not only "unbroken resolutions," but become actual achievements, and what greater prosperity and happiness could we have hoped to have realized within a single year?

### The Sign

#### Misinterpreted.

In the British Medical Journal of October 9, 1909, the letter of an American correspondent to the Daily Telegraph is quoted as "benevolently" concluding as follows: "America gives every new school of healing or religion a fair chance, and to-day physical culture, osteopathy, mental healing, and other systems of drugless treatment are just as popular on this side of the Atlantic with large, educated sections of the community, as allopaths and homeopaths are in Europe." The liberal tone of the letter was a little too much for our "set" and "staid" British contemporary who feels called upon to administer a merited rebuke to

the more "daring" Daily Telegraph: "It is a little odd that a paper commanding the sources of information at the disposal of our contemporary should publish such banal material."

The "handwriting" has been misinterpreted. While we might feel, on first thought, that exceptions should be made to the benevolent tone of the correspondent's letter, yet, generally speaking, he spoke the truth and the "offending contemporary" should not be blamed for publishing it. There is no denying that there is considerable "osteopathic leaven" working in the mind of the British people, as is witnessed by the number of students from the British Isles in attendance at Kirksville and other osteopathic schools. The time is not far distant when the old school physicians in the "tight little island" will find that they are losing their grip on the confidence of the people, and that, as everywhere else, demonstrated truth, even if it is in the form of osteopathy, will have to be recognized.

**"Osteopathy Again."** Under this head the Canada Lancet, in commenting editorially upon the arrest and conviction of R. B. Henderson, the osteopath of Toronto, Ont., gives an interesting conception of the science of osteopathy. The editorial says in part: "Osteopathy is not a new thing. In some form it has been before the people for a long time, in the form of the practice of the bone-setters, the Swedish movement cure, or massage, etc. As practised now-a-days the word "osteopathy" has no true meaning. The practitioners of this ilk resort to rubbing, pulling, kneading, etc., for disease in all our organs, as well as when it is limited to our bones. Osteopathy is a pulling, hauling, rubbing, kneading process, applied to the human body by persons who almost always know nothing of disease, and when such treatment should be applied." What an extraordinary "illumination!" How like the sound of the medical mutterings of two decades ago!

To firmly establish the charge of ignorance made against the osteopaths, the case of a boy who had a tubercular elbow is cited, the forcible manipulations which it is claimed an osteopath resorted to, causing injury. Another case is of a lady who had received "very violent treatment" at the hands of an osteopath, for pains from which she suffered, her trouble being due to a floating kidney. All strong, convincing argument substantiating ignorance, isn't it? Granting even that these are actual cases and errors in diagnosis and treatment were made by a regularly qualified osteopath, what about the countless thousands who have become victims of needless or useless surgery, drug poisoning, errors in

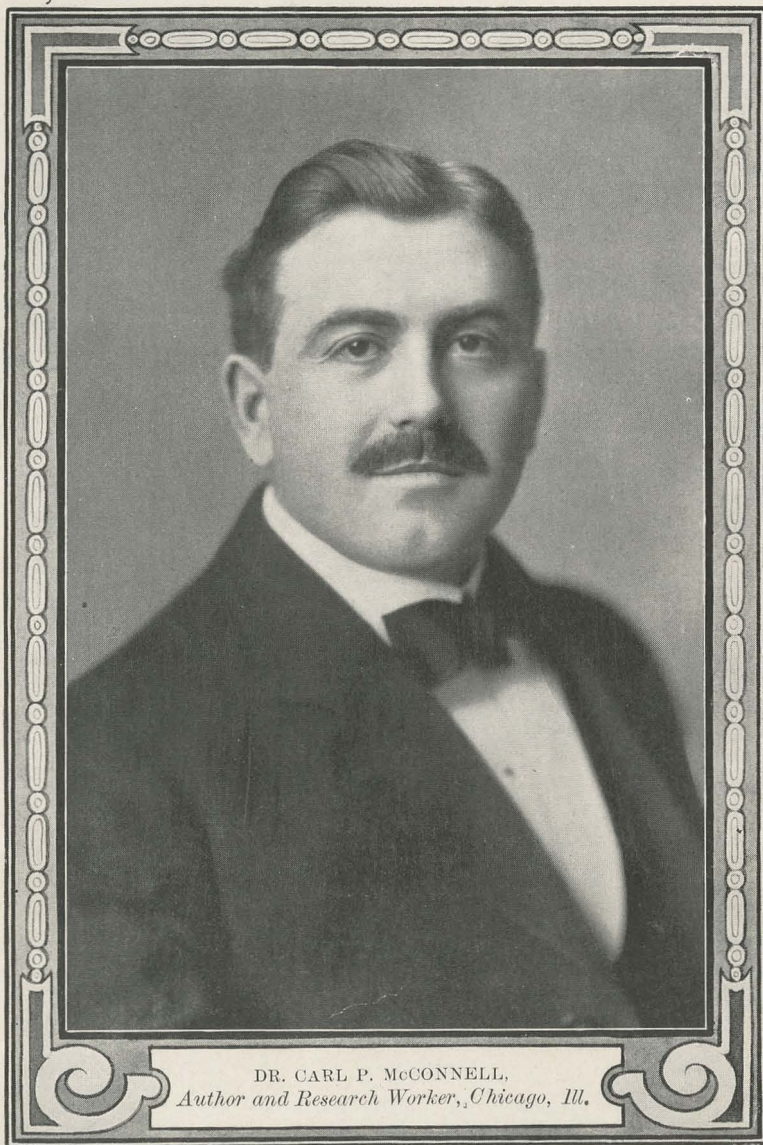
diagnosis, on the part of the self-styled "regular" medical practitioners? People who were entitled to continue to live and by every reasonable consideration should have lived, and were prevented from doing so by just such narrowness ignorance, bigotry and disinterest in the welfare of the people which inspired the editorial in question.

Further commenting upon the defense set up by Dr. Henderson that the practice of osteopathy was not practicing medicine within the meaning of the medical act, the editorial says: "A man does not need to prescribe drugs to reduce a dislocation, and yet he is practicing in a very skillful manner and should be paid." We do not know how the medical act of Canada is interpreted in this regard, but on general principles this statement is quite true and is a splendid justification for the science of osteopathy. The thing which is really surpassingly strange is that so many medical men persist in doing this very thing—pouring medicine by the quart and pills by the carton into a patient when the whole trouble is some dislocation or maladjustment of bone or structure. Were it not for this ignorance and error on the part of the medical man, there would be no reason for the existence of the science of osteopathy. This explains the success of the osteopath.

The spirit of the medical trust is further shown in the concluding paragraph of the editorial: "The medical profession has been altogether too easy going in these matters. It should oppose these classes of practitioners and patent medicines with vigor. **If we cannot secure proper amendments to the act, then break the act altogether and let the people take the consequences.**" We will venture one guess: If the people of Canada were fully aware of how completely their physical well being in time of sickness is being dominated by the medical trust, they would knock galley west not only the present medical act in so far as it permits the existence of a medical monopoly, but any other act proposed for the purpose of further hedging about and safeguarding the usurped and self appropriated privileges and powers of the medical trust. The take-our-dope-or-go-to-the-devil spirit of the concluding paragraph smacks little of real interest for the welfare of the people. People have learned and are learning very fast that it is perfectly safe to refuse the alternative, and many have tried osteopathy instead, to their entire satisfaction. But the effect of the attitude of these trust-bound medical men on the advance and progress of the real art of healing is to retard it and it is decidedly detrimental; meanwhile the people are continuing to pay toll with their own lives or continued preventable suffering.

Now, is the regularly qualified osteopath really ignorant concerning disease and its treatment? To be sure a man may go to school all his life and remain more or less of a fool so far as the application of his knowledge is concerned, but this exception may be common to all "schools of healing." Let us see: There is not a single recognized osteopathic school giving less than three years of nine months each and several have added a fourth year of seven months. Thirty-four months applied to studying the same anatomy, both descriptive and practical, the same physiology, chemistry, histology, pathology, bacteriology, toxicology, hygiene, dietetics, obstetrics, surgery, etc., using the same text books used by good medical colleges, with better laboratory and clinic facilities than a good many unendowed medical schools afford,—in fact studying practically all the same subjects taught in good medical schools with the exception of materia medica for which principles and practice of osteopathy is substituted, even including Osler, whom all osteopaths "delight in." Compare with this the twenty-four to thirty-two months of study required by the average medical school, and the utter baselessness of the charge of "ignorance" against the osteopath is apparent.

We have nothing but the utmost respect for the convictions of conscientious medical men and fully recognize the vast amount of good which they have accomplished and we should not devote so much space to the discussion of this particular editorial did we not suspect that the editorial effusion in question was perhaps the initial yawn of another waking Rip Van Winkle and that a few vigorous jabs in the ribs might result in the waking to further sensibility.



DR. CARL P. McCONNELL,  
*Author and Research Worker, Chicago, Ill.*

## Plastic Osteopathy.

CARL P. McCONNELL, D. O., CHICAGO.

The longer I practice osteopathy the more I am convinced a greater consideration should be given the body conformation as exemplified in posture, gait, and beyond all, critical study of the body segments such as interrelations of spine, chest, abdomen and pelvis. I have touched upon this subject in two or three articles,\* but I am certain this phase of therapeutics deserves a broad common interest. This point is not introduced again in order to detract from the essential work of individual or detail lesion correction, but rather to give a broad basis or foundation to our specific adjustment. I think we are oftentimes misled by our zeal on the supposed importance of detail vertebral and rib adjustment at the expense of more fundamental requirements or indications. Not that I would lessen the importance of local lesion adjustment, but rather call attention to the body conformation first, for the general lines of a mechanism should receive thought first and details afterwards. Likewise in any examination we attempt first to gather hereditary and environmental data, then balance detail findings. Isolated facts and points are of comparatively little value to us unless we have the information plus the ability to generalize and round out the clinical picture in its many phases. I am inclined to the belief that the engine wiper or roustabout osteopath gets what good results he does get through establishing a certain segmental harmony than through other means to any extent. True it is, that through his automatic routine he adjusts some lesions, but it is probably the result of a certain amount of loosening up of rigid areas allowing nature to assume a more harmonious role; certainly the technique is far from scientific and possible cures are in the minority.

Heredity, embryologic and morphologic changes and development, environment, adaptation, compensation, reflex irritation as well as trauma, atmospheric changes, acute disorders, posture, etc., every practitioner knows are potent factors, in varying extent and frequency, in the production of the osteopathic lesion. But the one thing that characterizes osteopathy, and, as such, is always present and positive is the structural disturbance which through pressure produces and maintains disturbance of function,—the osteopathic lesion. By this I do not mean that in every disorder of the body an osteopathic lesion is present;

\*Osteopathic Factors in Infancy, Childhood and Adolescence, A. O. A. Journal, March, 1909.  
The Visceral Lesion, Philadelphia Journal of Osteopathy, March and April, 1909.

but I do mean if there is no such thing as the osteopathic lesion osteopathy in toto is a myth. Characteristic osteopathy hinges absolutely upon the existence of the lesion although the causes of the lesion are many and of varying sequence. But so long as the validity of the lesion is established discussions of the many phases of its etiology and pathology does not imply an attack upon the one characteristic feature of osteopathy. The following is simply one side of the osteopathic lesion problem.

From the osteopathic viewpoint there are several characteristic spinal lesions; these are commonly dependent upon trauma or a physiological perversion of the anatomical construction and relation of the different vertebrae. Forbes has given us an admirable study of the different lesions. Here I purpose to refer to just a single phase of spinal abnormality. Fundamentally, in my opinion, the practitioner should first note the general conformation. Too often he loses sight of the general outline and its relations; at the expense of basic construction he observes and palpates dependent lesions. Still I am fully aware that the reverse of this picture is frequently true, that a single lesion or two may be the key to more or less general malformation. To separate cause from effect, primary from secondary lesions, fundamental from compensatory and adaptative changes requires at times no little amount of study.

Every osteopath knows that any basic change in the structure of the spine must by virtue of such a change record an adaptative change in the thoracic, abdominal, or pelvic segments, and vice versa. But every practitioner does not practice accordingly; too often he loses sight of this general law or scheme. Some time ago Meacham gave us an article\* on his observation and experience of tuberculosis. That article contained an original feature that should not be overlooked. He found in an examination of three hundred cases of tuberculosis that the primary osteopathic lesion was a gross structural change in the mid and lower dorsal spine. My observation confirms this point, and in practice I am certain is productive of the utmost value. A group lesion here, that is, a lesion involving several vertebrae, such as the familiar posterior or lateral curvatures is productive of far reaching effects. Take the very common posterior lower dorsal, what results?

First, there is a vitiated digestive innervation owing to disturbed nervous stimuli from this section of the cord; this alone is productive of malnutrition with a consequent lowered resistance to micro-organisms.

Second, there is usually abdominal relaxation with consequent visceral ptosis. This relaxation, however, may be due to several factors.

\*A. O. A. Journal, Nov. 1908.

Frequently it is the result of delayed developmental changes as when the child assumes the upright posture in standing and walking the abdominal viscera are retarded in development, relationship and position. Part of this may be due to embryologic retardation, but certain it is, other factors are of importance, chief of which is the lack of physiologic spinal curve development. That is, through infancy and early childhood there is a lack, in many instances of the change of the maximum dorso-lumbar backward convexity to the mid-dorsal area of childhood when the curve should assume a permanent position. I am satisfied from experience this retardation of normal physiologic spinal curvatures is the fundamental cause of many disorders that can be traced to faulty digestion and malnutrition. Examine a series of spines ranging from infancy through childhood and adolescence to maturity and later with this point in view and I am positive one will grasp a new phase of the osteopathic concept, and moreover his success in preventive and curative technique will be greater. This is a large and distinctive field; indications are so clear, and results are so pleasing. It is truly plastic osteopathy, particularly in childhood and adolescence it is literally moulding the spine and abdomen and chest.

There are other features of this posterior lower dorsal we should not neglect. In addition to the affected spinal innervation and abdominal ptosis there are the downward displacement of the lower ribs, the flattened chest and the tilted pelvis,—all of which are part and parcel of the same picture. Now I do not wish to be understood as claiming that all of these dorso-lumbar curvatures, abdominal ptoses, etc., are due to faulty foetal and physiologic development or to incorrect posture, but I do believe a good percentage of them are, and in order to correct, come within a strict interpretation of what might be termed plastic or moulding methods, and the earlier the child is treated the better, for then the tissues are not so developed, relationships not thoroughly established, and, in a word, all tissues are more plastic. These are the cases that have not developed fully and regularly and as a consequence suffer from malassimilation; embryologically the tissues and structures at birth are usually intact but a little later through wrong postures, trauma and overwork or fatigue the evolutionary changes dependent upon an upright posture are not fully forthcoming. Here, then, is where plastic osteopathy primarily and specifically is indicated. And by this statement I do not purpose to preclude the fact that the osteopathic procedure is not of value in those cases congenitally weak for a certain percentage of visceral ptosis may be traced to such a cause. Neither would I preclude the osteopathic treatment in those cases more



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or less dependent upon right feeding. Then there is a group of cases due to hereditary causes, to other unhygienic sources and to single osteopathic lesions. But we have continually presented to us a most interesting group of cases ranging in age from infancy to the adult where the spine is symmetrically curved pathologically and the thorax, abdomen and pelvis secondarily changed and vice versa, and where the therapeutic indications are segmental correction rather than local lesion adjustment alone.

Perhaps a few words in explanation of the therapeutic technique will make the picture more clear. Take a typical case. A child of twelve comes into the office presenting a picture of anemia and general poor assimilation, inquiry reveals that for several years he has not been robust. There is disturbed digestion, the appetite is capricious, the bowels more or less constipated, he does not rest well and wakes up in the morning more or less tired. There is no organic lesion but all the organs are working under protest and the general system run down. The osteopathic examination reveals a posterior dorso-lumbar curve instead of the convexity being in the mid-dorsal; the abdomen is incompetent; the chest is flat; the lower ribs are down; in the sitting posture the shoulders droop, and the chest "falls into the stomach." This in mere outline is a familiar picture not only in the child but with the adult.

What is to be done? Tell him to brace up, give sitting up exercise, prescribe a tonic, increase the amount of food, and send him to a different climate? Not by any means. Neither attempt to adjust the lesions frequently found at either end of the curvature and tell him to come again in a couple of days. But instead explain to him or his family the general and detail condition and get him to intelligently co-operate. His part of the treatment is just as necessary as yours and often harder to control, in order to get satisfactory results.

First, what is your specific work? Correct the spine—not only local lesions but mould carefully the spine toward the normal. Manipulate and stretch and break up the rigidity and specifically work the curvature upward. Next raise the floating ribs and intelligently elevate and tone the viscera and abdominal walls. Then attend to the upper flattened chest. Secondly, comes the really tedious but absolutely necessary part—co-operation of the patient; and the older the case the more persistent work it will require. In the first place, teach him how to breathe so that the abdomen will be pulled in and up. A number of these cases are largely caused by vitiated breathing. The balance between inspiratory and expiratory efforts is not maintained. The muscles of expiration have lost their tone at the gain of the inspira-

tory ones. The diaphragm is relaxed and crowding the viscera downward; it does not retract or ascend during expiration, and it must be exercised and brought back as well as the other muscles of forced expiration, the abdominal walls, quadratus lumborum, and serratus posticus inferior, which must be developed. To do this teach the patient to pucker his lips and blow out forcefully and as long as possible, at the same time drawing the abdomen up and in. Inspiration will take care of itself. Have them do this several times a day. It will make the muscles a little tender at first. After the soreness wears off have them keep this exercise up everlastingly, until it becomes instinctive. It must be done in order to get results, but results are flattering. This exercise not only elevates and retracts the abdomen and its contents and replaces the diaphragm but helps materially in establishing the physiologic curves and the correct angle of the pelvis; moreover, it develops the upper chest and gives an entirely different poise to the body. Try it on yourself and see the change in body conformation. Then one other point is accomplished; that "ewe neck" posture is materially benefitted when the diaphragm is elevated, for the strain on the fibres that are attached to the immobile lumbar vertebrae and pass through the crura and central tendon to pericardium, esophagus, cervical fascia and lower cervical vertebrae is relieved. But success means eternal vigilance.

One other thing teach the patient to do. Have him every night and morning after going to bed and before arising in the morning intelligently elevate the abdominal viscera. Teach him again and again how to do it. He must be flat upon the back with knees flexed and then with one hand reinforcing the other specifically raise and tone the viscera for four or five minutes. There should be no haphazard work upon the part of either physician or patient. Every thing should be done for a definite purpose. See him two or three times a week at first, better three times. Pay careful attention to the food indications. Nearly all have a dilated stomach and its consequent disturbances. Attention to environment is essential. Oftentime an elastic abdominal belt will prove of temporary benefit.

Such to me is the outline of one example\* of the indications of plastic osteopathy. It is not given to replace other technique but simply as an additional method.

\*In the articles referred to in the first paragraph I have gone a little into details. There are many examples of this osteopathic phase. Akin to this work osteopaths would be interested in an article in the September Buffalo Medical Journal by W. H. Billings, Relation of Local Skin Lesions to Flat-Foot. He says that frequently in weakened arches skin disorders of the foot arise, such as callus, soft corns, eczema, fissure, excessive sweating, varicose ulcer.

# Hysteria.

LOUISA BURNS, M. S., D. SC. O.

This disease is one of the most perplexing and baffling of all the ills the physician is likely to meet, if it is not understood, and yet is one of the simplest and most satisfactory when properly managed. Here, even more than in most diseases, the diagnosis is of prime importance.

Hysteria is a disease. This statement is to be emphasized. The doctor who does not recognize this does grievous wrong when he pretends to treat such patients. One of the tragedies of medicine is the history of the hysterical patients who are sent from one doctor to another, meeting everywhere dosings of colored water or being deceived constantly by other placebos, or, perhaps, being treated with painful and cruel methods as punitive measures. Osteopathy has accomplished much in the way of recognizing the true condition of these unfortunate people and in aiding them to health.

The diagnosis of hysteria depends upon the recognition of certain symptoms. These are to be classified as "stigmata" and "crises." Stigmata are symptoms which are always present, and are practically unchanged during the course of the disease. They are often of such a nature as not to be easily imitated or hidden, and thus they are of great importance in the study of a disease which is characterized by an untrustworthy mentality. Stigmata may be either sensory, motor, or visceral. Sensory stigmata include partial or complete deafness, loss of taste or smell, or the existence of areas of anesthesia or analgesia upon the surface of the body. More common is the existence of paresthesias, parageusia and parosmia. Even more constant is the irregular restriction of the color vision field. This symptom cannot be either imitated or hidden, except by people who are better informed upon the subject than the hysterical person is apt to be, and even if the attempt were made, a few repetitions of the test would uncover the malingering. This restriction of the color vision field is not only irregular, but varies for different colors. Thus the red field, itself contracted, may yet be larger, in some diameters, than the blue or yellow. Sometimes the whole visual field is restricted, so that objects can be seen only when immediately in front of the eyes. This condition is sometimes recognized by the patient. Some authors state that the diagnosis of hysteria is not to be made except in the presence of the restricted fields of color vision. I know that none of the hysterical cases treated in our clinics



LOUISA BURNS, M. S., D. Sc. O.  
P. C. O., Los Angeles, Cal.

have failed to display this stigma, and in no case in which the irregularly restricted color vision field was present has the patient failed to display also the other symptoms of hysteria.

The visceral stigmata include the mal-function of any organ. The distinction between hysterical stigmata and visceral derangement must depend upon rather careful differential diagnosis, for while the hysterical patient imitates diseases, that is no reason why actual disease may not be present. It is needful always to decide upon the nature of the visceral stigmata as carefully as if there were not present the complicating hysteria. For often the relief of the real visceral disease ends the hysteria once and for all.

The motor stigmata include, in different cases, paralysis, contractures, and choreic movements. Always, the reflexes are exaggerated. The hysterical paralysis is usually differentiated from other paralysis with comparative ease. In old people with some paralysis and some hysteria the diagnosis is difficult. One of our clinic cases was of this nature. There had been cerebral hemorrhage followed by hemiplegia and a temporary aphasia. Later these symptoms formed the basis for a hysterical symptom complex, and the stigmata were of paresthesias and paralysis, and attacks of temporary aphonia. Careful study is needed in these cases to determine which of the symptoms are due to a destruction of nerve cells or tracts, and therefore are incurable, and which are due to the hysteria, and are therefore amenable to proper treatment.

The crises of hysteria are as varied as the stigmata, which is to say, as varied as the personalities of hysterical patients. The crises may be fairly typical fits, with more or less resemblance to epilepsy. In these cases the diagnosis may present certain difficulties at first. The post-epileptic stupor, anuria and decreased reflexes are characteristic, as is the non-existence of stigmata in epileptics. There is not the restricted color vision field in epileptics. There are many other points of differential diagnosis whose discussion would exceed the limits of this paper. The points mentioned are fairly constant and reliable.

The crisis may assume many atypical forms. Attacks of aphonia, paralysis, apparent syncope, false angina pectoris, dysphagia, besides the convulsions of many types, have been seen among our clinic patients. Other forms of the crisis are described in literature.

The mental symptoms may be present either as stigmata or as crises, or sometimes as both. The deceitfulness of these patients is well recognized. It is not that the patient deliberately lies, though the appearances often seem to justify such a supposition, but the trouble is in the fact

that his appreciation of the circumstances is at fault, owing to the abnormal condition of the cortical neurones. So, while the untrustworthiness of the patient's statements must be kept constantly in mind, this should rather increase than lessen the pity and interest of the physician. It is needless to say that a third person should always be at hand, if not actually present, when treatments are given, and this provision should be made whether patient and physician are of the same sex or not.

The diagnosis of hysteria, then, must rest upon the recognition of the stigmata, including the irregular restriction of the color vision field, and the occurrence of crises. Besides these factors certain other symptoms are present which are not emphasized in the leading texts. The hysterical patient voids a great quantity of urine, light in specific gravity and very deficient in urea, uric acid, and salts. Abnormal constituents are due to intercurrent diseases. These urinary findings suggest the possibility of a toxic factor in hysteria.

The blood usually shows a low hemoglobin content, with a rather high erythrocyte count. In this respect the blood is like that of the neurasthenic. The hysterical blood usually shows also some leucopenia, together with some eosinophilia which is always relative and may be absolute. The blood picture is fairly constant, though a diagnosis could not be made upon the blood tests alone. The blood findings suggest both poor nutrition and poor elimination of the wastes of metabolism.

The symptoms of hysteria lead to the belief that a change in the activity of the nerve cells of the cerebral cortex is the most prominent feature. That this condition be caused in part by the abnormal accumulation of certain fatigue products seems evident from the mental symptoms associated with the milder degrees of fatigue in persons who are normal. But the accumulation of the fatigue products alone is not sufficient to produce hysteria.

More vividly do the symptoms of hysteria suggest a circulatory disturbance. The question of the existence or non-existence of vaso-motor nerves to the blood vessels of the cerebral cortex must be settled before we are able to describe the exact pathology of this, as well as of several other diseases. At any rate, the recognition of localized areas of severe vaso-constriction would account very nicely for the symptoms observed in this disease.

From the strictly osteopathic standpoint, we have always lesions of the upper dorsal and cervical vertebrae which certainly would affect the cerebral circulation to some extent. There is no question concerning the existence of vaso-motor nerves in the meninges, and the activity of these nerves must be impeded by malpositions of the cervical

and upper dorsal vertebrae. Other lesions may have indirect but none the less injurious effects upon the cerebral circulation.

From what has been said, the treatment of hysteria is seen to depend upon the recognition of the various causes of the abnormal functions in each case. The mal-nutrition and the accumulation of poisons, when present, must be provided for in the usual manner. Shallow, inefficient breathing is often habitual. This must be corrected by teaching the patient regular, deep, full breathing. More than all else, whatever mal-adjustments may be present must be corrected. Eye-strain, adenoids, pelvic diseases and other irritations must be removed. In all cases, pain is to be avoided as much as possible. For the nerve cells of these patients are abnormally irritable, and the effects of severe treatment often postpones recovery and sometimes precipitates new stigmata.

In some cases there is a history of some emotional storm whose effects may yet be active. The confidence of the patient should impel him to discuss this matter with his physician. Choosing a favorable time, when the patient seems in a confidential mood, when his blood pressure is lower than usual, a doctor or nurse may, by skillful conversational methods, secure an account of this old trouble. Its full and frank discussion is probably the best method of treating the condition, as a rule. Sometimes there is a consciousness of a duty left undone. In such cases, the action must be performed, if allowable, or the patient must be persuaded to see its inadvisability. In these discussions, the antagonism of the patient is to be avoided, else new sources of irritation are provided. As in some cases of old adhesions surgical operations are sometimes undertaken for the rupture of the adhesions and if the work is not well done the operation itself starts up new adhesions which may be worse than those first produced; so in these old emotional storms, the effort to remove the effects of the old injury may arouse such antagonism that the new irritation becomes more disastrous than the old.

In the treatment the symptoms may be practically disregarded, once they are demonstrated to be hysterical and not symptoms of other diseases. The rough methods used in a punitive sense are remnants of the cruelties of ancient times. Placebos give only fancied and temporary relief. The only thing which is of the least permanent value is the osteopathic method, depending upon the giving to every part of the afflicted brain good clean blood, flowing freely everywhere, under normal pressure. Educational methods help, the good will of the patient helps, the relief of peripheral irritations helps, but the real cure depends upon the return to normal function of the nerve cells of the cerebral cortex, when they are kept clean and well fed.

# Pneumonia.

FRANK M. GEESLIN, D. O.

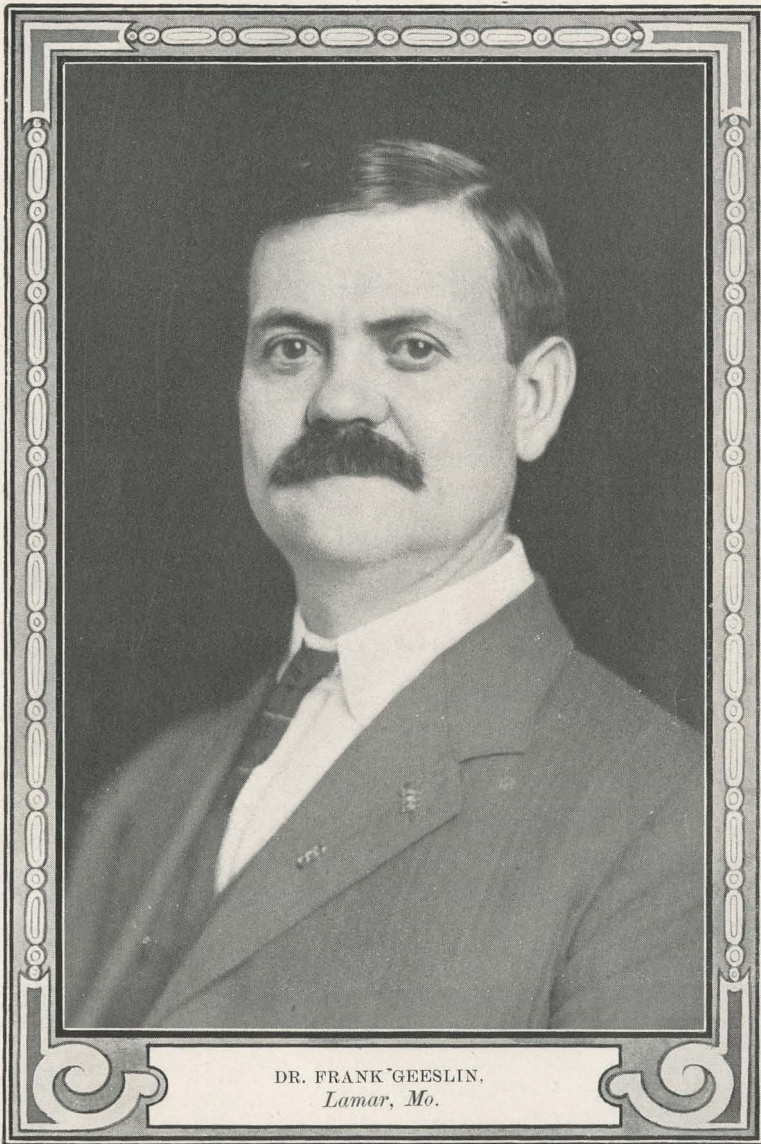
Pneumonia is a subject that has been discussed pro and con for years; and not until Dr. Andrew T. Still took up the study, was there anything of importance written, other than on the symptoms. But now, after years of his labor, we are able to give, what we think, a fair explanation of not only the cause, but also the treatment, that will not only prevent so many deaths, but abort many cases when taken in time.

To give this subject a fair discussion you should have both the medical and osteopathic sides of the case. (Look in a standard medical book for the medical views). I will try to present the osteopath's views, as I see them; and to try to explain the causes, symptoms, and treatment, with prognosis.

First, it is an infectious disease and will only attack tissue that is not in a normal condition; such as mal-nourished, congested or inflamed serous surfaces. Now, here is the place to look at the nerve and blood supply of the lungs.

**The Nerve Supply.** We do not consider the sympathetic system entirely independent of the cerebro-spinal, but contrary to that, it is dependent on the cerebro-spinal system, and this dependence makes it possible for a spinal lesion to cause a disturbance to the nutrition of the lungs.

From clinical experience we find that lesions from the second dorsal to the seventh dorsal inclusive; and lesions of the upper cervical, affecting the vagus, affect the lungs; the vagi receive branches from the spinal accessory, facial, hypoglossal and the anterior branches of the upper two cervical nerves. "The pulmonary nerves distributed to the mucous membrane of the bronchial tubes, and their ultimate terminations; the globules and air cells, as well as their non-striated muscle fibers." (Brubaker). Then we find Brubaker saying that among the rami efferentes, interconnecting cords, are the cervical which connect the thoracic ganglia with the superior cervical ganglion, and it is composed mainly of medullated nerve fibers which are derived originally from the spinal nerves. So we see now that the gangliated cord is composed mostly, or in part, of the fibers directly from the spinal cord. According to Brubaker, the non-striated muscles and secretory epithelium, receive sympathetic fibers which originate in the sympathetic ganglia, but never directly from the spinal or cranial nerves. But he also states



DR. FRANK GEESLIN,  
*Lamar, Mo.*

that the vagi go direct to the non-striated muscle of the lungs; so, as we have a direct connection between the first and second cervical nerves with the vagi, we might get a disturbance by a lesion of the first two cervical vertebrae; so we have a connection between the sympathetic, cranial and spinal nerves, to the lungs. Gray says: "Of the thoracic portion of the ganglionic cord, we have the first five nerves mostly all going upward along the cord; while the lower six or seven have a tendency to go down and form the splanchnic nerves and that the upper dorsal furnish fibers that go directly to the lungs, aorta and esophagus, to supply them. And in the communicating branches we have the pulmonary branch coming off from the third and fourth, and sometimes the first and second dorsal ganglia. So we have the vagus, the upper two cervical nerves directly; fibers from the superior cervical ganglion, and four upper dorsal sympathetic ganglia, which receive most or all of their fibers from the spinal nerves directly; so, therefore, we have our nerve supply for the different functions of the lungs. Clark includes the dorsal nerves, from the second to the fifth inclusive, as having directly to do with the lungs. The second dorsal nerve carries vaso-motor impulses to the lungs; therefore lesions of the second dorsal would cause either a constriction or dilatation of the blood vessels. The third dorsal nerve is vaso-motor to the heart, and probably to the lungs; sensory to pleura; vaso-motor to lung, and is the lung center of greatest importance. The fourth dorsal nerve supplies bronchial and pericardial vessels and is nutrition center to the heart and lungs. The fifth dorsal nerve sends some sensory fibers to the lungs, but below this not many fibers of much importance go to the lungs directly; although by clinical experience we find lesions lower, affecting the lungs, but that does not prove that these fibers go to the lungs as the structural disturbance may affect those higher up. Now, since we have what we think the nerve supply to the lungs, it is well to consider the blood supply to the same.

The blood enters the lungs through the pulmonary and bronchial arteries; the pulmonary arteries enter and branch out and follow the air passages so as to come in contact with the air and be purified. They receive their nerve supply from the upper three or four dorsal segments of the spinal cord. The bronchial arteries arise from the thoracic aorta and carry nutrition to the substance of the lungs; they follow the bronchi and give branches to them to the hilum of the lungs, the large trunks of the pulmonary vessels and pulmonary pleura, and anastomose with the pulmonary vessels, to some extent. They receive their innervation from the upper dorsal segments. The bronchial veins drain the substance of the lungs and empty into the vena azygos major on the right,

and the superior intercostal on the left; while the pulmonary veins collect the purified blood from the lungs, and return it to the left auricle of the heart. But in order for the blood to come in contact with as much air as possible, the capillaries are numerous and form a great network, and although they are perfect in health, it is an easy matter for them to become diseased, if there is disturbance of their innervation. Now, having the nerve and blood supply to the lungs, we are ready for "What Causes Pneumonia?"

We have the pneumococcus without doubt, but is the germ, as has been taught lately, the exciting cause, or is it there to help nature, and act as a phagocyte? But take it as the exciting cause, under what conditions do we find the lung in a condition susceptible to the pneumococcus? For every lung that has the germ in it does not become inflamed and congested; but according to Edwards, 30% of the healthy noses and throats contain the germ. So, according to our views, we must have some predisposing cause, such as malnourishment, congestion or exposure extreme enough to start a local inflammation of the lung tissue.

Now as to the causes:

1st. We may have a vaso-motor disturbance to the vessels, leading to or from the lungs.

2nd. A lesion, causing sensory disturbance to the sensory nerves of lungs and bronchi.

3rd. Non-use of part of lung on account of shallow breathing.

4th. Alcoholism and extensive cigarette smoking.

5th. Lesions to and of the heart interfering with the proper circulation to the lungs.

6th. Undue exposure to wet and cold, also chilly winds, causing contractions of thoracic muscles.

7th. Age—as extremely young and very old, on account of not sufficient exercise and bodily resistance.

8th. Heredity is to be considered as the lungs in these cases are naturally weak and are therefore more susceptible.

9th. In people who are not out and do not get fresh air; the lungs are easily inflamed in these cases.

And now as to the bony and muscular lesions. By a lesion is meant a sub-luxation. The following lesions all interfere with nerves. We have already traced to the lungs lesions of the first four or five upper dorsal vertebra, and as low as the eighth, indirectly, and in some cases lower, by causing a muscular disturbance. Ribs from the first down to the seventh, as the lesion of a rib may directly or indirectly interfere

with the sympathetic ganglia; they also interfere with normal respiration. And in fact any bone that could cause any contracture of a ligamentous structure, either directly or indirectly, that would interfere with the upper thoracic ganglia. The upper dorsal vertebral lesion would interfere with the nerve before it reaches the ganglia; a lesion of the upper two cervical nerves, as they connect directly with the vagus and superior cervical ganglion; any cervical lesion that will cause contracture on the vagi nerves; the upper cervical also control the lymphatics to the lung and is of much importance; any foreign growth or tumor along the course of the vagi, or lesions affecting the heart, at the second to the fourth dorsal or along the course of the nerves going to the heart; partial obstruction, or any interference with the circulation, causing a slowing of the blood flow. A person is more susceptible after a sickness, especially where some of the excretory organs have been diseased or weak and cannot perform their functions properly.

Having the cause it might be well to take up some of the symptoms. The outset in about 25% of the cases, is with anorexia, depression, headache, bronchitis, backache, and low fever of short duration, due to the contraction of the back muscles, congested condition of the head by cervical lesions, irritating nerves to the bronchi and leading to a further congested condition of the lungs. The fever is a constant symptom of disease whose distinctive characteristic is elevation of temperature, accompanied also by quickened circulation, increased katabolism or tissue waste, and disordered secretions and excretions. So we have the secretions interfered with, the excretions are impaired by contractures which are present along the spine, the sweat glands are partially paralyzed and the heat cannot escape, owing to the stagnation of the body functions. We have toxins formed and they in turn irritate the nervous system, may cause a rise in the body temperature, or if it was to one nerve, it would be to the part that the nerve supplies. In the respiratory findings we have pain in the side, usually caused by a rib lesion, although the pleura may be inflamed by the irritating rib; dyspnea is present and caused by the rib lesion, or filling of the lung tissue, and irritation of the bronchi. The respiration rate is always increased in order to get more air into the lungs, as the space is becoming lessened; also the patient is getting nervous. Cough is caused by irritation to the larynx and bronchi by a lesion of the lower cervical and first and second dorsal vertebrae and ribs, usually the latter. The sputum changes as the disease advances (see medical text book), the circulation is seriously interfered with; the pulse ranging from 100 to 120 or 150 per minute, and is caused by irritation of the second to the fifth dorsal



nerves, stagnation of blood in the lungs, and heart trying to force more blood there; the toxic condition irritating the whole nervous system. The right heart is usually the one becoming weakened owing to the heavy work of forcing the blood through the stagnated lungs. The urine has excessive urea as in all cases of katabolism. The nervous system shows signs of disturbance; headache is almost constant, caused by congestion of cerebral vessels, and contracture of sensory nerves to head; as we have the cervical region tightened and often bony lesions; also the toxic condition will cause headache. In fact, any organ or structure that may at other times, directly or reflexly, cause headache, is likely to do so at this time, as we have a general disturbance. Convulsions, coma and rigid neck are common, especially in children, caused by toxic condition and cervical contractions.

The complications are so common that we have discussed them under the symptoms but will mention them again. Pleurisy, nervous complications and heart weakening have been mentioned. Alimentary complications are caused by disturbance of secretions and excretions and toxemia. Abscesses and gangrene of lungs occurs, when we have diseased conditions, or else nature is unable to carry off deposits. The symptoms outset—fever, pain, dyspnoea, cough, sputum, circulation, nervous symptoms, and complications, will be touched upon in the discussion of the treatment.

If you can get at the case early you may be able to abort it, or at least you should greatly lessen the course, but if it has advanced to consolidation, you must not expect too much, and then you must attempt to hasten recovery and carry the patient over the critical stage. How much good can be accomplished at this stage depends upon the operator. Some think you cannot do much to hasten recovery, but it stands to reason that this is one time that your assistance is needed. Taking the first treatment is the time to do your good work, especially if in the early stage of pneumonia.

Always examine your patient thoroughly, look for a lesion of the first six or seven ribs and dorsal vertebrae, for from these we get disturbance to the dorsal sympathetic ganglia and therefore direct effect on the lungs and heart, also to the pleura. And by keeping the ribs in place you enlarge the thorax for breathing and avoid the pleurisy pains. Also, bear in mind that many fibers leave the dorsal region to head and throat. The cervical region should be examined thoroughly in order to prevent disturbance to the vagi, especially the upper cervical, as they connect directly with the vagi. To keep the circulation to the head good and prevent congestion; to prevent inter-

ference to the cervical sympathetic; and as the upper cervical region controls the lymphatics to the lungs; they should be kept well loosened up. The fever can also be lowered by cervical treatment. Cough can be helped most by treatment of the first and second ribs, although you may find lesions higher up. Keep all excretories open as well as possible, and keep patient absolutely quiet, that is, do not allow him to raise up, or exert himself, but do not allow him to lie in one position too long at a time for the force of gravity will tend to cause a congestion. Keep the room well ventilated and plenty of sunshine and by all means keep the windows open day and night; and even if the temperature falls to 60 degrees or below, that much the better, for what can be better for a patient than fresh air when that one thing is what nature is calling for. (The medical profession made a great advance when it said, "Give fresh air to pneumonia patients.") Keep patient well covered and of course when treating, have the room gradually warmed and cooled gradually afterwards. See that a nurse is in attendance at all times and emphasize the fact that you must have your orders carried out. Give a liquid diet of milk, raw eggs, beef juices, protos, etc., and plenty of water. Sometimes a cool bath is indicated in fever; start in by gradually cooling the water. But do not use unless absolutely necessary and then be careful not to chill the patient. When the heart is giving trouble it is time to give close attention to all anatomical parts and especially second to fifth dorsal vertebrae and ribs for here is usually where you can control the heart, and never use a stimulant, but use a rib instead. Bear in mind to look for lesions and work on them, not work all over the body, although I believe in pneumonia you should leave the specific lesions and give a more general treatment, because it means this: you have a general disturbance and you must protect all organs in order to help them do their part in throwing off water, etc. But the ones having lesions need the specific work. Of course in the treatment set forth here we have considered all parts that might affect the lungs, but we did not mean to treat each specifically, unless there was a lesion or some disturbance. Keep in touch with your patients and see them from once to three times a day, as the case may require.

The prognosis is written far different when written by an osteopath, than when written by a medical man. Before you can give a prognosis of pneumonia, you must take into consideration what you have got to deal with in the individual. A person who is fairly healthy and you can get the case early, or even late, the prognosis is good. But a person who has heart lesions, kidney trouble, or diseases of the lungs, you must be more guarded. With an alcoholic subject, or the extremely old, or

very young, be also guarded. But in all cases if you get them in time you should get good results; and without complications to start with, you should place the mortality at 2% to 5%. Other cases, and where they do not follow instructions, it may run as high as 10%. Always bear in mind that you cannot cure every case because the constitution may not be able to stand it, so in making a prognosis be careful to explain in what class of patients you have such a low mortality, or else you cannot blame the medical man for doubting your prognosis. Always bear in mind it is better to do more than you promise than to promise more than you can do.

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### Give The Best You Have.

Give to the world the best you have  
And the best will come back to you.  
Give love, and love to your life will flow,  
A strength in your utmost need;  
Have faith, and a score of hearts will show  
Their faith in your word and deed.  
Give truth and your gifts will be paid in kind,  
And honor will honor meet;  
And a smile that is sweet will surely find  
A smile that is just as sweet.

—MADELINE S. BRIDGES.

## Drugless Dermatology.

R. E. HAMILTON, D. O.

For convenience in discussing methods of treatment, diseases of the skin are here classed according to the causative factor instead of grouping them by symptoms, as is usually done. When classed by cause, we find the study of treatment much simplified and errors of treatment more readily pointed out.

### Constitutional Diseases.

One great class of skin troubles, those due to constitutional diseases, requires little discussion and usually less treatment from the standpoint of the skin lesion. The most generally recognized of this class, are the eruptive fevers which produce skin eruptions, of little interest except from the point of diagnosis; but there are other constitutional diseases which are sometimes mistakenly treated as local lesions. Among these are syphilis and various types of eczema.

Remembering that eczema like the others mentioned, is due to constitutional disturbance; the cure obviously lies in the removal of the cause, whether it be due to habits of diet or to a lesion of the nutritive centers. Local conditions need be looked after only from the standpoint of personal hygiene and prevention of exposure. The over use of soap and water as well as the under use or occupations which expose the skin to various injuries may be contributing factors.

### Bacterial Infection.

Another class of skin troubles is due to infection of the skin by bacteria. This class the medical profession has been most sure can be cured with drugs, and many of the osteopathic profession have followed in the belief. In a recent number of the Journal of Osteopathy, Dr. R. K. Smith in an excellent article on Drugless Dermatology makes this frank statement: "In the few skin diseases which are parasitic there is no question regarding the application of an antiseptic which will kill the parasite."

Contrast with this statement that of the most widely quoted medical specialist on skin diseases, Saubouraud: "Curious, indeed, is the failure of antiseptics in connection with the treatment of bacterial diseases of the skin. Quite colossal were the expectations which were entertained with regard to what would be affected by these. What



DR. EMMETT HAMILTON,  
Dean A. S. O., Kirksville, Mo.

antiseptics have accomplished by their agency amounts in point of fact next to nothing."

Strangely enough, many osteopaths overlook the fact that a drug which will kill bacteria in the deep layers of the skin, will likewise kill the living cells of the skin itself, and while germs may be destroyed by this method, the resistance of the body tissues is at the same time lowered with the result that re-infection takes place with the removal of the germicide.

The factors causing germ disease of the skin, are the same as those causing germ disease in other organs—it must not be forgotten that the living skin is a functioning organ. These causes are lowered resistance, destruction of tissue, giving a pabulum on which the germ may live, germs in sufficient number and virulence.

There is but one type of germ disease affecting the skin in which treatment with germicides looks reasonable. A simple infection of limited area with a malignant germ, may, under suitable circumstances, be thoroughly cleansed with antiseptics and reinfection with that particular germ be prevented. But cases of this kind are rare, for most local infections are due either to germs commonly residing in the epidermis, or to germs in the blood from constitutional diseases.

Some suggestive quotations from Stelwagon on treatment of ringworm, a disease due to a vegetable parasite, give a valuable hint to osteopaths:—"When limited to one or two areas and of short duration, with prompt, energetic management, it can, in the majority of cases at least, and especially in private practice, be readily cured, requiring on the average a **few months' treatment**. The same may be said of a small minority of patients when the disease has been of longer duration. On the other hand, in some cases it is extremely rebellious, continued and energetic treatment from **six months** to a **year** being necessary to bring about a result, and in not a few instances it is particularly obstinate, and without the methodic and persistent measures such cases last almost indefinitely, or until nature begins to look after the cure as the child verges into puberty, it disappearing spontaneously on approaching or shortly after this period.

"It may be pretty positively stated, however, that many of the alleged cures of established ringworm of the scalp in a period of less than a few months, whatever the type of the disease, are merely errors of observation, for not infrequently the practitioner pronounces it cured when the hair has begun to fill in, in the affected area or areas, whereas the malady in reality may still persist in a less conspicuous but chronic state, and the case remain an active center of contagion for other chil-

dren. If, however, the favorable reports of the prompt effect of X-Ray treatment are realized, the prognosis of chronic cases of the scalp will be materially modified.

"While, from the nature of the malady, recourse is had to practically external applications alone, and constitutional treatment usually considered of no avail, yet, in chronic cases, especially of the scalp, occurring in hospital, dispensary, and other patients of impaired nutrition, it has seemed to me that the administration of cod-liver oil and iron, especially the former, has an influence for good directly upon the general health, and indirectly upon the cutaneous disease—in rendering the "soil" a less desirable one for fungus vegetation, and in this manner lending some aid, although doubtless slight toward the final cure."

It would seem obvious that if a vegetable parasite were to be killed out by drugging, that six months is a very long time for such a simple process. Really the osteopath ought to be encouraged to expect quicker results by purely constitutional treatment.

In any local infections, especially diseases of the glands of the skin, general massage has been used. Some find it quite helpful, while others object to it on the ground that it merely serves to spread the infection. The objectionable feature of this treatment can be removed by subjecting the skin to a thorough washing, both before and after the massage, with a soap solution, or perhaps better, a soap solution in which has been placed a little soda. Some prefer a saturated solution of boric acid to the above.

#### Animal Parasites.

Diseases of the skin due to the higher animal parasites can be handled with drugs, for they live upon the dead epidermis more than in the living tissue; also they must have a certain amount of air for their development. For this reason the itch mite may be poisoned and smothered by oily sulphur mixtures which have little effect on the dead epithelium and absorb only slightly.

In conclusion, I would say the most rational treatment for the skin diseases is, as in other diseases, the removal of the cause; whether the cause is a predisposing constitutional one, or whether due to exposure, errors of hygiene or diet. We have already seen that bacterial cause must be classed as exciting causes and are best removed by body resistance when the predisposing factor is determined and removed.

## Science Circles of Osteopathy.

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

### Supreme Circle.

The Supreme Circle has been organized and had their first round of letters. The Circle is composed of the following members: Dr. U. S. Parish of Storm Lake, Iowa. Dr. Arthur Taylor of Northfield, Minn.; Dr. Edgar Heist of Berlin, Ontario; Dr. H. F. Morse of Wenatche, Washington, and Dr. S. W. Heath of Sioux Falls, S. D. There are two vacant chairs more in this circle to be occupied by two leaders who are first to organize a circle in their state and report to the leader of this First Supreme Circle, S. W. Heath, Sioux Falls, S. D. Some circles may have been organized in the different states and running on the quiet; if so we would like to have them come out in the open where their light may shine.

1, thinks the first thing to do with a circle that fails to get the letters round on time is to eliminate the dead ones, who are in the habit of holding the letters over time and get new members in, who will be right on time. He thinks there should be less discussing of each others letters and more of our own ideas on the subject under consideration. It would be better for each member to tell what he knows about some subject, he has made a special study of, and write a series of letters on that subject, which may be published later in pamphlet form, for the benefit of the entire profession. In this way members can prepare their letters beforehand and have them ready when the other letters arrive.

2, Says it is enough to make a profane man swear at the indifference manifested by members of the profession, when trying to organize a new circle. He has a good circle organized in his state, and they have been discussing the following subjects: 1. A definition of Osteopathy for the laity; 2. Etiology of Carcinoma and its cure; 3. The Pure Food principle in handling the unqualified healers. He favors outlining a course of discussions for a year ahead. He thinks the great advantage of Science Circle work is that members can do the work without loss of time or expense. Many who are not now in the circle are commending the work being done, and are interested readers of the reports. Many members prefer to discuss special cases and the mode of treatment and are timid about branching out on the scientific subjects. He thinks each member of the profession should have and use a professional letter-head, either of his own, or that of the Science Circle. He favors a meet-

ing of all the circle members at some central point next year for discussing matters of mutual interest to circle work. He is opposed to taking up matters on which colleges differ, or in the interest of any particular college as it is inclined to stir up prejudice, which does no good.

3, Was glad to receive the first bunch of letters and thinks they will help to get all the circles together and to work on the same plan. He has a circle of good workers, but he finds all the work of selecting the subjects and directing the work falls on the leader. He has devised a plan of keeping the letters right on time, by notifying each member that the letters will leave his office the first day of each month, and gives each member a date when the letters must leave their office, and if the letters are not in their office on time, they must start a tracer out to the next member ahead of them. He has been assigning a certain number of pages in McConnell and Teall's book for reading and discussing each month. They have also taken up the current literature of the profession and the question of legislation. He favors a Circle Historian for collecting data as far back as possible on manipulative treatment before it was reduced to a science by Dr. Still. He says the first three D. O's. to be legalized on British soil, went before the Examining Board of British Columbia last month with 35 M. D's. and one Homeopath and the result was that 12 M. D's. and the Homeopath failed while all the D. O's. passed. Good! That is the usual outcome.

4, Prefers the name Supreme Circle to Interstate Circle, as he is organizing a circle composed of members in different states, which he calls the Interstate Circle. He favors offering some inducement to new members to get them started. He thinks it wise to discuss adjuncts and reach some definite conclusion in regard to them. He thinks it best to follow the leaders suggestions and it will help to create enthusiasm among the leaders of the Primary circles.

5, Suggests that all things grow from below upward and from a single cell to the multiple cells where they differentiate into tissues and organs and so on until a complete body or system is formed for specific functions. Reforms start in the lower strata or outer circumference, where the reformer has everything to gain and nothing to lose, because he can rush in where angels fear to tread and make new discoveries and bring them out and in time they will be accepted by the profession, who will claim to have believed and practiced the new truth all the time. He says an old M. D. said to him soon after osteopathy came out, that there was nothing new in it as he had been setting misplaced Atlases for twenty years.

**The Secretaries Circle.**

A Secretaries Circle of State Associations has been organized for discussing matters of special interest to Secretaries. It is composed of the following members: Dr. C. B. Atzen of Nebraska; Dr. T. B. Larrabee of Iowa; Dr. Bertha Buddecke of Missouri; Dr. A. P. Kottler of Illinois; Dr. F. E. Jorris of Minnesota; Dr. S. W. Heath of South Dakota. There are two vacant seats in this circle to be filled by the first applicants and they will be filled by the time the letters are ready to start on their second round. The first subject to be discussed is Handbooks for members of state Associations; as to their contents and a uniform plan of publishing them for a number of states at the same time, and in this way give back to each member an equivalent for his annual dues.

**South Dakota.**

1, Enclosed a blue print of his new office building, which consists of a reception room, private office and two operating rooms; all furnished with all the modern office conveniences. He says one of his patients has been studying Mechano-Therapy and he thinks the course don't amount to enough to do any harm. He recently visited a hospital in Omaha and saw a case of Poliomyelitis which had been under medical treatment for six weeks with no improvement.

2, Reports a case of a girl, age eighteen, who was thrown from a horse two years ago, and has since developed eczema of the scalp, an uncontrollable cough, constipation, stomach trouble, and weakness of left knee. She had been the rounds of the M. D's with no benefit. On examination, he found the three lower dorsal vertebrae so far anterior that he could place three fingers in the concavity to bring it level with the other vertebrae. After three weeks treatment the case is greatly improved and most of the symptoms have subsided. He was the first physician to examine her spine. He reports a case of diphtheretic enteritis in a lady, age thirty-six, contracted by nursing her little daughter through a two week's siege of diphtheria. The mother had been treated by another D. O. who had diagnosed her case as piles and prolapses of all the visceral organs, bloody flux and typhoid. An M. D. had diagnosed the case peritonitis. He made a culture of the excreta and found it alive with diphtheretic bacilli. He realized that what was done had to be done quickly and used a thirty-two inch colon tube and a hot creosote solution, which soon relieved the vomiting and purging. He treated the case twice a day and gave a half ounce of castor oil to aid in elimination. As the membranes were sloughing from the bowels he considered it too late to use anti-toxin and used glycothymoline as

a mouth wash and gargle and had her swallow some for its antiseptic effects. He thinks if anti-toxin had been administered in the first place there would have been no spread of the disease to other members of the family. The mother is out of danger but not able to be around yet.

3, Thinks we are getting a better P. G. course than the fellows in the colleges, who are reviewing what they had gone over before; while we are getting the ideas and experience of the members out in the field. What we get has been tested by actual experience. He thinks the "Adjustment Platform" is broad enough for all to stand on. He says from what he can learn of the "Tissue Salt" remedies they are the old Bio-chemicals treatment of Schussler in a modern dress. If we see that our patients are given the right foods it will be a more natural and better way to supply needed salts. He don't see how any live D. O. can read the reports in the Journal of circle work and not become interested.

4, Reports a case of impaction of the bowels of three weeks standing, and the M. D's in charge of the case said his only chance was in an operation. His wife asked if they thought osteopathy would do any good. They laughed and said they had studied osteopathy in their school in six days and such treatment would cause gangrene. When he was called, he found the man in great distress, and the bowels badly impacted. He gave him a thorough treatment and left orders to keep hot plates on his abdomen during the night and the next morning he injected a pint of olive oil, which he had him retain until the next day, when he had a very slight movement. He gave him another injection of castor oil soda, olive oil in a pint of warm water, while in knee-chest position, and at the same time a gentle treatment of the abdomen, and he soon had an opening from A to Z and the patient was relieved.

5, Is opposed to any law that will license in any way unqualified practitioners in open competition with those who have proven their competency according to legal requirements. The chiros, mechanos and neuros are multiplying outside of the schools faster than inside, and he thinks the proposed law will not stop them. They advertise flashily and get as good a class of patients as he does, and they openly boast that they give all there is in osteopathy and more and that they are doing more business than any D. O. in town. The general public don't know the difference between them and osteopaths and don't seem to care. He believes in compelling them to qualify with a full three years course of nine months in a legally chartered school and take the same examination, we have to take, and he will never raise his voice against them. He is opposed to mixing with serums or any osteopathic college teaching

medicine, hoary with age, reeking with failure, and crowding cemeteries with its victims and now courted by some osteopaths. To those who wish a broader education, he would say that osteopathy is a broader, truer and a more specific science than medicine ever thought of being. If you have mastered osteopathy as it should be mastered, and as each one has the opportunity to study it, then not one will have room in his brain for anything else. It is his opinion, that those who know the least about osteopathy clamor most for a broader education. Learn osteopathy first then, when you have mastered all the good and useful points, come to him and he will give them a job of teaching him what he does not know. He challenges the entire medical fraternity to a five years contest between straight osteopathy on his part and materia medica, including serums on their part. The diseases to be contested are pneumonia, typhoid, diphtheria and obstetrical cases. He proposes to back his challenge with a deposit of \$1000 to be used in defraying funeral expenses of each one who may die while under his care. He agrees to use no drugs, or knife or chloroform or instruments in obstetrical cases and prevent any lacerations.

6, Reports a man who has opened a sanitarium in his town and advertises to give all kinds of treatment but don't specify any in particular. He calls himself Professor, but the people call him "Doc." The state's attorney advises him not to prosecute under the present law, and he thinks there should be a change of present conditions and he favors the uniform standard qualification. He thinks osteopathy is too hard work to have to compete with all the fakes in the country. He thinks we should unite with the M. D's. and get a law that will shut them out, and he thinks there will be something doing at the next session of the Legislature; and he is ready to put up a fight for legitimate practitioners.

7, Thinks there is a miscomprehension of the scope and intent of the proposed law which means to label every irregular practitioner just what he is, as to his qualifications, methods and limits. It is a square deal for the proposed practitioner and the people and in the interest of legitimate practice. At present there is no law prohibiting any one from practicing chiro-practice, mechano-therapy, or any other method not included in the names of the legalized methods. The proposed law requires the irregulars to have a certificate from the State Board of Health certifying as to just what their qualifications are, after they have investigated and verified the applicant's credentials.

1, Feels no need of additional law unless they were required to pass an examination in the branches they claim to have studied. He thinks

unless they are better than those whom he has known to take the course in mechano-therapy, an examination would knock them all out. He has had two very bad cases of eczema to handle lately and both doing nicely. He reported a case of catarrh of the bowels about a year ago, but during the time he was treating the case he was called away and the man went to Rochester where he was operated on and the Mayos told his wife that he had cancer of the bowels and could live but a week or two at the farthest. He came home and recovered and to day is at his place of business and feels as well as he ever did. Was it the operation or the previous treatments that caused the recovery?

2, Makes his first break in using a typewriter and finds the machine don't know how to spell. He is opposed to licensing any one to practice any method, who has not put in as much time as we have in preparing for their method. He says there is a \$20,000 Christian Science church in his town and they are building another. They have had several deaths, but they seem to go right on. Some of the people are very angry because they are spreading diphtheria all over the town, and there seems to be no law to stop them. In regard to legislation he is in favor of whatever the majority wants, but thinks the people don't care whether a doctor has studied three days or three years. He is satisfied that serum treatment has been a benefit in his cases, and would not treat similar cases without using it. He said at the A. O. A. meeting, one of the colleges asked to add the M. D. course, giving as a reason that they wanted a complete school of healing, as they had a great deal of work among tramps, who came in after a drunk and you would have to give him a bath and take two yourself if you treated him; and some were filthy with disease and they wanted the right to give them a physic. Finally Charley Still was called and he said we are specialists and he wished to remain as such, but if others wished to take both that was their business.

3, Thinks there should be some law to regulate the irregulars and thinks the law proposed on the pure food principle is as good as we can get. If all could be made to pass an examination in all the regular branches it would be better. The treatment given by the chiro of his town is nothing like osteopathy as he gives a treatment in five minutes, by placing the patient on his face on a bench, and gives him a thrust opposite each vertebrae from one end of the spine to the other and then pounds them with his fist, over the same area, and tells them that is all, come again tomorrow, and charges them one dollar. The mechano-therapy is simply a combination of massage and Swedish movement. He says Dr. Bartholomew of Chicago lectures once a week in one of these

schools and they claim to learn osteopathy from his lectures. When such men give support to such schools, what can we expect to do in the field. He wanted a copy of the "Year Book" of the A. O. A. until he learned that it contained only the names of the members, and so many not being members it would be better to not have any than to have only a half one. He reports a case of neuralgia that had been treated by oculists, dentists for six months, but by setting the atlas, he cured the case in three weeks. Another case of a man in bed three weeks under medical treatment for lumbago, when he was called he found a very rigid spine and very sore at the eleventh dorsal, and he gave a treatment to relax contractures and the next day the man walked to a neighbor's for a Thanksgiving dinner and returned to his work the next week.

4, Is in favor of a uniform standard law, but he is at present more interested in what a D. O. is to do, when he is sick and no other D. O. within twenty miles. He asks if he must go to an M. D.

5, Opposes the proposed law because it is class legislation and rank inequality. The irregulars claim to give all there is in osteopathy and more and why not require them to take three years in some legally qualified school and thus give them a chance to learn their mistake. Equality before the law is all that he contends for, and he thinks the Legislature cannot afford that when properly presented, even if the Christian Scientists are involved. He turned the letter of No. 2 over to one of his patients to read, who was troubled with chronic constipation, and the awful spelling, brought on such fits of laughing, that an action of the bowels was produced, that he had been unable to secure by his treatments and he now insists that the doctor continue the bad spelling for the benefit of his patient. He says he is convinced there is some virtue in absent treatment through the medium of bad spelling.

6, Questions whether we would gain anything by more law as the people do not see things as doctors do. He thinks if this country would enact laws as some countries do, compelling every doctor to attend school a certain number of years and come up to a certain standard of qualification it would be the only proper way to protect the public. He wants to know how that can be done under the proposed law. He also fails to see where the Colorado law would benefit any but the medical treasury. He is in favor of anything that will protect our profession and be a benefit to the people. He thinks we now have a better law than most states and fails to see how we are going to reach the other healers only when a man advertises to be an osteopath. He had just returned from a deer hunt with his limit of two deer. He thinks the A. O. A. Directory would not be very valuable if it contained only the names of the members.

7, Has found the real estate business more remunerative than osteopathy in his section and for awhile has taken up that line of work and drops out of the circle for a time.

#### Minnesota.

1, Takes the letters home at night and copies the points he wishes for future reference and he feels that it pays. He says if he ever gets so busy that he hasn't time at his office to write, he will take his type machine home with him, and write at night, before he will give up the S. C. work. He says none seem to have the "Consolidated Certificate" hung on the wall of their office. He thinks the community must be considered when it comes to advertising; as what will take in one community will disgust the people of another. He makes a list of the names of prospective patients given him by patients and the nature of their ailment, and sends them literature suited to their case, and has found that it secures many new patients. He sends to teachers and professional people literature that will give them general information, that they may be correctly informed. One of the college professors of his town gave a full explanation of osteopathy to his class in biology and told them that he thought it the coming method of treatment. He has no use for the Physicians Defense company. He favors the idea of regulating the irregulars on the principle of the "Pure Food Law." He says the fakes treat at a very low price and claim their treatment is like the osteopathic as near as can be, and many people believe it because it is cheaper.

2, Asks what rates members charge the clergy. He is treating one for clergymen's sore throat, who is improving slowly. He would like the experience of members in treating piles, where the external sphincters are very tight, so that local treatment is impossible. He asks for the experience of members in treating hemorrhoids by the injection method. He thinks it would be a good idea for each member to prepare a paper on a subject and pass it around for others to discuss.

3, Thinks the Physicians Defense Co. would be of no use to D. O's. as the testimony of M. D's. would not be admitted against D. O's. nor D. O's. against M. D's. He likes the idea of having the D. O's. name prominent on literature sent out. He says such literature has brought him many patients. He says the druggists in his town give him the regular physicians' discount and patronize him besides. He has had the wife, two daughters and the son-in-law of one of the druggist. He favors the Science Circles having a uniform letterhead and uniform folders for advertising purposes composed of suggestions from different members. For piles he uses a plug of cotton saturated with witch hazel, and held



in places over night, with a bandage and repeated two or three night until the soreness is out. Then he uses a small dilator and spreads it just as much as the patient can stand. The next treatment he uses a rubber cot on his finger and give a local treatment and has had fine success in some very bad cases.

4, Says it is wonderful how one gets in the habit of looking for the letters and when they are a little late, he begins to wonder who is dead or dropped out, and he feels that he would be the loser in either event. He thinks while the A. M. A. are sending Dr. McCormich around to teach the dear people whom they love so well, how to live, the D. O's. ought to send out freely of their literature spreading the gospel of osteopathy. He thinks when one drops out of the circle an explanation is due the other members. In regard to the rates for the clergy, he thinks free treatment the better plan, but in his town half rates has been the rule.

5, Reports a case of tonsilitis that had been medically treated from last October to June and the father thought that was too much of a good thing and it was time to change doctors; and under his care they were doing nicely. In regard to the clergy he treated them free, as they send him many patients. He finds field literature a good thing and favors a uniform letterhead. He says some people are more susceptible to diet effects than others, and he recommends the use of bran in the form of Graham gems for constipation. He favors the term "Adjustment" for D. O's. as the Chiros break them in two. A chiro in his town treated two patients and they became unconscious and an M. D. was called to restore them to consciousness and they thought their last day had come.

6, Had returned from attending the funeral of his brother, who had died in Asbury Hospital, Minneapolis. He favors the folder method of advertising. In regard to the meeting of the members he suggests that the meeting be held in the town of the founder of the Circles and thus get acquainted and discuss matters of mutual interest in developing the work.

#### Proposed Law for Regulating Irregular or Special Practitioners of Healing.

Be it enacted by the Legislature of the State of .....

Section 1. All persons offering to treat disease of the human body for pay, and by methods not used nor recognized by the legally established schools of treatment, shall before beginning to practice their special method, secure a certificate from the State Board of Health, which shall state the character of their treatment, as to what it includes,

and the character of the school from which the applicant is a graduate (or the facts in case of non-graduates) the course of study and the time to complete it, and whether by correspondence or by actual attendance. The holder of such certificate shall be limited to the treatment specified and described in the certificate and prohibited from infringing on the treatment of legally established schools. No holder of such certificates shall be allowed to use any prefix or title of any degree unless the school from which he graduated was regularly incorporated and authorized to confer the title or degree used. Before beginning to practice the holder of such certificate shall publish a copy of said certificate in a leading local paper of the town where he locates and a copy of said certificate must always accompany all forms of advertising, that the public may know the qualifications of the holder.

Sec. 2. The fees of the State Board of Health for examining credentials and verifying the same by affidavits from parties appointed by them to examine schools and courses of study and the examination of the law to ascertain whether the applicant is entitled to the privileges of this act shall be twenty dollars.

Sec. 3. The penalty for violating any of the provisions of this act, shall be fifty dollars for the first offense and doubled for each subsequent violation, including the revoking of the certificate when held by the defendant.

The above proposed law is in harmony with the principles of the "Pure Food" law which is meeting with great success in weeding out adulterated foods and the same principle would rid the country of adulterated doctors.—S. W. HEATH, Sioux Falls, S. D., Leader.

#### Maine.

The Osteopathic Science Circle of Maine meets every Monday evening at 7:30, with the different D. O's. in Portland, a report of each meeting being sent to the D. O's. in the state, they adding to this report their view of the case, each giving case reports. The subjects taken for the winter's work include: Neuritis, Asthma, Infantile Paralysis, Diabetes, Appendicitis, Constipation, Arthritis Deformans, Diphtheria, Spinal Meningitis, Gall Stone, Neurasthenia, Leucorrhea, Cancer, Arterio-Sclerosis, Anaemia, Dysmenorrhea, Adenoids and Polypi.

Papers are prepared by the members on the Causes, Pathology, Anatomy, Symptoms, Treatment, Diet of each Disease, and case reports of the same are given with a general discussion by those present.

The members at present are Florence A. Covey, Viola D. Howe, Saphronia T. Rosebrook, Mary Warren Day, W. Clare Brown, Nora M. Brown, Ralph Sweet, Genoa A. Sanborn, Maude Hellett, Charlotte C. Sawyer.—MARY W. DAY.

## Associations.

**Osteopaths Hold Regular Meeting**—On Dec. 14th the Polk County Osteopathic Association held its regular meeting at Des Moines, Ia. Dr. Fannie Shaffer of Oakland, Calif., gave an interesting talk on legislative conditions in California.

**Osteopaths Plan Work**—The board of trustees of the Iowa Osteopathic Association held its semi-annual meeting at the Chamberlain Hotel Dec. 3. The program to be carried out by the association during the next few months was laid out and the affairs pertaining to osteopathy in Iowa during the past year were discussed. The details of the new hospital which is to be opened by Still college within the next few days were gone over and the work of those in charge of the matter was approved.

A resolution deploring the rumor which had gained general circulation, to the effect that the association was divided on legislative questions and that special action must be taken by the board to straighten out internal difficulties, was passed by a unanimous vote.

**Boulder Osteopaths Organize**—The osteopaths of Boulder County met recently in the office of Lulu M. Burrus and formed a Boulder County Osteopathic Association. The following officers were elected: Dr. Lulu M. Burrus, Boulder, president; Dr. Jessie V. Lykon, Longmont, vice-president; Dr. C. J. Chrestensen, Boulder, secretary; Dr. Albert Hunting, Boulder, treasurer. Drs. Bowerson, of Longmont; Hunting and Chrestensen, of Boulder, were appointed a standing committee on future plans for the organization. The meeting adjourned to meet at the call of the president.

**Boone Valley Osteopaths Meet**—The Boone Valley Osteopathic Association comprising 18 counties met in session on Dec. 9th, at Ft. Dodge, Ia. Doctor K. K. Smith of Ft. Dodge was elected president; Dr. L. P. Bell of Emmetsburg, vice-president, and Dr. O. Densmore, Mason City, secretary and treasurer. An interesting paper was read on "Acute anterior-poliomyelitis," by Dr. E. P. Sadden of Eagle Grove. Discussion of this subject followed the paper read by Dr. Sadden. The discussion was lead by Dr. Parrish of Storm Lake. Some interesting clinic talks and demonstrations were the next thing on the program. The next meeting will be on April 27, 1910, at Mason City.

The convention appointed Dr. R. S. Dysart of Webster City, trustee with instructions to work for a separate osteopathic state board, and by unanimous vote pledged support of this movement.

**Supplemental Report of the Seventh District Osteopathic Association of Iowa**—The Seventh District Osteopathic Association of Iowa held its regular meeting in the offices of Drs. Hibbets & Crossland of Grinnell, October 21. The program was out of the ordinary and was attended by the usual number.

Drs. Proctor & Stewart, the former president and latter secretary, of Ames, are responsible for the rather unique program that was given, but which met with the hearty approval of all and a resolution was passed requesting a program of like nature for the next meeting.

Dr. Proctor is a licensed medical doctor but like others in our profession who thoroughly understand the action of drugs is a firm lesion osteopath. Dr. Stewart is equally strong in her convictions of the truths of the underlying principles of osteopathy which have been strengthened by the experience which a large practice has given her.

Dr. Stewart opened the program by a few explanatory remarks as to the reason of the departure from the usual cut and dried calomel and catnip kind of program. Her speech was terse and to the point emphasizing the need of return to ground principles of our system.

Lesions of Atlas and Axis by Dr. C. E. Thompson, of Des Moines, was first given. Dr. Thompson, like Old Doctor Still, had the bones in his pocket and proceeded to demonstrate conditions that were often found as well as those which it were possible to find. When he had finished if there had been any one present in whose mind there were any doubts lurking they would have been speedily dispelled.

Dr. Katheryn Ridgeway followed with a paper on Diseases Resulting from Lesions of Atlas and Axis and showed plainly the need for correction of these lesions.

Dr. Hibbets demonstrated the methods of correction of the lesions using for a subject one of his patients who appeared before the meeting the last time it was held in Grinnell. At that time the patient was virtually blind and now the eye sight has been restored.

Lesions of third to seventh cervical were presented in a paper by Dr. Sleight which was read by her partner. This was comprehensive and was followed by Dr. Emily Tike giving a survey of diseases which may follow such disturbances—Dr. Guy C. Trimble making a mistake on date for the program was not present and Dr. Chas. Johnson, J. R. Bullard and others presented various methods of correcting the same.

Dr. J. R. Bullard gave a paper on the Shoulder Joint, dislocations and their Reduction. This was an instructive and scholarly paper and very practical.

The session was closed with a business meeting and all agreed it was a profitable day. The next meeting of this association will be held in Marshalltown some time in January.

Dr. C. W. Proctor, of Ames, enjoys the possession of a fine touring car and knows how to use it. October 21 he attended the Seventh District Association at Grinnell, taking with him Mrs. Proctor, Dr. Frances Stewart, Dr. Frances Butcher of Chicago, Mrs. Proctor's sister and Dr. Jessie L. Catlow of Boone. The day was perfect and the roads were ideal and the 70 mile run was made in a little less than three hours.

**Meeting Did Not Materialize**—For some reason the meeting of the Western Pennsylvania Osteopathic Society which was called for Saturday, Dec. 4th, at the Hotel Henry of Pittsburg, did not materialize it having been indefinitely postponed. We have not been informed as to the reason for this action.

**Meeting of the Los Angeles County Association**—The regular monthly meeting of the Los Angeles County Osteopathic Association was held on Monday evening, November 15th, and the following program was carried out: "Lagrippe" Etiology, Dr. J. Lester Adams; Clinical Course, Dr. Flora Barker-Critchton; Treatment, Dr. A. J. Coldwells; Sequelae, Dr. Helen C. Cunningham.

**Program of the Twelfth Colorado Osteopathic Association**—The meeting will be held at the Albany Hotel, Denver, Colo., Jan. 7th and 8th, 1910, and the following program will be followed:

Friday, January 7, 1910.—Order of Business. 9 a. m., Meeting of Board of Trustees. 10:00—Meeting called to order. Roll Call. Communications. Reading of Minutes of the Semi-Annual Meeting. Report of Board of Trustees. Unfinished Business. New Business. Appointment of Special Committees. 11:00—Diseases Caused by Innominate Lesions, Dr. E. Wm. Cadwell, Canon City. 11:30—Occipital Lesions and Their Terminology, Dr. M. C. Hardin, Atlanta, Ga. 2:00 p. m.—Chronic Bronchitis, Dr. Martha A. Morrison, Greeley. Discussion. Dr. Amanda A. Hamilton, Greeley. 2:30—Osteopathic Treatment of Colds, Dr. W. Frank Bates, Fort Collins. 2:45—Gleanings of a Year Lillian Friend, Wray. 3:00—Osteopathy versus Massage, Dr. M. C. Hardin. 3:30—Questions and General Discussion. 4:00—The Family Doctor, Dr. J. H. Hardy, Lamar. 4:15—Scoliosis-Adjuncts, Dr. Riley

W. Moore, Grand Junction. 5:00—Osteopathic Legislation, Dr. M. C. Hardin. 8:00 p. m.—Banquet.

Saturday, January 8. 10:00 a. m.—Abnormal Obstetrical Cases Handled Osteopathically, Dr. Hettie H. McCall, Paonia. 10:30—Another View of the Lesion Theory, Dr. M. C. Hardin. 11:30—Questions and General Discussion. 2:00 p. m.—Epilepsy, Dr. C. J. Christenson, Boulder. 2:30—The Functions of the Spine, Dr. M. C. Hardin. 3:15—Reports of Standing Committees. Reports of Special Committees. Select Place of next Semi-Annual Meeting. Election of New Officers. 4:00—Legislation. Led by Dr. D. L. Clark, Chairman of Committee on Legislation. 6:00 p. m.—Adjournment.

The R. Rs. of the State have granted a one fare for the round trip on the certificate plan on Jan. 7th and 8th with liberal return limit. The Colorado Apple Show meets at this time and advantage is taken of these rates. The R. R. fares will be pooled by the osteopaths as before, making it cost the same fare to attend the Convention from all parts of the State alike.

**Convention of Third District of Iowa Osteopathic Association**—The convention met at the First Presbyterian Church at Oskaloosa, Ia., December 4th, 1909. The following program was carried out:

1 p. m.—Address of Welcome, Dr. G. C. Farmer, Oskaloosa, Iowa, Response, Dr. W. O. Pool, Fairfield, Iowa. 1:30 p. m.—Paper—Diseases of the Eye and Ear, Dr. G. W. Barker, What Cheer, Iowa. Discussion Dr. E. C. Polmeteer, Keosauqua, Iowa. 2 p. m.—Lecture—Gynecology, Dr. Geo. Laughlin, Kirksville, Mo. Discussion, Dr. Ray L. Davis, Albia, Iowa. 2:45—Lecture—Obstetrics, Representative Des Moines School. 3:15—Paper—Some gastric and duodenal disorders, Dr. Ollie P. Myers, Ottumwa, Iowa. Discussion. 3:40—Address—"What is Before Us?" By Dist. Pres. Dr. J. S. Baughman, Burlington, Iowa. 4:15—Address by Dr. U. M. Hibbetts, Grinnell, Iowa, President Legislative Committee. 5 p. m.—Clinics—By Dr. Geo. Laughlin, Kirksville, Mo. Dinner. 7:30—Paper—Dr. W. O. Pool, Fairfield, Iowa, Selected. 8 p. m.—Clinics.

Officers: President, Dr. J. S. Baughman, Burlington, Iowa; Vice-president, Dr. J. A. Dillon, Centerville, Iowa; secretary, Dr. Elizabeth Thompson, Ottumwa, Iowa.

**Denver City Osteopathic Association Meets**—The Denver Osteopathic Association met at the Dispensary, Saturday evening, December 4. A paper by Dr. Parmelee on Axis and Third Cervical Lesions

was read. Dr. Sanford led in the discussion which followed.—CORAG. PARMELEE, D. O., Sec'y.

**Rochester District Osteopathic Society Meets**—The Rochester District Society recently met and elected the following officers: President, Dr. Harry Graham of LeRoy; vice-president, Dr. Gertrude Berry, secretary and treasurer, Dr. Rose Breitenstein. This district embraces eight counties.

**Meeting of the Third Illinois District Osteopaths**—This meeting was held at Galesburg, on Dec. 8th, it being the occasion of the tenth bi-monthly meeting. The session was held in the afternoon at the rooms of Dr. Cora G. Hemstreet, in the Holmes Bldg.

The meeting was presided over by Dr. De Groot of Rock Island, president of the association, and an interesting program was provided. The clinic work is being made a special feature of these meetings and is proving beneficial.

The first paper on the program was to have been given by Dr. W. J. Giltner of Monmouth, but in his inability to be present he sent his paper, which was read by the president. His subject was "Anatomical Landmarks and Osteopathic Centers in Relation to the Lungs." He gave a specially minute description of the lungs, their supply, and the landmarks by which the osteopath gauges his knowledge of the normal or abnormal condition.

**Meeting of the Ohio Osteopathic Association**—With the payment of bills and the transacting of considerable routine business, the Ohio Osteopathic Society closed its meetings Thursday morning, Dec. 16. The session was well attended, representing most every part of the state with a number from outside cities. The organization is in fine shape, as the reports show.

Thursday the morning session opened with a discussion of nervous diseases, led by Dr. George Laughlin, of Kirksville, Mo. Dr. E. R. Booth, of Cincinnati, followed with a talk on "Osteopathy in Psychics," which was quite widely discussed.

Thursday afternoon the leading address was by Dr. Ella D. Still, of Des Moines, Iowa, who spoke on "Diseases of Women." Dr. Geo. M. Laughlin also delivered an address, speaking on "Orthopedics."

The sessions came to a close Thursday afternoon with clinics and a general discussion of the subjects that had been talked over throughout the two days' meeting.

## Osteopathy in British Columbia.

The first meeting of the British Columbia Osteopathic Association, was held at the office of Dr. J. T. Atkinson in Vancouver, on Nov. 24th, 1909.

A constitution was formulated and officers elected as follows: Dr. L. A. Myers, President; Dr. J. T. Atkinson, Vice-President; Dr. Grace Atkinson, Secretary and Treasurer.

Osteopathy was first recognized by the British Columbia Legislative Council in March, 1909, and Dr. L. A. Myers, Dr. J. T. Atkinson and Dr. Grace Atkinson were the first to successfully pass the examination.

The requirements for the examination were as follows:

(Extract from the B. C. Medical Act.)

During the year there shall be two regular meetings of the council and two examinations held. The examinations begin on the first Tuesday of May, and the last Tuesday of October.

Sec. 2. Diplomas and Examination fee of \$100.00 must be sent with application.

Sec. 3. The examination extends over two weeks, the first week being devoted to written papers, the last to oral and clinical work.

Sec. 4. All practitioners of osteopathy within the meaning of this Act, shall be duly qualified osteopaths of a recognized school or college of osteopathy; and for the purpose of this Act a recognized school or college shall be deemed to be an institution recognized by the American Osteopathic Association:

Provided further that before any such osteopath shall be lawfully entitled to practice osteopathy within British Columbia, such osteopath shall take and successfully pass an examination satisfactory to the Council in the following subjects: Anatomy, physiology, chemistry, toxicology, pathology, bacteriology, histology, neurology, physical diagnosis, obstetrics, gynecology, minor surgery, hygiene, medical jurisprudence, principles and practice of osteopathy.

The Council for the purpose of such examination of applicants for registration as osteopaths under this Act, shall appoint an osteopath, who shall prescribe the examination for such applicants in relation to the principles and practice of osteopathy.

Any duly qualified osteopath who shall successfully pass such examination to the satisfaction of the Council, shall be entitled to be registered under this Act as a member of the College. Provided, that such osteopath shall be restricted wholly to the practice of osteopathy.

The following are the examination questions for October, 1909.

## THE PRINCIPLES AND PRACTICE OF OSTEOPATHY.

1. Give a brief description of practice and principles of osteopathy.
2. How does osteopathy differ from "Massage," "Sweedish Treatment" and other forms of manipulating treatment.
3. a. Describe one objective and subjective symptoms of a subluxation or rotation, of one innominate bone of the female pelvis. Tell what functions would be effected, and what nerves would be injured by such displacement.
3. b. On examination of the length of the legs, if one be found shorter than the other, how would you determine which side the trouble was on? What manner of treatment would you give?
4. Give the probable results of a subluxation of the vertebral end of the first rib, what movements would you use to correct?
5. In acute nephritis due to spinal lesion, where would you look for the trouble?
6. In an attack of acute sciatic neuritis, when is manipulation contra-indicated? By what particular symptom would you recognize this condition, in which manipulation or stretching of the nerve is injurious?
7. Where would you look for the cause of a neuritis of the "Great" or "Small" Occipital nerve, and what would be your treatment?
8. In Tri-facial Neuralgia, remembering that all pain is due to anaemia or congestion, and that you wish to control the circulation in the Gasserian ganglion, where would you find the sympathetic ganglion which carries the vaso-motor fibres, by which you can relieve the trouble. What treatment would you give?
9. Give a brief description of some of the important points of difference between the fundamental principles of medical and osteopathic therapeutics.

## NEUROLOGY.

1. Define terms: Illusion, Hallucination and Delusion.
2. Neurasthenia: Differentiate from Hysteria; give prognosis and treat a case.
3. Paranoia: Give Etiology, Symptoms and Prognosis.
4. Multiple Neuritis: Give Etiology, Symptoms, Differential Diagnosis.
5. What is meant by Argyll-Robertson Pupil, give two conditions in which it is found.
6. Give a short outline of treatment of acute mental disease.

## CHEMISTRY AND PUBLIC HEALTH.

1. What is the chemical antidote and show action by equation in a case of poisoning by:
  - (a) Zinc. (b) Lead.
2. How would you recognize and separate, Hydrag per Chlor. from a sample of calomel.
3. To what does soil owe its self-purifying capacity?
4. What is the process known as Pasteurization of milk? What effect has pasteurization on milk?
5. What diseases may be spread by flies? Explain.

## MINOR SURGERY.

1. Describe treatment of a large ruptured varicose vein.
2. Give cause, symptoms, and treatment of periurethral abscess.
3. Give symptoms and describe treatment of acute septic infection of the finger.
4. Describe in detail the manner of preparing for a surgical operation in the foot and what aseptic measures are to be enforced as regards:
  - (a) The patient; (b) The surgeon; (c) The assistants; (d) Instruments; (e) Operating room.
5. How do wounds heal? Describe the different stages.

## MIDWIFERY AND DISEASES OF WOMEN AND CHILDREN.

1. Describe fully the stages of normal labor and management of normal labor.
2. What are the causes of prolonged labor, and what are the serious effects that may arise from such causes?
3. Give the etiology, pathology, symptoms, termination and treatment of Phlegmasia Alba Dolens.
4. Enumerate the forms of malignant disease of the uterus. Describe in detail the steps of an operation for removal of the uterus for cancer.
5. Describe the symptoms of a case of Epidemic Cerebro-Spinal Meningitis, also complications, etiology, and treatment.

## MEDICAL JURISPRUDENCE AND TOXICOLOGY.

1. Discuss briefly medical responsibility in relation to Life Insurance.
2. Post-mortem appearance of strangulation.
3. Symptoms, treatment, and post-mortem appearances distinctive of carbolic acid poisoning.
4. Give the methods used in examination of blood-stains.

5. State briefly your mode of procedure in examination of alleged lunatics.

#### PHYSIOLOGY AND HISTOLOGY.

1. Map out the heart valves on the chest wall and discuss causation of heart sounds.
2. Discuss Pancreatic Secretion.
3. What do you know of the depressor nerve of the heart.
4. Trace a motor impulse from center to periphery.
5. Describe histological structure of: (a) Cerebro-spinal nerve fiber. (b) Cross section of duodenum.
6. Nervous mechanism of respiration.

#### ANATOMY.

1. Describe the interior of the knee-joint.
2. Give the relations of the common femoral artery with surface markings.
3. Dissection to expose the right external carotid artery.
4. Give attachments, action, and nerve supply of the following muscles: (a) Trapezius. (b) Rhomboidius major. (c) Pectoralis minor. (d) Quadratus femoris.

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### Knickerbocker Notes.

The regular monthly meeting of the Osteopathic Society of the City of New York was held at the Waldorf Astoria Hotel, Manhattan, on Saturday, December 18th, 1909.

It was one of the most successful meetings the Society ever held and there were over one hundred present. The speaker of the evening was Dr. Geo. A. Still, the well known osteopathic surgeon, and his splendid talk held his large audience in close attention to the end.

The doctor's clear description of the differential diagnosis between septic and non-septic conditions of the biliary passages was of particular value and his entire lecture was worth a long trip to hear. Those practitioners who were not present missed a treat.

The Local Society will hold its January meeting in connection with the New York Osteopathic Society, both meetings being held in the middle of the month at the Waldorf Astoria Hotel, Manhattan.

JOSEPH FERGUSON,  
Secretary, O. S. C. N. Y.

## Legal and Legislative Department.

The State Board of Osteopathic Examiners of South Dakota will hold its next examination at Pierre, Feb. 9 and 10, 1910. Students graduating in January and desirous of locating at once, will find this examination well timed, since S. D. is in need of good, reliable doctors of osteopathy.

The following towns, with population ranging from 1200 to 4500 may aid in making a selection for location.

Flandrean, Tyndall, Scotland, Springfield, Dell Rapids, Woonsocket and Wessington Springs, Vermillion, Hot Springs, Sturgis, Salem, Faulkton and Gettysburg.

Correspondence solicited.

Fraternally,

MARY NOYES FARR, Sec.-Treas. State Board.

#### Michigan.

The following application is required by the Michigan Board of Registration in osteopathy, of those who desire to register under the five year previous practice clause, which becomes inoperative in the near future. Any reputable practitioner who has been in the field for five years or more may, if they so desire, register under the Michigan law, by forwarding the following record, with the fee \$25.00.

1. I hereby apply for certificate of Registration to practice osteopathy in Michigan.
2. Name—P. O. address, place and date of birth—age—present residence.
3. Preliminary education—(name and location of institution), (degree received.)
4. Osteopathic education (careful and complete record), (membership in osteopathic Societies).
5. Statement where and how long you have been in osteopathic practice.
6. All of the above sworn to before a Notary Public—(affidavit of applicant.)—WM. H. JONES, Sec.-Treas. of Board.

#### CHIROPRACTOR LOSES HIS SUIT.

##### Student's Defense That he Received no Value Wins Jury.

D. D. Palmer, who asserts that he is the discoverer and inventor of the "chiropractic" method of treating diseases furnished amusement recently in Justice Olson's court in a suit brought by him

against W. E. Slater to enforce the payment of a note for \$150, given for tuition. Palmer had recently come to Portland and opened a school. Among his pupils was Slater, who agreed to pay \$150 for tuition. He paid \$100 cash and gave his note for the remainder. After attending the school for some time he ceased, calling the system a farce.

Slater defended the action on the ground that he had not received the value of the note. The jury brought in a verdict for the defendant. Palmer was asked to tell the jury what he knew about the chiropractic system. He answered that it would take a week to describe it.

#### Student Says Poem Made Him Tired.

The reason he did not pay it, he alleges, is that Dr. Palmer was addicted to the reading of a poem of his own composition in recitation periods. This poem was entitled "The Wandering Calf," and grew very tiresome to the students, according to Slater, because they felt they had not come to school to take up veterinary work, and anyway chiropractic, they supposed, dealt with another part of the anatomy than the calf. Slater alleges that Professor Palmer spent much time when he was not reading his poem in attacking "Backbone," a magazine which he disliked exceedingly, and in doing what he called "nailing lies" about himself and his branch of the medical profession.

**Osteopath Was Fined—Will Enter an Appeal**—Magistrate Denison, Dec. 14, imposed a fine of \$40 and costs on Robert B. Henderson, a doctor of osteopathy, with an office at the Canada Life Building, for an alleged breach of the Medical Act.

The verdict will be appealed by Mr. Glen Osler, who with Mr. S. H. Blake, K. C., is acting on the defendant's behalf. Notice to that effect was served. The evidence by which his Worship was guided was taken several weeks ago in Police Court, Mr. J. W. Curry, K. C., appearing with the Crown on behalf of the Ontario Medical Council, and Mr. Osler for the accused. Detectives employed by the Medical Council testified to being treated by Dr. Henderson for certain ailments which they claimed to possess. Though defendant's lawyer urged that no medicine had been prescribed nor advised, his Worship maintained that the "practice of medicine" which he interpreted as "the art of healing," had been carried on by a non-licensed practitioner. Delay in imposing the fine was secured on the plea that Mr. Blake, absent at the time, was required, to present a stated case. Mr. Osler will have until December 21st to enter the appeal from his Worship's decision.

**Gives List of Osteopaths**—Dr. O. J. Snyder, president of the Board of Osteopathic Examiners, made public Dec. 3, a list of 122 osteopathic physicians who have qualified for practice in this State under the new law governing their licensing. All others, if they continue to practise, will be doing so in violation of the statutes, and are liable to a fine of \$500 and imprisonment for thirty to ninety days, or both.

**So-Called Osteopath Loses Suit for a License**—Henry W. Scott made an application to the Board of Regents of New York State, October 8, 1909, for a license to practice osteopathy. The Board of Regents refused to grant the license on the ground that his diploma did not come from "a regularly conducted school or college."

Justice Laughlin, of the Appellate Division, handed down a decision Dec. 3, upholding the Regents. "Surely the Legislature did not intend to recognize a school or college which was being conducted in violation of the laws of this State," he said.

**Clergyman Must Pay His Physician's Bill**—In the suit of one Charles E. Pierce, an osteopathic physician, against Rev. W. Burton for \$365 services rendered, Judge Harris decided that the minister must pay the bill.

Burton claimed that he had been informed by Pierce, after the latter had been treating him for some time, that he need not worry about payment, as the treatment would cost him nothing. Pierce, on the other hand, declared that this remark had been made after he had been treating Burton for a long time, and the patient had practically been discharged and meant simply that any further treatment necessary would not be charged for. After hearing the testimony of a number of witnesses on both sides, Judge Harris rendered judgment in favor of Pierce, declaring that it was plain that the physician had not entered into any agreement that his services were to be gratis before beginning to treat Burton.

**Regulars May Declare War on Osteopaths**—Physicians of Lockport, N. Y., recently met at the home of Dr. F. A. Kittinger on East Avenue and perfected a local organization; by-laws and a constitution were adopted. The doctors deny that the principal object of the organization is to make a war on the osteopaths who have been cutting into the medics' business here recently. However, it is believed that this is a fact.

It is said that the doctors are particularly aggravated by the fact that the osteopaths are now doctoring typhoid fever patients. The latter claim they can get fever patients on their feet in three weeks, where it takes medics five to seven. The town seems to have turned

itself over to the osteopaths and the latter have corraled so much business that the medics are naturally not a little disturbed.

**Resorts to Queer Tactics**—The Montana State Board of Health, in order to scare people into vaccination, has abolished quarantine entirely. They have surely raised a hornet's nest. Dr. Tuttle, Secretary of the board offered the following in explanation of the action of the board:

"Quarantine never has been and never will be efficient and prevent the spread of the disease. It affords a sense of false security to the public, which makes it the more pernicious. The method which experience has demonstrated to be the soundest is to take the responsibility from the state and place it on the individual. Many a man will not bother to be quarantined as long as quarantine exists, but take away from him this seeming protection and he will be vaccinated.

"Four or five years ago Minnesota abolished compulsory quarantine, and since that time there has been a marked decrease in the number of smallpox cases. Where before they numbered thousands, to-day they number hundreds. Florida has adopted the same plan and the same success has been met with there.

"In 1897 there were 40,000 deaths from smallpox in the Philippines. Ten years later there were only 304 deaths. Quarantine and disinfection have been disregarded and vaccination relied on exclusively to stamp out the disease. In 1895 Gloucester, England, a city of 40,000 people, was the hotbed of the anti-vaccinationists. In December of that year smallpox broke out there. There were 1,979 cases and 439 deaths. By April 36,000 people were vaccinated and the disease disappeared by August of 1896.

"Everybody would object to having a quarantine for measles or whooping cough, yet the figures show that whooping cough kills more than scarlet fever, while the proportion of deaths from smallpox is totally insignificant.

"In Montana last year there were 651 cases of smallpox. With the quarantine removed, people will realize that vaccination is the only safe thing, and in this way the disease will be stamped out."

The action of the board is severely criticized by Dr. Asa Willard, the osteopath at Missoula, Mont. Referring to an article which appeared in the "Missoulian" under date of Nov. 23, the doctor says:

"Yesterday morning's Missoulian, under the head of "Smallpox Epidemic Threatened," gives an interview from one of Missoula's physicians and contains the following: "The recent state law doing away with the smallpox quarantine and allowing anybody free access to or

exit from the sick room has made affairs unusually critical." It is also quoted that "the recent state law in regard to the disease has made the vigilance of the people doubly necessary. It is now possible for a person to enter or leave the bedside of a smallpox patient freely and without the slightest restriction." As a matter of fact there is no such state law and I imagine there would be considerable trouble experienced in getting any such rank piece of criminal legislation through a Montana legislature. This condition which is credited to our last legislature is simply the work of Montana's state board of health, it having last summer passed a resolution that after January 1 next quarantine for smallpox would not thereafter be enforced, a policy, it may be remarked, which is not followed by any civilized country of the world to-day.

Regardless of what we may or may not believe about the efficacy of vaccination, it is nothing more nor less than criminal to allow smallpox patients to run at large, for there are good reasons which will readily be admitted by the most radical pro-vaccinationist why some persons in certain conditions of health should not be vaccinated. It is just as negligent of the public's welfare to allow a person infected with smallpox to be at large as it is to allow the unrestricted freedom of a dangerous maniac.

It is suggested that the affair now lies with the public and that now "the vigilance of the people is doubly necessary." The most efficient way in which the public can now right the injustice which is about to be perpetrated upon it, and be vigilant of its health, is to make such strong protest and bring such pressure to bear on the state board of health that they will annul their rotten edict that those diseased with smallpox may mingle with unrestricted freedom and impunity with the public and thus be given every opportunity which can be given them to spread the disease. It indeed lies with the people now to make this board understand that their function as servant of the people is the conservation of health and not the spreading of disease.

The secretary of the state board of health, Dr. Tuttle, in an interview given to the papers of the state gives "reasons" for the suspension of quarantine in smallpox. Some of these are indeed artless and when analyzed it would seem that the doctor was presuming upon the ignorance of the public.

Dr. Tuttle states that "in 1897 there were 40,000 deaths from smallpox in the Philippines. Ten years later there were 304 deaths. Quarantine and disinfection have been disregarded and vaccination relied on exclusively to stamp out the disease."

Note the date, 1897. The next year, it will be recalled, one Ad-



miral Dewey visited Manila, and during the next few years the municipalities of the Philippine Islands were transformed from reeking, filthy breeding nests of disease to cleanly towns with first-class sanitary regulations. The thorough renovating and cleaning up which Manila and other Philippine towns received at that time is a matter of world-wide knowledge, as is also the resultant decrease in disease, smallpox with the rest.

That the improved conditions as regards smallpox were brought about under regulations which ignored quarantine and disinfection is not true.

There are officers now stationed at Fort Missoula, some of whom were, as late as 1902, acting as district sanitary officers in the Philippines, and they state that the most rigid quarantine of every house containing smallpox was maintained. The statistics will show, too, that by that time the epidemic was well under control.

The secretary of the state board also says: "In 1895, Gloucester, England, a city of 40,000 people, was the hotbed of the anti-vaccinationists. In December of that year smallpox broke out there. The doctor did not state Gloucester was one of the filthiest towns in the United Kingdom. He seems to make his statements on the assumption that people are claiming that not to be vaccinated is all that is necessary to avoid taking smallpox.

Savage and semi-civilized people have been, throughout history, cruelly decimated by the disease, because they lived in filth, observed no health rules nor sanitary regulations, mingled freely with each other when possessed by the disease, and did not know how to properly care for their sick.

When civilized people allow their communities to become filthy, allow sanitary regulations to lapse, they get the same dose. That is exactly what happened in Gloucester, England. Dr. Tuttle did not look up the statistics on the neighboring English town of Leicester, or, if he did, he did not mention it. That town has a population of about 200,000 souls, is a model city as far as cleanliness and sanitation goes, and rigidly isolates its smallpox patients. During the period of 30 years from 1873 to 1903, a period in which vaccination has been largely abandoned, the average annual mortality from smallpox was only 1.2 per 100,000 living.

In other words, dirty, ill-regulated Gloucester gets the smallpox and a high rate of mortality, while Leicester, depending upon cleanliness, strict sanitary regulation and rigid quarantine and disinfection,

has for over 30 years kept its smallpox mortality down to a figure which challenges comparison.

The doctor called attention to Minnesota and Florida as states which have abolished quarantine in smallpox. What experience Florida is having we do not know; but Minnesota certainly is not a model to follow, judging from reports brought by people who have just come from that state. Some of the towns there ought to be rid of the smallpox in a few years, for at the present rate there will be no residents left by that time who haven't had it.

There happen to be 43 states in the union besides Minnesota and Florida, and these states are not allowing their smallpox patients to run at large, and large percentage of these states have had much less smallpox than Minnesota has had during the last few years. It is, too, no reflection on the medical men in Minnesota, or Montana either, to say that there is some pretty good professional talent in those 43 states.

We are informed that statistics show that Missoula has not had a death from smallpox in eight years. That is certainly a matter for congratulation, but hardly a reason for inviting an epidemic which may bring some deaths. Billings has not been so fortunate. In their epidemic of a few years ago, out of 114 cases 16 died. But suppose it does not kill. Lousiness does not kill; but it is a condition which most people prefer not to be in and to avoid.

**Osteopaths Have Qualified**—We are pleased to inform our readers that Dr. Florence A. Bolles and Dr. Rose C. Wismer of Kalispell, Mont., to whom reference was made in the December number of the Journal as not having complied with the state law, have qualified, and are now licensed to practice osteopathy. The reference to them contained in the December Journal gave the impression that the Board had sent the account in, but we are informed that while it was sent in, it was not by the unanimous consent of the Board. However, the Board wants the osteopaths who intend to locate in Montana to understand that the law must be respected and that they must secure licenses before practicing, as too many want to try a place out before securing a license.

## A. S. O. Hospital Notes.

The work at the hospital this month was slack during the two weeks from the 8th to the 22d, due to the fact that Dr. George Still was in the East on a lecture tour, and they have been so rushed since then that it has been difficult to get any reports. The week from December 27th to January 1st, however, has been an extremely busy one, due to the influx of patients, along with the practitioners attending the review week course.

During this course, a large number of clinical operations and demonstrations were given by both Dr. George Still and Dr. George Laughlin. One interesting case was a fracture of the femur which had been set with six inches of shortening and with the foot turned inward at right angles to its normal position. This case had been operated on before the convention occurred, but the results were demonstrated at the convention and it showed only about a quarter of an inch of shortening and a foot perfectly straight. The case was sent in from Kansas by an osteopath who had rescued it from several Medics after the vicious union had occurred.

Another interesting case was a large knuckle of bone, or exostosis, which had grown up into the neck from an old fracture of the first rib and had caused an aneurysm of the sub-clavian artery and impinged on several branches of the brachial plexus. This was carefully dissected out from amongst the nerves and vessels and removed with the bone forceps.

Another interesting case was an inguinal hernia in a young girl. Another was a very large tumor associated with a dermoid cyst.

In addition, all sorts of joint cases and minor operations were shown.

As it is a great deal of bother to make notes of a number of cases and as the mere mention of them, even with a brief description, is not so interesting as a thorough description of one case, the hospital notes that have proven so popular amongst the practitioners are going to be changed, beginning with the next issue and will consist of the clinical and technical description of from two to five interesting and typical cases selected from the month's operations. It is believed this will make them much more interesting and much more attractive, and when possible, this clinical and technical discussion of these cases will be written up by the surgeon himself.

## Review Week.

The following is as complete a list as it was possible to get of those attending the "Review Week" clinics and lectures under Dr. George Still and Dr. George Laughlin:

Dr. A. M. E. Leffingwell, Muscatine, Ia.; Dr. L. A. Kissinger, Beloit, Kans.; Dr. M. E. Taylor, Shenandoah, Ia.; Dr. Myrtle P. Morrison, Emporia, Kans.; Dr. A. L. Galbreath, Oakland, Ill.; Dr. H. C. Hook, Hutchinson, Kans.; Dr. S. S. Still, Des Moines, Ia.; Dr. Fred Rush, Ft. Wayne, Ind.; Dr. Laura E. Swartz, Carbondale, Ill.; Dr. Elmer Martin, Decatur, Ill.; Dr. Millicent Smith, St. Joseph, Mo.; Dr. C. W. and Alice Mayhugh, Atchison, Kans.; Dr. Bertha Buddecke, St. Louis, Mo.; Dr. Glyde W. Bumpus, E. Liverpool, Ohio; Drs. Wagoner & Wagoner, Creson, Ia.; Dr. Emma C. Fager, Havana, Ill.; Dr. Tom L. Sharon, Davenport, Ia.; Dr. C. M. Wilson, Duluth, Minn.; Dr. T. J. Phelps, Chillicothe, Mo.; Dr. J. K. Johnson, Jefferson, Ia.; Dr. Belle Scott, Champaign, Ill.; Dr. F. A. Parker, Champaign, Ill.; Dr. G. C. Farmer, Oskaloosa, Ia.; Dr. R. L. Dysart, Mason City, Ia.; Dr. W. B. Edwards, Concordia, Kans.; Dr. C. W. Coons, Medina, Ohio; Dr. O. S. Miller, St. Louis, Mo.; Dr. O. O. Snedeker, Latrobe, Pa.; Dr. M. C. Burrus, New Franklin, Mo.; Dr. G. W. Dinning, Kremlin, Okla.; Dr. F. B. Kann, Harrisburg, Pa.; Dr. E. Claire Jones, Lancaster, Pa.; Dr. Ed. Smith, Frederick, Md.; Dr. Arlowyne Orr, St. Louis, Mo.; Dr. Sophronia Kelso, Kirksville, Mo.; Dr. H. M. Ireland, Kearney, Nebr.; Dr. John A. Bell, Hannibal, Mo.; Dr. Arthur B. Cramb, Wahoo, Nebr.; Dr. W. C. Swartz, Danville, Ill.; Dr. Sylvia Printy, Oregon, Mo.; Dr. P. R. Spencer, Racine, Wis.; Dr. J. H. Roebuck, Trinidad, Colo.; Dr. A. D. Morrow, Wapello, Iowa; Dr. A. E. Pecinovsky, Valley Falls, Kans.; Dr. J. S. Baughman, Burlington, Ia.; Dr. E. E. Hannah, Muncie, Ind.; Dr. F. W. Hannah, Indianapolis, Ind.; Dr. J. C. Glasgow, Clay Center, Kans.; Dr. Edgar Q. Thawley, Peoria, Ill.; Dr. Minerva Kenaga, Joplin, Mo.; Dr. A. W. Peterson, Hawarden, Ia.; Dr. Martha Petree, Paris, Ky.; Dr. T. H. Woodson, Cherokee, Okla.; Dr. Celia J. Newman, Seattle, Wash.; Dr. C. I. Daley, Ft. Madison, Iowa; Dr. L. V. Andrews, Lake City, Ia.; Dr. M. E. Miller, Mangum, Okla.; Dr. E. M. Painter, Unionville, Mo.; Dr. J. W. Shearer, Abilene, Kans.; Dr. Charlotte McCuskey, Council Bluffs, Ia.; Dr. Lula Cramb, Fairbury, Nebr.; Dr. Margaret A. Thompson, Cincinnati, Ohio; Dr. Lenore Kilgore, Cape Girardeau, Mo.; Dr. W. H. Hickman, Perry, Mo.; Dr. H. J. Miller, Cuba, Ill.; Dr. J. P. Merritt, Tekamah, Nebr.; Dr. Minnie Baymiller,

Abingdon, Ill.; Dr. W. H. Marshall, Pittsburgh, Pa.; Dr. Ethel Hearst, Salina, Kans.; Dr. R. A. Hamilton, Whitehall, Ill.; Dr. J. G. Smith, Blair, Nebr.; Dr. G. V. Nienstedt, South Bend, Ind.; Dr. H. J. Elsea, Carthage, Ill.; Dr. Strickland, Joplin, Mo.; Dr. Barker, LaHarpe, Ill.; Dr. O. H. Kent, Seward, Nebr.; Dr. R. B. Wood, Fulton, Mo.; Dr. D. G. Johnson, Ardmore, Okla.

Altogether there were eighty-three present for the entire course, and in addition to this twenty-two others sent in their checks but had to give up at the last moment on account of the storms, late trains, etc., throughout the middle west, which struck this part of the country just at the wrong time, and of course a few had sickness etc., to prevent their coming, but altogether the meeting was a big success. At the end of it the two men were unanimously requested to repeat it at least once a year, and twice if possible. Indeed one man suggested that it be given every quarter, and offered to pay a year in advance if they would promise it that often.

Dr. Celia Newman of Seattle, Dr. E. L. Smith of Maryland; Dr. J. C. Glasgow of California and Drs. Snedeker, Kann and Jones of Pennsylvania, represented the most varied geographical points of the country, and at least three of these six had no other possible object in visiting Kirksville than to attend the meeting, as they had no relatives here and no one to visit.

As an example of the good feeling, among the remarks heard after the meeting was over was one man, who had come a long distance stated that all his expenses had been paid for the first day, and that the rest was clear profit.

Another one said that the hour and a half talk on "Blood Poison" by Dr. Still easily paid him for a thousand mile trip.

Another one said that he could not practice surgery in his state, but that even from the afternoon course he got enough general information to fully repay him.

Indeed everybody seemed pleased and the usual amount of criticism was lacking, and a good feeling of fellowship prevailed throughout the meetings, both during the course and in the evenings, when several State Associations and organizations held meetings.

On the afternoon of the last day those who had not been through the hospital already, divided up into groups and went through the hospital, under the guidance of some of the nurses.

These courses if given in the future will continue to be post-graduate courses, as it was noted that the visitors highly appreciated the fact that the seats were not filled with students, even though of course for the

present session it would have been easy to have made it a combined student and post-graduate course, but it was thought better to make it and maintain it as a strictly post-graduate course.

A number of the visitors took the opportunity to bring along with them private surgical cases which were operated on between classes. Among these were, Dr. Thawley of Peoria, Ill.; Dr. Lula Cramb of Fairbury, Nebr.; Dr. McCuskey of Council Bluffs, Ia.; Dr. R. B. Wood, of Fulton, Mo., and Dr. J. K. Johnson, Jefferson, Ia.

Altogether there were just twenty-four clinic operations performed during the week, including those of Dr. George Laughlin.

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## Ontario News.

After a delay of over three months a conviction was registered against Dr. R. B. Henderson, president of the Ontario Association of Osteopathy, on Dec. 14 on the charge of practicing medicine without a license. Magistrate Denison, before whom Dr. Henderson appeared, imposed a fine of \$40.00 and costs or 30 days. The case will be carried to the Court of Appeal to test the point as to whether the practice of osteopathy is the practice of medicine.

This is the first adverse decision given against osteopathy in the Dominion of Canada and the outcome of the case in the Court of Appeal will be watched with much interest.

The Ontario osteopaths are preparing to introduce a bill at the coming session of the legislature and if the present case goes against us it will force matters to an issue.

We note with much satisfaction the fact that at the recent examinations before the British Columbia board of examiners all of the osteopathic applicants (three) were successful. The board is composed of allopaths, one homeopath and one osteopath. There were thirty-nine applicants for licenses to practice in B. C., as follows: Thirty-five allopaths, one homeopath and three osteopaths. Twelve allopaths failed, as did also the one homeopath who tried, but the three osteopaths were successful. British Columbia is the first Canadian province to give osteopathy a square deal, a bill protecting osteopathy having passed the last session of the legislature, and we are very much pleased that the first osteopaths to seek licenses by examination made such a good showing.—ASA GORDON WALMSLEY.

## A. S. O. Wants College to be Located at Kirksville.

### Desires Affiliation With School in Which Students Can Make up Outside Work—Offers Unusual Advantages.

It was learned this morning from official sources by a reporter for The Daily Express that the American School of Osteopathy wants a college in Kirksville affiliated with it and that a campaign, perhaps entirely of the receptive nature, will at once be put under way to get a new college here.

This desire for a college here, is a development of the increase in the educational requirements of would-be doctors to a four-year high school education or the equivalent, which the A. S. O. desires to put into effect next year. It is hoped that a college can be started and that its interrelation with the A. S. O. would be similar to that of Rush Medical College and Chicago University.

### Would Lighten Work.

When asked about the desire for a college offering classical and scientific courses here, Dr. R. E. Hamilton, dean of the A. S. O., said that such was indeed the hope of the osteopathic institution and that its officers saw clearly the advantages the A. S. O. would derive from such an affiliation, as well as those which would accrue to the other schools.

Dean Hamilton said such an affiliation would be an advantage to the A. S. O. in view of the increased entrance requirements of students, and that the A. S. O. could then rid its lecture rooms of much of the preliminary work with which they are now burdened, such as general chemistry, and could help greatly in the teaching of physics and biology.

### Numerous Benefits.

He pointed out that there are numerous benefits the A. S. O. could offer a college in affiliation. The laws in states requiring four years training of physicians will permit students to make up work along outside lines while studying at the A. S. O., and Dr. Hamilton is sure that many A. S. O. students would take advantage of such an opportunity.

Dr. Hamilton said also that many of the A. S. O. students are married and have children they would like to educate in such a school. He point-

ed out, too, that there are 4,202 alumni of the A. S. O. who would be interested in a college affiliated with their alma mater. They are scattered all over the United States, and thus the college could start out with a better backing than any other school of similar nature ever had at its beginning.

### Teaching Advantages.

"Of course, to a school in affiliation with us there would be unusual advantages in the teaching of the sciences," said Dr. Hamilton. "In this line the small college is usually woefully weak. It could use much of our equipment and we have a teaching staff, assembled from Harvard, Yale and other big universities, which could care for certain scientific lines. We now have four buildings, and as an example of our scientific equipment, I might mention the fact that we have 70 first-class microscopes, which cost us more than \$3,500.

"Besides many material advantages the A. S. O. could offer to any school affiliated with it, its influence, its readiness to accept work done in it for required outside study, and I believe our alumni, would support such an institution.

"The other school could give the A. S. O. an opportunity for its students to make up work, such as it is not now given, right here in Kirksville.

### President Kirk Likes Idea.

"I have talked with President Kirk of the State Normal School about the proposition," continued Dr. Hamilton, "and he will heartily endorse the movement. He thinks that the more schools there are in Kirksville, the better it will be for the students and schools already here, and he does not believe that such a college would interfere with the Normal School."

When asked if any steps had been taken to get such a college here, Dr. Hamilton said there had been none, that it was immaterial to the A. S. O. whether the college was organized by Kirksville people or some college from another city or town move here. He said, however, that if Kirksville should start the college, the A. S. O. would prefer that the college control be separate from the A. S. O.

### A. S. O. Shows Big Gain.

The A. S. O. is showing a great gain this year over former years at the institution. There are 563 students now enrolled and the heads of the school are confident that the enrollment will reach 625 when the January class comes in.

Within the coming year the hospital will be extended by at least one story, making it a four-story structure. This year the laboratory capacity has been doubled and several thousand dollars spent in new equipment. At present laboratories are conducted in chemistry, bacteriology, physiology, anatomy, histology, diagnosis, optics, surgery and other lines. The school publishes a monthly journal of 60 to 100 pages which goes to more than 5000 subscribers.

Altogether the A. S. O. is growing and is in a highly prosperous condition. The authorities are determined to raise the standard of outside scholarship so it will equal any of the medical schools, and the officials feel it would be a splendid opportunity for affiliation to some small college, either one organized here or one in another city which desired to move.—Daily Express, Dec. 18, 1909.

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## Pacific Coast Notes.

A case of unusual interest is reported by Drs. Nettie Olds-Haight and L. Ludlow Haight. It was a case of pregnancy occurring in a patient having a uterine tumor. Under osteopathic work the case was carried to full term when a successful Caesarian Section was performed by Dr. Frank P. Young, the former A. S. O. surgeon. A hysterectomy was necessary in the case. Both mother and child are enjoying good health.

The case is of particular interest in that it is the first caesarian operation ever performed by an osteopath, as well as perhaps the most major operation.

We are glad to report that Dr. Anna W. Deputy of Riverside, who recently sustained a fracture of the skull and clavicle as the result of an automobile accident, and who has been under the care of Dr. Frank P. Young of Los Angeles, has quite recovered and has returned home. Osteopathic work conquered the facial paralysis without difficulty.

## The Forum.

EDITOR JOURNAL OF OSTEOPATHY:—

Dr. Jones has won his case, and writes the following interesting letter, which explains itself:

MY DEAR SIR:—As you may recall I have been out under bond for about two years due to the fact that I refused to pay an Occupation Tax of \$5.00 per quarter when the medical practitioners were allowed to get off with the payment of \$3.00 per quarter.

This case has been hanging fire for a long time. I was tried and convicted in the police court—appealed to the district court. Our demurrer was overruled long ago and finally the case came up for trial on the merits of the case. Trial was set for to-day and when they found that we were ready for trial the Court, Judge Stevens, dismissed the case against me on motion of my attorney.

This ends what promised to be a trip to the United States Supreme Court. It has proven somewhat of an expensive experience but I have stood pat on my initial statement that I would pay as much as the M. D's. and no more. It is my desire that they treat osteopaths and osteopathy with a little more consideration in the future. In fact was talking with some members of the city council and they are going to amend the ordinance and let me in on the same basis as practitioners of other schools of medicine. Or to use the words of one member of the council. "We had better put you in the class with the others and get a reasonable amount from you than to keep you where you have been listed and never get anything besides having to pay court expenses." I agree with him.

Trusting that none of the other field practitioners have the same experience as have I and that we will continue being listed on an equality with our medical brethren I can now bid adieu to the infamously notorious "Occupation Tax Case—State of Idaho vs. Jones."

Permit me to congratulate you on the appearance of the December Journal—copy of which was just received. Its new dress looks good and the contents, thus far read, taste O. K.

Wishing you a Merry Christmas and a more than prosperous ensuing year, I beg to be, with kindest regards,

Fraternally yours, EARL JONES.

## California State Board Questions.

### ANATOMY.

(Answer 10 Questions.)

1. What are the characteristic forms of spinous processes of typical vertebrae in the cervical dorsal and lumbar regions?
2. Describe the greater and lesser sacro-sciatic ligaments. Tell what foramina they form and what muscles, vessels and nerves pass through them.
3. Describe the fascia lata.
4. Give the attachments of the diaphragm. What nerves supply it? Where can its governing nerves be compressed digitally?
5. Describe the paminiform plexus of veins.
6. Give the relations and blood supply of the tonsils.
7. Give the relations of the prostate gland.
8. What nerve trunks send branches to the hip joint and the skin of the knee?
9. What kind of membrane is supplied whenever motion is intended? Give three examples, two of them being other than osseous articulations.
10. Describe the great splanchnic nerve.
11. What is the innervation of the peritoneum?
12. What are the lower limits of the lungs and pleurae posteriorly?

### BACTERIOLOGY.

(Answer only 8 Questions.)

1. What do you understand by the following terms: (a) Amboceptor. (b) Receptor. (c) Complement.
2. What is the difference between an Antitoxine and a Bacteriolysin?
3. What is the precipitin test and how performed?
4. Name three "acid fast" bacteria that are pathogenic to man.
5. Describe a typical actinomycetis rosette or granule, taking care to name its compound parts.
6. Name a pathogenic "acid fast" bacillus that cannot be successfully grown on artificial culture media.
7. Enumerate the different ways in which acquired immunity may be produced.
8. What pathological condition is most commonly caused by Kock-Week's bacillus?
9. What do you understand by an antitoxic unit?
10. What micro organism is at present generally accepted as the cause of syphilitic infection?
11. Identify specimens.
12. Identify specimens.

### CHEMISTRY.

(Answer 10 Questions.)

1. Describe the diazo reaction. Under what conditions may this reaction appear in the urine?
2. Express in Centigrade 104 degrees Fahrenheit. Give rule for reducing Centigrade to Fahrenheit.
3. Describe iodine. State some of its properties. From what source is it chiefly obtained? Give a simple test for iodine.
4. Outline the fate of Carbo-hydrates in the body.

5. Give two tests for detection of morphine.
6. What is the normal amount of urea found in the urine in a 24 hours specimen of urine? Name two conditions in which there is a diminished excretion of urea.
7. Under what pathological changes does bile appear in the urine?
8. What organic acids are found in the stomach and what are the tests for them?
9. Give characteristics of diabetic urine.
10. Define organic chemistry. Define inorganic chemistry.
11. Describe three tests for determining the presence of albumen in the urine.
12. Name some of the common chemical sediments that may appear in the urine, giving the pathological significance of each.

### GENERAL DIAGNOSIS.

(Answer 10 Questions.)

1. Give the symptoms and physical signs of a pneumothorax.
2. Give the aetiology, symptoms and complications of acute mastoiditis.
3. Give the symptoms and physical signs of coxitis tuberculosa.
4. Give the diagnosis of typhoid up to the end of the first week of fever.
5. Give the symptoms of a brain tumor.
6. Differentiate chlorosis from primary pernicious anaemia.
7. Give the causes of colicky pains in the abdomen and locate each variety.
8. Draw an outline of the anterior chest wall and indicate thereon the points at which the sounds emanating from the various heart valves are best heard.
9. Give symptoms, complications and sequelae of scarlet fever.
10. Describe an attack of erysipelas.
11. Give symptoms and urinary findings in acute nephritis.
12. Name the conditions which cause an increase in arterial blood pressure.

### GYNAECOLOGY.

(Answer 10 Questions.)

1. Describe a case of decidual endometritis?
2. Give the physical signs indicating acute salpingitis, result of pelvic infection.
3. How would you distinguish between cancer of the cervix and cystic degeneration of the same?
4. What would you look for as the cause in a case of purulent vulvitis or vaginitis?
5. What do you understand by (a) Amenorrhoea, (b) Dysmenorrhoea, (c) Menorrhagia, (d) Metrorrhagia?
6. Give the differential diagnosis between acute inflammation of the ovary and neuralgia of the same.
7. In the radical operation for excision of the breast, what glands beside the mammary gland become of importance?
8. Name three important conditions calling for uterine curettagea.
9. Describe a sub-mucous myomata of the uterus?
10. Give the difference between the operation for myomectomy and hysteromyomectomy?
11. Describe a case of urethral caruncle giving symptoms.
12. Describe superinvolution of the uterus and the condition generally following.

### HISTOLOGY.

(Answer 8 Questions Only.)

1. Draw cross sections of a large artery; of a large vein. Name each coat, and tell of what kind of tissue it is composed.

2. Describe the course of the renal artery and vein in the kidney. Draw diagram.
3. From whence are cells derived?
4. Describe karyokinesis. Draw diagrams.
5. Describe what happens after the fusion of the spermatozoon and ovum, and explain how the three layers of the blastodermic vesicle are formed.
6. From which layers are the following derived? Hair, Lungs, Oral cavity, Kidneys, Spinal cord.
7. Describe the formation of bone.
8. Draw a section of the Spinal cord at about its middle.
9. Describe a capillary, and explain how new ones are formed.
10. Describe connective tissue.
11. Identify 2 slides.
12. Identify 2 slides.

## HYGIENE.

(Answer 10 Questions.)

1. How is Malta fever transmitted?
2. By what means is hookworm disease cured and prevented?
3. Where is pellagra found most frequently in this country and what are the theories on its origin?
4. In a typhoid epidemic how would you go about it to discover the source of infection?
5. Give in detail your method of preventing the spread of scarlet fever.
6. Why should food-stuffs in shops be protected from insects?
7. How does the quarantine against yellow fever now differ from the methods used fifteen years ago?
8. Give a plan for the construction of a sanitary railroad grading camp.
9. What are the latest findings concerning the presence of bacteria in sewer gas?
10. How do hogs become infected with tuberculosis?
11. Why should all animals be kept off a water-shed?
12. Why are plumbing fixtures ventilated?

## PATHOLOGY.

(Answer 8 Questions and Identify 2 Slides.)

1. Explain fully the difference between ptomaines and toxins, chemically, and physiologically, and name several typical bacteria responsible for the production of each.
2. Describe the effects produced in the human system by infection by the more virulent types of streptococci.
3. Describe fully the effects of pellagra and the cause of the disease.
4. Describe the morbid changes resulting from autotoxaemia; both immediate and remote.
5. Describe the pathologic changes resulting from chronic alcoholism, naming these in the order of frequency with which they occur.
6. Describe the conditions found in acute pleurisy. (a) During the first twelve hours. (b) In favorable cases at the end of five days. (c) In unfavorable cases at the end of seven days.
7. Describe the lesion of carcinoma and that of sarcoma and explain the distinctive differences between them.

8. Give the morbid anatomy of acute infantile paralysis, the cause or causes of the same and whether or not it is contagious or infectious or in any danger of becoming epidemic.
9. Give a description of the changes found in hydrophobia. How communicated and the bacteriological findings.
10. Describe the appearance of the blood in pernicious Anaemia; the pathologic changes found and the probable causes, of the disease.
11. Examination of 2 slides.
12. Examination of 2 slides.

## PHYSIOLOGY.

(Answer 10 Questions.)

1. Discuss the "mechanical" and "vital" theories of renal secretion.
2. Name and describe five skin reflexes. (b) Locate five centers in the cord. How may their existence be proven?
3. Discuss the cause of the rythmical beat of the heart. (b) The conduction of the excitation over that organ and the co-ordination of its parts.
4. Trace an auditory impulse from the vibrating tympanum to the cortical center.
5. What nerves are concerned in deglutition? (b) Give function of each.
6. Describe in detail the effect of thyroidectomy. (a) parathyroidectomy. (b) What is the effect of removal of the spleen? (c) Salivary glands.
7. What is the effect of complete paralysis of the third cranial nerve? Trigem-inus?
8. What are the causes of degeneration of muscle? Describe the process by which it takes place. What is meant by reaction of degeneration? Describe it.
9. Describe a practical method of determining blood pressure in man.
10. What is meant by Wallerian degeneration? Describe it.
11. Describe the effect of muscular work on body metabolism.
12. Discuss the mechanism of accommodation of the eye. Describe the change in the pupil during accommodation.

## OBSTETRICS.

(Answer 10 Questions Only.)

1. The etiology of abortion, and pathological conditions liable to follow.
2. What care would you advise for the child, during the first twenty-four hours after delivery?
3. What is Uterine inertia, its cause and danger?
4. Placenta praevia, diagnosis and prognosis?
5. Under what conditions (if any) is abortion justifiable? How should it be conducted?
6. How would you attempt to resuscitate an asphyxiated child?
7. How would you manage the second stage of labor so as to avoid rupture of the perineum?
8. How early can pregnancy be positively diagnosed? What are the signs?
9. How may death of the fetus be recognized after the fifth month? What would you do under such circumstances?
10. What are the difficulties, and what would be your method of delivery, in twin pregnancy?
11. Give diagnosis, prophylaxis, of Ophthalmia Neonatorum.
12. What is albuminuria of pregnancy, without structural kidney lesion?

## News of the Month.

**New Enemy for Pneumonia**—The discovery of a new vaccine which probably will be valuable in the treatment of pneumonia is announced at the Tufft's Medical School. Dr. Timothy Leary, chief of the laboratories of pathology and bacteriology, announces that the new vaccine will be given to any registered physician of the state who applies for it free of cost.

**Osteopathic Free Clinic Established**—Arrangements have been made by the Knoxville, Tenn., Osteopathic Society to hold a free clinic at the People's Tabernacle on Cumberland Avenue, Tuesday and Friday nights, commencing at 6:30 o'clock and lasting until 8.

The Knoxville Osteopathic Society is composed of all the local osteopaths with Dr. W. F. Link as president.

Dr. H. A. Green and Dr. J. S. Blair will have charge of the work for the first few nights and Drs. Titsworth and Link will follow in rotation, so that there will be two doctors there Tuesday and Friday nights. The Tabernacle people have fitted up suitable rooms for the work. There will be no lectures.

**Fell Dead in Doctor's Office**—At the request of Dr. Susan N. Otto, osteopath, with offices at 320 W. 8th St., Los Angeles, Calif., the details of Mrs. Harriet E. Wood of the same city were made public.

Members of Mrs. Wood's family had been treated by Dr. Otto and at their request the former went to the doctor's office and asked to be examined.

"She complained of numbness of the hands and feet," said Dr. Otto, "so I began the examination by listening to the action of her heart. I knew by the sound that it was in a very bad condition and told her, without alarming her, that I would treat her, but that she must be very careful with her diet and not overwork.

"When I raised her from the couch she complained of dizziness and fell dead. She had waited too long before consulting a physician."

Dr. Otto called other physicians and after examining the corpse, they agreed that death was due to valvular heart trouble, and she signed the death certificate without notifying the coroner.

**Drug Bosses Said to Offered Bribes to Change Rulings**—That one large drug manufacturer offered thousands of dollars to the Chairman of the last Revision Committee of the United States Pharmacopoeia for a few changes in the committee's report to suit his trade and that another said he would give \$5,500 for permission to change two words in the report, was the statement made recently by Prof. H. H. Rusby, a member of the Revision Committee and examiner of Drugs for the Department of Agriculture in a paper on "Federal Law and the Pharmacopoeia" read at the College of Pharmacy in West Sixty-eighth street, New York, where he is dean of the faculty.

**San Diego Fair in 1915**—Already about one-half million dollars have been contributed toward this project. A number of osteopaths are interested and are extending invitations at this early date to every D. O. to come and help celebrate in what they believe to be the most beautiful place in the world. San Diego will be the first port of call after vessels will come through the Panama canal. It is also claimed the first mission was established there, and the first American flag planted at Old Town within the city limits.

Still National Osteopathic Museum, Kirksville, MO

**Coffee Drunkards Prevalent Says Wiley**—"Coffee drunkenness is a commoner failing than the whiskey habit. The misuse of tea as a stimulant and as a beverage is more prevalent than the use of alcohol," said Dr. Harvey W. Wiley, chief of the Bureau of Chemistry of the Department of Agriculture, before the Reformers' conclave.

"You must arouse the people to a realization of the dangers of drugs," said Dr. Wiley. "This country is full of tea and coffee drunkards. The most common drug in this country is caffeine. It is dealt in at the soda fountains. Your children, innocent of any knowledge of its deleterious effects, consume it freely. They do this to their great physical and mental detriment.

"As I take it, in a state of health, we have no need for all these artificial stimulants. Caffeine has a direct tendency to create Bright's disease. Caffeine is the essential alkaloid of coffee as theine is of tea. Both are dangerous and detrimental drugs.

"Caffeine is one of the many drugs taken at soda fountains and in private as a combatant of fatigue, yet fatigue is nature's danger signal, and the man who strikes it down is in the same class as the man who removes the red lights at a railway crossing."

**Osteopaths Dine**—The annual dinner of the International Osteopathic Association was held on the evening of Dec. 18, at the Boston City Club. Dr. Franklin Fiske of New York made an address.

Dr. Andrew Taylor Still of Missouri, founder of the osteopathic school of practice, was chosen honorary president of the association, and the following were elected members: Dr. J. V. Fleming, Harda, India; Dr. J. Dunham, Belfast, Ireland; Dr. Harvey R. Foote, Dublin, Ireland; Dr. R. Read, Tokio, Japan; Dr. F. B. Packard, Ussumia, Persia; Dr. I. M. Scott, Tak Hing Chan, China; Dr. G. G. Watson, London, England; Dr. H. H. Moeltinger, Dresden, Germany; Dr. James Brake, Melbourne, Australia; Dr. George Jean McBurney, Tak Hing Chan, China; Dr. C. H. Woodruff, Mexico City, Mexico; Dr. I. Brake, Melbourne, Australia; Dr. Franklin Hudson, Edinburgh, Scotland; Dr. J. Paterson Ovens, Dr. W. A. Streeter and Dr. L. Willard Walker, all of Glasgow, Scotland; Dr. Elmer T. Pheils, Birmingham, England; Dr. William Efford, Sapperton, British Columbia; Dr. Ernest C. White, Paris, France, and Dr. E. H. Barker, Liverpool, England.

It was voted to give a dinner at each annual convention of the American Osteopathic Association. A resolution was adopted and sent to the Governor of New York urging justice for the osteopaths of that state.

**Maine Osteopaths Hear Dr. Geo. Still**—On Dec. 14th, the Maine osteopaths met in conference at the office of Dr. Viola Howe, in the new Congress Blk. An interesting feature of the session was an address by Dr. Geo. A. Still, a member of the faculty of the American School of Osteopathy, of Kirksville, Mo.

His presence at the conference was of special value and interest to the members of the profession in view of the fact that it was devoted largely to a conference on different cases which have been treated by the members of the profession. He is a member of Drake University at Des Moines, Iowa, winning the white "D" in foot ball. In that school he did some important research work, in sanitation during his senior year. Upon graduating from college he entered Northwestern University Medical school in Chicago, where he made a specialty in surgery, taking clinical courses in six different hospitals. He afterwards became a member of the faculty and the surgeon of the S. S. Still College of Osteopathy. This school was afterwards



purchased by the American School of Osteopathy, and the equipment was removed to Kirksville. Dr. Still is one of the most prominent members of the profession.—Portland, Me., Express.

**United Doctors Open Institute**—A number of physicians claiming to be expert medical specialists have united at Springfield, Mo., to organize a new school of medicine and a new and more scientific and positive system of curing human ailments. The system is to include all the "Therapys" and "Paths" and it is claimed will consist of the best methods of all systems.

**Stovaine Fails in Test**—The new anesthetic was given a trial in an operation which was performed at the Rhodes Ave. Women's Hospital in Chicago, recently. The operation was conducted amid much mystery and was scheduled to be performed upon Mrs. Chadfield Cosgrove of Dubuque, Iowa, suffering with cancer. Dr. Kelley, the operator, claimed that Stovaine had been injected in the spinal column of the patient and that an attempt was made to perform the operation while the woman was conscious. He also asserted that although blindfolded, the patient screamed at the first touch of the knife. The new anesthetic failed to work with the success claimed for it by Dr. Jonnesco. The patient was immediately placed under the influence of ether and the operation, concluded.

**Clever Forger at Work**—One Dr. P. D. Holloway, styling himself an osteopath, made trouble at Cherryvale, Kansas. He succeeded in buncoing several merchants out of various sums of their money buying articles of clothing, and passing worthless checks, taking the difference of the amount of check and purchase, in cash. Finally one of the merchants became suspicious and soon received information as to a number of other transactions merchants had with the same party, and he proceeded to investigate. It was found that the bank on which the checks were drawn knew of no such person, and the game was evident. Although every precaution was taken to apprehend the forger so far as we have information the effort was not successful.

**Was Entertained**—Dr. Ella Still of Des Moines, Iowa, was a guest of honor at a luncheon given on Dec. 19th, at the Buckingham Hotel, St. Louis, Mo., by the St. Louis Women's Osteopathic Association. Dr. Still is a prominent member of the osteopathic profession and has been delivering a course of lectures on Osteopathy in Ohio. The guests at the luncheon were: Drs. Ella Still, Nannie Chappell, Helen Kinsell, Arlowyne Orr, Bertha Buddecke, Eleanore Moore, Ida Moore, Elizabeth Ingraham, Mayme Williams, Jennie Wykoff, Nettie Hoffman, Anna Schaub, Nettie Shank, Mrs. Ninnie Beeson and Miss Hattie B. Gooding.

**Makes a Clever Catch**—Dr. Margaret M. Warren, an osteopath of 121 E. 26th St., Chicago, took a swindler to the Cottage Grove Ave. station at the point of a revolver on the afternoon of Dec. 1st. The man is Benjamin Voorsanger and claimed that he was a salesman. He had passed a worthless check on the Doctor in payment of some treatments and was recognized in the office of Miss Mullane, a sister of Dr. Warren, where he had applied for manicuring and was in the act of passing another check, in payment for Miss Mullane's services. The prisoner was arraigned and admitted his guilt.

**Yellow Fever in Yucatan**—Yellow fever has again made its appearance in Yucatan. Four cases are reported at Merida and one in the interior.

**Licenses Revoked**—For the first time under the new laws of Arkansas, the State Medical Board has revoked the licenses of two physicians. The cause was "fake" advertising.

**Fatal Poisoning by Quinine**—While symptoms of an excessive use of quinine, in the form of tinnitus, dizziness, deafness, skin eruptions, fever, and mild psychoses are comparatively frequent occurrences, instances of fatal poisoning by the drug are decidedly rare. A case reported by Baermann in the *Muchener medizinische Wochenschrift* for November 9, 1909, in which the idiosyncrasy to the drug was so marked that two doses of seven and a half grains each caused death, is of interest. The patient was a Chinaman, living in Sumatra who was suffering from tertian malaria. The first dose of a half gram of quinine sulphate in solution caused a disappearance of parasites from the blood. The second dose was vomited at once. A half hour after the third dose, given on the second day, the patient broke out into a profuse sweat, collapsed, and had several epistaxes controlled only by tampons. First, unconscious, he was later mentally confused. Three hours after the onset he passed a half liter of fresh blood per rectum, had hematemesis, and slight hemoptysis. With a second intestinal hemorrhage the patient died. The autopsy, made shortly after death, showed purpuric swellings covering almost the entire body. In the parietal peritoneum, mesentery, omentum, and intestine were fresh hemorrhages. The pleural and pericardial cavities contained blood, and collections were found throughout the entire alimentary tract, both within the lumen and intramuscularly. Sanguineous deposits were discovered in the tissue of the liver, spleen, pancreas, and kidneys. Cerebral and meningeal hemorrhages were noted. Beyond these widespread local hemorrhages in practically every organ of the body there were no pathological changes seen. Especially poisonous properties or contaminations of the drug could be excluded, as many other patients were being supplied from the same bottle without deleterious results. The only conclusion to be drawn seemed to be that the patient died as a result of an extraordinary susceptibility to quinine.—*Med. Record.*

**A New Disease**—How many injections of tuberculin are made every year for "diagnostic purposes" in men and beast, no one knows, but they are many. We have several times intimated that this wholesale injection into the blood of this, and other, animal matter may become a fruitful cause of disease and racial degeneration for "the blood is life."

Now comes a very timely paper by Dr. Rayevsky, of New York (*J. A. M. A.*, Nov. 20), on "The Treatment of Tubercular Reactions" or it might be transposed "the treatment of the treatment." "Tuberculin is a very treacherous agent," writes Dr. Rayevsky. Some show but little of the effects of the "treacherous stuff," but others exhibit "oppression of the chest," "pain in almost all the bones of the body," as though "pounded in a mortar," nausea, vomiting, "often a high fever," "tenderness in the epigastrium," "cold perspiration," skin "cold and clammy" or "hot and dry," face "flushed" or "cynotic," "chill" or "rigors" as effects of the injection of tuberculin. These conditions are caused by "the action of the tuberculin as a toxic agent" or by its action "in the foci of the disease." The therapeutic doses also give the same train of symptoms, though not of so severe a character. Where the "reaction" follows diagnostic doses the treatment must be eliminative—calomel, etc., but when from therapeutic doses, stimulants to sustain heart and nerves are the thing. In short, Dr. Rayevsky tells you how to "scientifically" treat the treatment. It is not improbable that in time a treatment of the treatment of the treatment may be required. Perhaps this sort of "science" accounts for the fact that many Englishmen in South Africa prefer when ill to consult the native Hottentot medicine men rather than their own doctors, as is said to be the case with many —*Homeopathic Recorder.*

**Can Deaf-Mutes Swim.**—In the Journal of Laryngology for November, 1909, Daniel Mackenzie refers to a statement made in a discussion at the French Congress of Otology, by Moure and Cauzard, who reported on the recent improvement in our methods of diagnosing labyrinthine disease. They quote an American observer that it is "almost impossible for deaf-mutes to swim." Mackenzie, however, says that what was referred to was the difficulty which deaf-mutes experience when they try to swim under water. If the recent experiments of Thomas be accepted this inability would seem to be a result of the absence or paralysis of the vestibular apparatus. Having cut the vestibular nerves of dogs, Thomas found that the animals could not maintain their balance under water, but if these nerves were left untouched and the cerebellum was destroyed, they could manage themselves very well. Mackenzie quotes from a letter received from the head master of one of the English institutions for the instruction of deaf and dumb children, who says that they teach all their pupils there to swim unless there is some special medical contraindication. They seem to learn the art quicker than normal children and become proficient swimmers. They cannot, of course, direct themselves by sound though they swim perfectly well with eyes closed. This same writer adds that the discrepancy between the older reports and the more recent statements is more apparent than real. In many deaf-mutes—the majority—the vestibular sense is active and these persons have no difficulty in swimming. If the vestibular end organs are totally inert the ability to support oneself under or on water would probably depend on the character and duration of the destructive lesion and upon the presence or absence of an education of the compensatory methods of maintaining the equilibrium. Certain deaf-mutes find it difficult to walk in the dark or with eyes bandaged and these we should expect to be the individuals in whom the vestibular end-organs have been but recently destroyed or who have neglected to train their sense of touch and pressure to replace the defective stimuli from the semicircular canals.

**A Department of Public Health.**—It is stated by the Washington correspondent of The New York Times that a report on a plan for a Federal Department of Public Health has been submitted to President Taft by Dr. Walter Wyman, Surgeon-General of the Public Health and Marine-Hospital Service, at Mr. Taft's own request. Such a department or bureau was recommended on the platform of both the Republican and Democratic Parties, but in spite of that it is not thought likely that any action will be taken at the present session of Congress.

**Dominion Registration.**—Dr. Thomas G. Roddick called a meeting of the committee of the Canadian Medical Association on Dominion Registration in Montreal, November 16. Nova Scotia and Prince Edward Island were represented and the following medical councils or provincial examining boards sent delegates to confer with this committee; Nova Scotia, New Brunswick, Quebec and Ontario. The meeting was called to consider the resolution practically unanimously passed at the annual meeting of the Canadian Medical Association held in Winnipeg in August, which provided that the Roddick Act be put in force whenever five or more provinces agreed to the provisions of the act.

Steps will be taken to have amendments made to the Canada Medical Act of 1902 at the present session of the federal parliament.

**The Radium Institute of America.**—was formed at a meeting in the building of the New York Yacht Club recently. The purpose is to study radium, discover any radioferous deposits in the United States, and buy quantities of it in Europe for clinical use in the United States. It is the idea of the founders to establish a clinic in

connection with some New York hospital where radium treatment will be administered free to those needing it. The institute will take steps to protect the public from the false claims of patent medicine manufacturers that certain of their remedies contain radium, and will set a standard that those desiring to deal in radium commercially will have to live up to.

**Endowment of the American Red Cross.**—President Taft, as President of the American Red Cross Society, has issued a letter advocating a permanent endowment fund of \$2,000,000 for the society, and appointing a committee to raise this fund. The purpose of the endowment is to allow relief in the smaller casualties which do not so much appeal to popular charity and also to enable the society in the case of a great catastrophe to institute relief measures immediately for aid without having to wait for private donations. The present endowment of the society is \$119,628, while that of the leading European powers is many times greater; Austria, \$2,474,577; Hungary, \$968,392; France, \$4,471,476; Italy, \$1,547,548; Prussia, \$4,889,948; other German States, \$2,548,265; Japan, \$8,080,005.

**Poison in German Hospital.**—Five hundred and forty-seven patients in the asylum at Friedrichsberg, near Hamburg, are ill from the effects of poisoned rice which is supposed to have been given to them by one of the employees. Two patients have died from eating the poisoned food and sixty-eight cases are considered hopeless.

**Case of Leprosy Found.**—A case of leprosy is reported in Calumet, Mich. The patient is a Finn, who was in the government employment in Alaska five years ago. The diagnosis has been confirmed by Dr. A. S. Warthin of the University of Michigan.

**Poliomyelitis Contagious.**—The Nebraska State Board of Health has decided that anterior poliomyelitis, which is now prevalent in the state, is contagious and has ordered the establishment of quarantine.

**Physical Defects in School Children.**—The official report of Dr. Edwards A. Park, in charge of the examination made during the summer of more than a thousand school children from the tenements with the view of determining the need of open-air schools in New York City shows that of 1,233 children examined, 289, or 23% showed the characteristic reaction after having been subjected to tests for tuberculosis. In many of these, however, the focus of tuberculosis was walled off and was not likely to exert a serious influence on the general health. There were fifty cases of enlarged tonsils and adenoids; decayed teeth were very general with the result that it was difficult to determine whether the numerous cases of enlarged glands of the neck were due to them or to tuberculosis. Five cases of endocarditis were noted.

**Conference on Hookworm.**—The first conference on the eradication of hookworm will be held in Atlanta, Jan. 18 and 19, 1910. Delegates will be appointed to the conference from Alabama, Mississippi, South Carolina, Georgia and Florida.

**Another Scheme to Defraud.**—A correspondent from Nebraska City, Nebr., calls attention to another scheme to obtain some of the earnings of the hard-working but too good-natured physicians. An individual purporting to be a land agent calls on the doctor offering him a lot in a new town in some distant state, as Texas or Oklahoma, on payment of the cost of the abstract and deed (\$4 to \$7), the latter to be sent later. In return the physician is to speak a good word for, or furnish a list of probable investors in, the project being promoted. The physician gives up the money but the deed is not forthcoming.

**Epidemic of Trichinosis in Spain.**—The town of Jimena in Spain reports thirty cases of trichinosis in persons who had eaten pork from a certain hog. Fourteen of the victims died at the date of the report and trichinae were found in the muscles.

**Medical Council for Canada**—A bill has been prepared in Canada for the establishing of a general medical council whose business will be the establishment of a qualification in medicine, such that the holders thereof shall be acceptable and empowered to practise in all the provinces of the Dominion; the establishment of a register for Canada of medical practitioners and the establishment and maintenance of a board of examiners for examination and granting of a qualification.

\* \* \*

## Business Opportunities.

**For Sale**—We have been established for eight and one-half years in a city of 40,000 inhabitants. Wish to sell—reason made known on application. Address, 1228, care of the Journal of Osteopathy.

**Wanted**—To buy practice on commission or position as assistant. Have had experience in hospital and sanitarium work. If you have an offer to make, hurry. State terms in first letter. Am a three year graduate. Address "Montana," care of the Journal of Osteopathy.

**First Class Practice** and business opening in offices vacated by Drs. Lathrop in Iola, Kans. No lady physician in the city. For information address Mrs. L. Daley, Iola, Kans.

**For Sale**—Practice in a small but hustling, growing town in Colorado. Will sell for price of office furniture. Address, F. E., care of the Journal of Osteopathy.

**For Sale**—Practice and office furniture, books, etc. Reason for sale of practice—wish to go into other business. Those wishing fuller details should communicate with Dr. R. T. Dowell, 138 Market St., Paterson, N. J.

**Wanted**—An assistant or partner—lady preferred—with probability of sale of the practice to her later,—on account of sickness in the family. Past years' business—over \$4,000. Splendid Iowa town. Business established seven years. Chance for the right person—middle aged person preferred. Must be highly recommended. Splendid opening for osteopath Sanitarium—\$3,000. Address, 1227, care of the Journal of Osteopathy.

**For Sale**—\$2,500 practice, established five years, in Missouri town of 50,000. Best office in best building in town. Reason—Am overworked and need rest. Address, K., Care of the Journal of Osteopathy.

**For Sale**—Established practice and office furniture in a Kansas town of 18,000. If you are looking for a good opening where you can begin making money, it will pay you to investigate. Good reason for selling. Address "Sunflower," care of the Journal of Osteopathy.

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

## Personals.

**Aged Father of Osteopaths Passes Away**—On Wednesday afternoon, December 1st, in Stark, Co., Ill., Henry Newton, father of Drs. George H. Newton, of Memphis, Tenn., and R. W. E. Newton of Clay Center, Kans., passed away. Mr. Newton was born in Yorkshire, England, making his permanent home in this country in 1864.

**Goes Back Into Practice**—Dr. B. E. May, who was for some time engaged in the lumber business at Jonesboro, Ark., has decided to discontinue this line of work and return to practice.

**Performs Successful Caesarian Section**—An operation of this character was recently performed by Dr. Frank P. Young, of Los Angeles, Calif., mother and child both living. Few, if any, such operations have so far been performed by osteopaths, and Dr. Young is to be congratulated.

**Is Conducting an Osteopathic Sanitarium**—Dr. St. George Fechtig, of Lakewood, N. J., is conducting an up-to-date sanitarium, with large, commodious quarters on the corner of Sixth St and Forest Ave., Lakewood, N. J. The place is easily accessible and patients in need of proper osteopathic treatment, combined with careful diet baths, etc., or "rest cure," will find this an ideal place.

**What Osteopaths Can Do**—Thrown from a load of furniture, kicked and trodden by two frightened horses, and thrown unconscious in front of the hospital, the posts in front of which were snapped off by the horses in their mad rush. Such was the fate of Henry Sparty at Hetland. The head physician and nurse were standing at the door where the victim was thrown practically into their arms, and within two minutes was in bed in the hospital and aid given him.

His injuries, though severe, were not fatal, and owing to the quickness with which he was taken care of he will recover.

Dr. R. A. Reed was the physician in charge.

**Gives Sound Advice**—Dr. Thomas H. O'Neill, of 11 North Munn Ave., East Orange, N. J., recently read a very interesting paper before the Men's Brotherhood of the First Reformed Church, East Orange, on the origin of Osteopathy. Dr. O'Neill explained in detail the uses of osteopathy and said that abuse of function was responsible for disease, and deprecated the promiscuous use of drugs, about which we know so little.

**Trip Around the World**—On January 25th, 1910, a number of people from Moline, Ill., among whom will be Dr. Lola Hayes, the osteopath, will start for a cruise around the world. The Doctor expects to be absent about five months. The party will embark from San Francisco on board the "Cleveland" and sail for Honolulu. After three days' visit, the steamer will proceed to Japan. From Japan, the next stop will be made in China, after which the party will proceed to Manilla, then to Java, before going to the island of Ceylon. The party will then proceed northeast over the Indian Ocean and up the Red Sea to the Mediterranean to Naples, from which place numerous side trips will be taken. Dr. Hayes expects to return by way of Gibraltar to New York City and home.

**Travels In the West**—Dr. H. A. Mossman, of Chadron, Nebr., A. S. O., '03, is making an extended business trip in the far West. He spent part of December in Wenatchee, Wash., "the land of the big red apple."

**Returns to Practice**—Dr. Helen R. Hunter has returned to her office at 204 Mason Bldg., Los Angeles, after an absence of two months during which time she devoted herself to her mother, who had been stricken with total paralysis at her home in Salt Lake City. The result of the Doctor's treatment was a complete recovery of all the motor and sensory centers.

**Wrong Address Given**—In last month's Journal, mention was made that Dr. Dr. Mary A. Heard and Dr. George E. Smith had formed a partnership for the practice of osteopathy, but an error was made in the location of their offices. It should read: 303-306 Huntington Chambers, Boston, Mass.

**Change of Address**—Dr. F. N. McHolland has moved from Burlington, Wash., to Blaine, Wash.

**Resumes Practice**—Dr. J. W. Banning, of Paterson, N. J., has resumed his practice in New York City, at 120 East 34th St. However, he has not given up his office in Paterson.

**Has Typhoid Fever**—We have been informed that Dr. C. B. Atzen, of Omaha, Nebr., is very sick with typhoid fever. He has our hopes for a speedy recovery.

**New Address**—The address of Dr. Jesse E. Matson should be 317-19 Palace Bldg., Minneapolis, Minn., instead of 27-28 Ingram Bldg., Eau Claire, Wis.

**Announces Location**—Dr. J. Wesley Fager, of the 1909 class of the S. S. Still College of Osteopathy, announces that he has located at Harlan, Iowa, for the practice of osteopathy.

**May Locate in Washington**—Dr. Sidney A. Bartlett, S. C. O., '02, of Coeur d' Alene, Idaho, took a trip through California, Oregon, and Washington during December. On his return, he stopped at Wenatchee, Wash., and is considering locating there.

**Change of Address**—Dr. Viola D. Howe, of Portland, Maine, has moved her office to the New Baxter Bldg., 655 Congress St., where she has a fine suite of five rooms.

**Called at the Journal Office**—Dr. L. V. Andrews, of Lake City, Iowa, called at the Journal office on December 27th. The Doctor is taking the review course for post-graduates at the A. S. O. during the holidays.

**Changes Location**—Dr. G. C. Hudson, of Seattle, Wash., has changed his location to the Burton Bldg., Burlington, Wash.

**Visits Kirksville**—Dr. E. O. Millay, of Detroit, Mich., called at the Journal office on Dec. 27th, while in town visiting relatives.

**Takes Short Vacation**—Dr. W. J. Adams, who divides his time between Ventura and Oxnard, California, took a vacation during the holidays.

**More Osteopaths Needed**—A communication from Muskogee, Okla., informs us that more osteopaths are needed in the state of Oklahoma, and especially in Muskogee, a town of 25,000 to 30,000 inhabitants with only three osteopaths. Oklahoma now has reciprocity on the basis of examination with the following states: Kentucky, Indiana, Missouri, Wisconsin, Nebraska, Michigan, and Illinois. Anyone interested would do well to look over this field before selecting a permanent location.

**Change of Address**—Dr. Chas. K. Garring announces the change of his address from Atoka, Okla., to Brady, Texas.

**New Address**—Dr. Carrie A. Backus, formerly of Algona, Iowa, informs us that she has located at Sulphur, Meade Co., S. Dakota.

**New Offices**—Dr. W. O. Lewis, of Hamilton, Ontario, announces his removal to his new suite of offices at 172 Main St., East.

Still National Osteopathic Museum, Kirksville, MO

## Cleanse the Blood and Keep it Circulating.

Therein lies the essence of the successful treatment of pneumonia. The phagocytes are scavengers of the blood, but unless the affected part receives the full amount of the normal flow with its opsonins, resisting power is lost. In pneumonia, it is necessary to either increase the opsonic index of the blood, so that the small amount reaching the congested lungs may be of normal opsonic value or dilate the vessels and let the blood freely circulate, carrying the phagocytes into the lungs.

Heat is the best dilator of the blood vessels, and an antiseptic poultice is the best agent for conveying moist heat.

# Antiphlogistine

(Inflammation's Antidote)

offers an ideal method for the application of moist heat.

By the dilation of the vessels, pulmonic engorgement is overcome, free circulation is established, and blood, laden with phagocytes, sweeps through the affected area, and overcomes the toxic bacteria.

In Pneumonia, Bronchitis, Pelurisy and Croup, Antiphlogistine should be applied hot and thick over the affected part, and covered with absorbent cotton.

## THE DENVER CHEMICAL MFG. CO. NEW YORK.

**Double Pneumonia.**—Mrs. E. D., aged 74 years, of New Durham, N. J., was taken ill in February, 1905. A local physician diagnosed the case as one of acute lobar pneumonia (both lungs) with grave complications. The third day found the patient much worse, and her attending physician and a consultant said there was no possible chance for recovery. At this critical moment, I was called in after the other medical men were out of the case.

I found the patient unconscious with marked consolidation of both lungs, stertorous breathing, temperature 105 3-5° pulse 142—feeble and irregular, respiration 35, and every indication of complete prostration. The previous treatment had consisted of an ordinary fever and cough mixture, French brandy at frequent intervals, and the local application of flaxseed to the chest. Little or no nourishment had been taken.

I suggested the immediate discontinuance of the flaxseed, which apparently had no effect, but was merely sapping the little vitality which remained.

An essential part of my treatment was as follows:

The immediate substitution of Antiphlogistine in place of flaxseed to the thorax, front, back and sides at intervals of eight to ten hours.

The following morning found the patient slightly improved, fever 104 degrees, respiration 28, pulse 132, and still unconscious. I was delighted, however, to find that ten hours afterward she had regained consciousness and that the general symptoms were still further improved.

I then ordered nourishment in the form of milk, broths, etc., and from that time on the patient continued to improve daily with no further aggravation of the symptoms, and at the expiration of two weeks she had quite recovered.

While I am willing to give the medical part of my treatment proper credit, I am thoroughly convinced, and do not believe I could be persuaded to the contrary, that the persistent and proper use of Antiphlogistine was responsible for the woman's recovery.—By H. S. EMERSON, M. D., OF PATERSON, N. J.

**Changes Location**—Dr. J. C. Goodell has moved from Covina, Calif., to Red Bluff, Calif., where he will continue the practice of his profession.

**Announces Removal**—Dr. Edwin H. Shackelford, of Richmond, Va., announces his removal from 102 East Grace St., to 212 East Grace St.

**Open New Offices**—Drs. Charlotte Escude and Lama D. Perea have opened new offices at 316 New Katz Bldg., San Bernardino, Calif.

**Improves Office Rooms**—Dr. W. M. Hatfield, of Moscow, Idaho, has recently fixed up his offices and newly furnished them. He has a suite of five rooms—three treating rooms, one chemical room, and a large office, 13x18 ft.

**Announce Return to Practice**—Drs. W. J. and Daisy D. Hayden announces that they were to resume their practice in Los Angeles, at 516 Auditorium Bldg., on December 27th, 1909. They have been abroad for several months, studying in the hospitals of London and Vienna.

**Changes Offices**—Dr. Herman F. Goetz, of St. Louis, Mo., has moved his offices from Suite 202 Odd Fellows Bldg., to 756-757 Century Bldg.

**Osteopathy in England**—We have received word that Drs. Edward H. and Abbie Holland Barker, formerly of Boston, have opened offices in the Tower Bldg., 22 Water St., Liverpool, England. May we not take this opportunity of encouraging these pioneers in their work by giving the above address to any of our patients who, going to England, may on arrival there, require osteopathic treatments.

**Announces Location**—Dr. A. Still Craig announces that after January 1, 1910, his address will be 3039 Forest Ave., Kansas City, Mo. He has located there for the practice of osteopathy.

**Change of Address**—Dr. Alice Elliott Howe now has her office at 163 Lisbon St., Lewiston, Maine, instead of 190 State St., Portland, Maine.

**Returns Home**—Dr. Alice Holland Yost, of Shelbyville, Ill., who has been spending a month at Corpus Christi, Texas, on the Gulf of Mexico, has returned home. Dr. Josephine Hartwig, of Decatur, took charge of Dr. Yost's practice during her absence.

**Change of Address**—Dr. L. Guy Baugher has changed his address from Wilkes-Barre, Pa., to Harrisburg, Pa.

**Notice of New Address**—Dr. Bel C. Simkins informs us that her address is 11 North 20th St., Kansas City, Kansas. She was formerly located at Baldwin, Kans.

**Locates in Centralia, Wash.**—Dr. Isaac Newton Richardson, formerly of Seattle, notifies us that he has moved to Centralia, Wash., and for the present will be located at his residence, 225 North Oak St., until suitable offices can be secured.

\* \* \*

### Births.

Born—To Dr. and Mrs. Ward C. Bryant, of Greenfield, Mass., on November 10th, a 10 pound son.

Born—To Drs. Eugene M. and Edmire Cabana Casey, of Binghamton, N. Y., October 8th, a daughter.

Born—To Dr. and Mrs. Edwin D. Holbert, of Sedalia, Mo., on November 28th, a daughter, Margaret Marien Holbert.

Born—To Dr. and Mrs. Geo. T. Cook, of Buffalo, N. Y., November 27th, a son.

Born—To Dr. and Mrs. F. J. Darrah, on December 15, 1909, a baby boy—weight, eight pounds.

Still National Osteopathic Museum, Kirksville, MO

## TYREE'S POWDER ALWAYS POINTS TO TYREE'S POWDER

but is executed seldom, when simply *prescribed* and not *specified*. The physician proposes but the dispenser disposes. The patient suffers, and so does the physician's reputation. This deplorable practice can only be avoided by *specifying* and *demanding*.

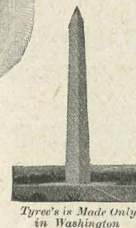
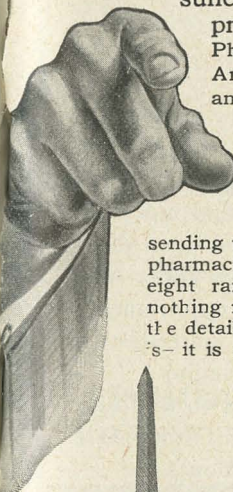
Physicians everywhere are agreed as to the incomparable merits of Tyree's Antiseptic Powder; they prescribe Tyree's; they think the patient gets Tyree's—and that's where the trouble begins. Hospital and national formularies abound with erroneous formulas purporting to give the composition and percentage strength of Tyree's. And while they don't, the physician *thinks* they do, *thinks* they are "about the same," *thinks* the druggist can prepare Tyree's extemporaneously; but he can't.

We have had reports on these conditions from many physicians, and by sending ten prescriptions for "Pulv. Antiseptic Compound" to ten so-called reliable pharmacists in a state where substitution is a statutory offence, we got in return eight rank imitations of Tyree's Antiseptic Powder. On that subject we have nothing more to say. Our book, "The Common Crime," takes it up there, gives all the details down to the finish. It is sent free on request. The sum and substance is— it is not enough to *prescribe*, you should *specify*.

### TYREE'S ANTISEPTIC POWDER

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## Late Items.

THE JOURNAL OF OSTEOPATHY,

Kirksville, Mo.

GENTLEMEN:—

Drs. Rose C. Wismer and Florence A. Bolles of this city have called my attention to an article which appears on page 954 of your December issue and relative thereto, I will say that L. K. Cramb, Secretary of the State Board of Examiners wrote me that these Doctors had not been licensed by the Board, and upon receipt of his letter I called upon these ladies and they informed me that they had been here but a short time and that it was their intention to comply with all of the requirements and assured me that they would do so. Thereupon I immediately informed Mr. Cramb of the result of my interview with the ladies.

To-day the ladies have shown me the article referred to and also have shown me their permits from the State Board of Osteopathic Examiners authorizing them to practice in the State of Montana.

There has been no prosecution of these ladies and none contemplated and I feel that an injustice has been done them by the statements in the article.

We are glad to have these ladies practise their profession in this community.

Yours very truly,

J. H. STEVENS,  
County Attorney.

\* \* \*

## A Statement by Dr. Willard.

Having been shown, by the Journal Editor, a copy of this letter from Kalispell's prosecuting attorney, which Drs. Bolles and Wismer asked the Editor to publish, and not wishing to have it appear that the Board of Examiners have been unreasonable and hasty in their attitude towards Drs. Bolles and Wismer, will make this statement which I think will show that the Board has been most tolerant.

The osteopaths of Montana asked for a law and the public through its representatives, the legislators, gave osteopathy legal recognition, provided, that each osteopath before he practiced gave evidence before a competent body, and secured a certificate that he had given such evidence, that he was competent to take the lives and bodies of the people in his hand.

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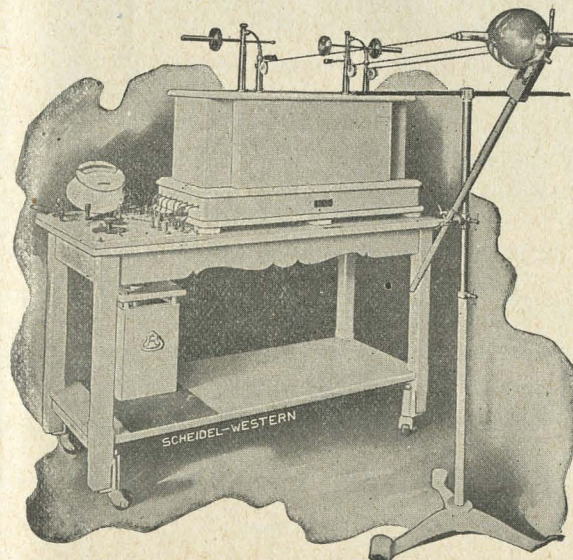
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This was a just requirement and the Board would be derelict in its duty if it did not see that it was met. Likewise any osteopath who tries to avoid same is not only unfair to the public, but is untrue to his own profession, for the Medical men only need to know and to bring to the attention of the people, as they will enjoy doing, the fact that the osteopaths themselves are not obeying their own law, and the people will withdraw those laws.

There is little doubt that Drs. Bolles and Wismer knew the legal requirements when they came to the State. After they came to the State and, had been practicing, repeated letters from Dr. Cramb, the Secretary of the Board, asking them to forward their credentials did not elicit the courtesy of a reply. No answer was received from them until they were informed that the matter would at once be laid before the prosecuting attorney and proceedings instituted. Then while decrying intent of law violation they excused themselves on the ground that "the law gives us little protection. That the fakes can and do practice osteopathy without a license is found to be true." Is this an excuse for disobedience of the law by legitimate osteopaths? Dr. Bolles and Wismer also stated that they had been "undecided" and had been "just looking over the field." During this period of indecision they had regular office and treating rooms, had advertising cards in two local papers, furnished the A. S. O. Journal with their address as Kalispell, also the Bulletin (the latter was given a letter about the beauty of their location, etc.). They furnished their address for a Montana directory. They received patients, treated them and received the money therefor. If they did not practice osteopathy then a new legal definition is certainly needed. They were located in Kalispell under these conditions for three months before they applied for license, which was only about ten days ago and after the last Journal was in print.

The letter of the attorney states that "to-day the ladies have shown me their permits from the State Board." One might get the idea that such information as the last Journal contained was given in spite of Drs. Bolles and Wismer having been given permits, an idea which Mr. Stevens seems from his letter to have been given. The Journal was in print before the Doctors made application for permits.

The Board regrets such an experience as that had with Drs. Bolles and Wismer. It is the first instance of its kind concerning graduate osteopaths since the Board was organized ten years ago and it is to be hoped it will be the last.

Missoula, Mont., Dec. 29, '09.

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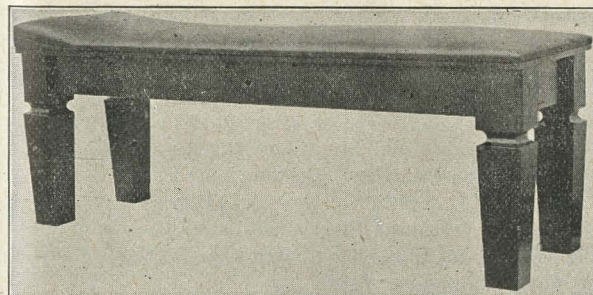
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