The Journal of Osteopathy

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The Journal of Osteopathy

Edited by W. K. Jacobs.

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Editorial.

Drawing "His Dream Realized" Now Ready. Sometime ago we used, in a very much reduced size, this beautiful drawing by Dr. F. P. Millard, as a frontispiece in the Journal, and since then we have been busy having the picture properly engraved and printed in sepia, on heavy enameled sheets, 19x22 3-4, ready for framing. The picture is now ready, and will be sent postpaid to anyone, upon the receipt of $1.00, or we will send it as a premium upon receipt of a two years' subscription for the Journal at $2.00. No effort was spared to get out the work artistically, and it will make a handsome ornament for any office. It will also be sent, with our compliments, with each new order for a supply of the "Osteopathic Journal," the Journal for the laity, in quantities of fifty or more, for a period of three months or more, at rates which will be sent upon application.

Bound Volumes of the Journal. Elsewhere in this issue of the Journal appears an ad. offering for sale a number of bound volumes of the Journal. Look over the announcement, and if you care for one or a number of them, send your order at once, as the supply is limited.

Dr. Millard Produces Laudable Work. In our department for book reviews appears a description of the latest work produced by this justly famous artist-osteopath. It is in the form of a set of three osteopathic lesion charts, and is a fitting climax to the brilliant work which preceded it, and which appeared in the Journal of Osteopathy, and other magazines, especially during the last year or two. We heartily congratulate Dr. Millard on his latest achievement.

The New Class at the A. S. O. One hundred and sixty new students have matriculated at the American School of Osteopathy up to date, a very creditable showing indeed, in view of the more stringent entrance requirements which were put into effect this year. Year by year the new science is attracting more and better educated young men and women to its ranks, and indeed, it would be difficult to elect a calling which offers more or is more worthy. Along with this come increasing demands of the schools for strictly up-to-date tuition and facilities, and every effort is constantly being made at the A. S. O. to give students the very best that can be had. So far as we have information, the matriculations at the other schools were up to or exceeded expectations, all of which augurs well for osteopathy.

What Osteopathy Is, and What It is Not. Under this pretentious heading, one Dr. J. W. Stevenson, of Palouse, Washington, presumes to once and for all settle the question of what osteopathy really is and what it is not, and the readers of the Medical Sentinel and Eclectic Medical Journal are assured that osteopathy is simply massage under another name!!! Indeed, and this medical Marco Polo is supposed to be a graduate D. O.! More's the pity that this man of lost opportunities should have put in time in a recognized school of osteopathy to no better purpose. In the greenest, most moss-bedecked, mentally handicapped freshman, the conception of the osteopathic principle penetrates at least skin-deep by the end of the first term of his first year in school. We wish we could say the same for this drug-dispensing, pill-slinging D. O. Of course, we do not take him seriously, only as an object of contrast with the really great men of his profession. If Dr. Stevenson would like to have a glimpse of himself as others, even of his own medical profession, see him, we invite him to read the article on osteopathy which appeared in the September issue of the British Medical Journal by Dr. Bryce, graduate of the Universities of Glasgow and Cambridge. The article is the best that we have ever seen from one outside of the profession, and will appear in the next issue of the Journal. The author of this article never attended an osteopathic school, and yet, as an eminent authority, is convinced and substantiates in the main the osteopathic theory, and principle. Particularly significant is the fact that he boldly declares as a fact that which Dr. Stevenson calls "tommyrot", i. e., slipped bones, or subluxations. On the other hand, Dr. Stevenson is, we are told, a graduate D. O., and produces this mess of presumptuous, blithering nonsense in the article referred to. There is the contrast. If the doctor will read the article in the British Medical

Journal he will get a better idea of how widely he has really missed the mark, and it is truly hoped his self-confidence may be sufficiently shaken not to give his misinformation further publicity, nor ever again to break into print on anything pertaining to the subject of osteopathy.

Another Osteopath Honored.

The American Association of Clinical Research recently held a meeting in Boston, Mass., and among the principal speakers who addressed the gathering was Dr. Ralph Kendrick Smith, the well-known osteopath, who lectured on "Research Work in Mechanical Therapeutics." This Association is composed mostly of the so-called "regulars," and the recognition of Dr. Smith in this manner is one of the few instances of the kind. We also have the information that Dr. Smith has been made Associate Editor of the American Journal of Physiologic Therapeutics, edited by Dr. Harrower of Chicago, the initial appearance of which was announced some months ago. This is another noteworthy recognition of osteopathy, and we heartily congratulate Dr. Smith.

The Most Mistreated Fracture in The Body.

By Dr. George A. Still.

In an institution, the majority of whose patients, when they first arrive, represent the incurables or at least the uncured, of two professions, ample opportunity is given to study the most difficult and the most atypical classes of cases.

Most of them are cases that have been treated by medical doctors, and often also, by so-called surgeons, for years, and finally either with or without treatment, have been recognized by some osteopath, as truly surgical, or otherwise, hospital cases.

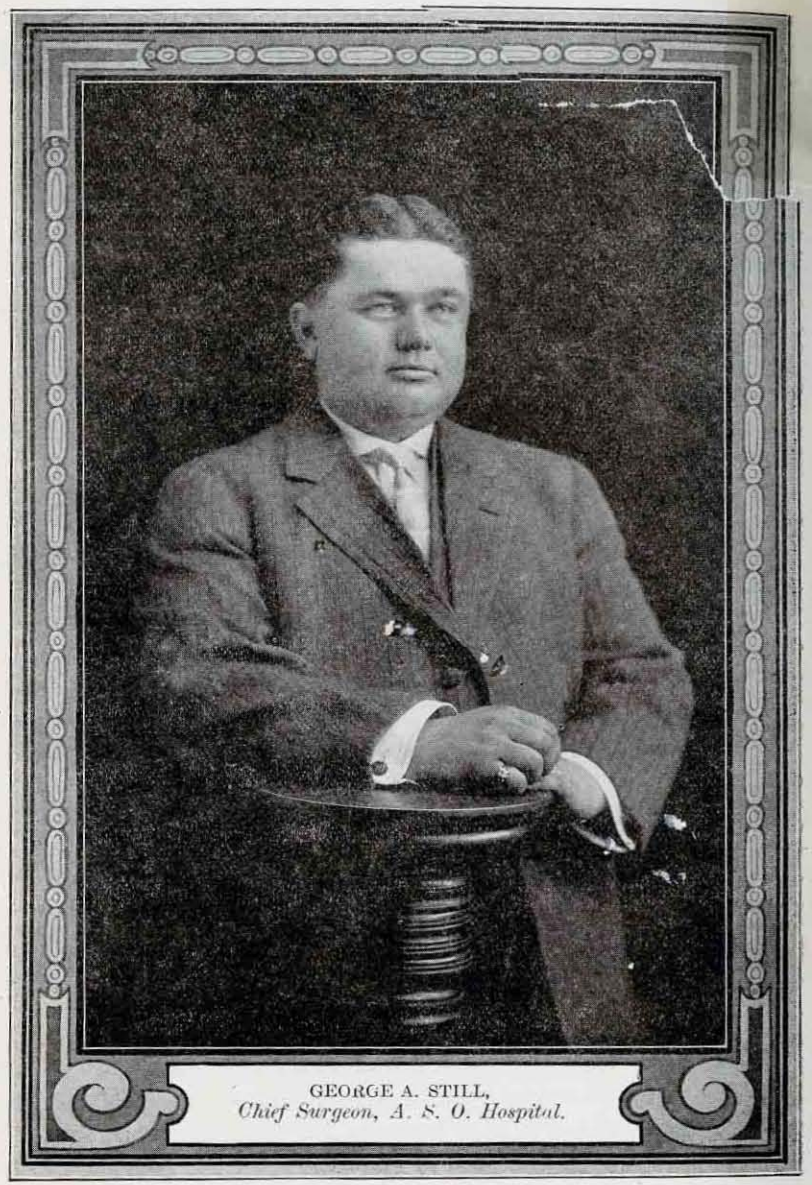
It is true that more lately, the institution has begun to attract many cases that come here first, but still the old class of cases predominates, and of these, among the commonest are the mistreated bone and joint cases.

Were we to publish even without comment, the history of half the cases of mistreated fractures, that are examined here in a year, the medical press would likely class us in the Ananias Club, but the fact is, that a big per cent of all fractures are mistreated, and the only wonder is that there are not more bad results. The cause for this mistreatment, in many cases, is the ignorance on the part of the medical physician, of the subject of anatomy, and also of anatomical diagnosis, in addition to which, he has a tendency to diagnose most all ordinary cases without palpation.

With the osteopathic physician, not only the diagnosis, but the very treatment of any case, fractures or not, must include palpation. For this reason, his mistakes are less, even in a class of cases, which, until the last few years due to unjust laws in part, he has not generally treated, i. e., fractures.

That these mistreated fractures and joint cases are no illusion is shown by the fact that within twenty-four hours there have been at the hospital, six such cases for examination or treatment.

One case was a little girl, who had to have the knee joint broken up, to straighten a leg, that four physicians, including a well-known surgeon, and joint specialist, of St. Louis, had allowed to ankylose, at right angles to the thigh two years ago, because they decided that she



GEORGE A. STILL,
Chief Surgeon, A. S. O. Hospital.

could not live anyhow, through the acute illness she had, and the famous "specialist" told the family, "it could be straightened, WHEN SHE WAS LAID OUT."

At this juncture, the child was taken out of the doctors' care, and thereupon got well, except for the deformed limb.

The second case was a boy of sixteen, on whom an operation had to be performed, to straighten out a leg, in which, nine years ago, three doctors allowed both bones to unite in the shape of the letter L, producing a very bad deformity.

The third was a helpless hand following a Colles' fracture.

The fourth was a saddle-back nose which had been treated by outside splints when fractured, instead of being supported from within.

The other two were of the class I specially wish to discuss, that is, the fracture of the neck of the femur in old people.

Even the texts are much to blame for the mistake in these cases, as will be noted on looking them over.

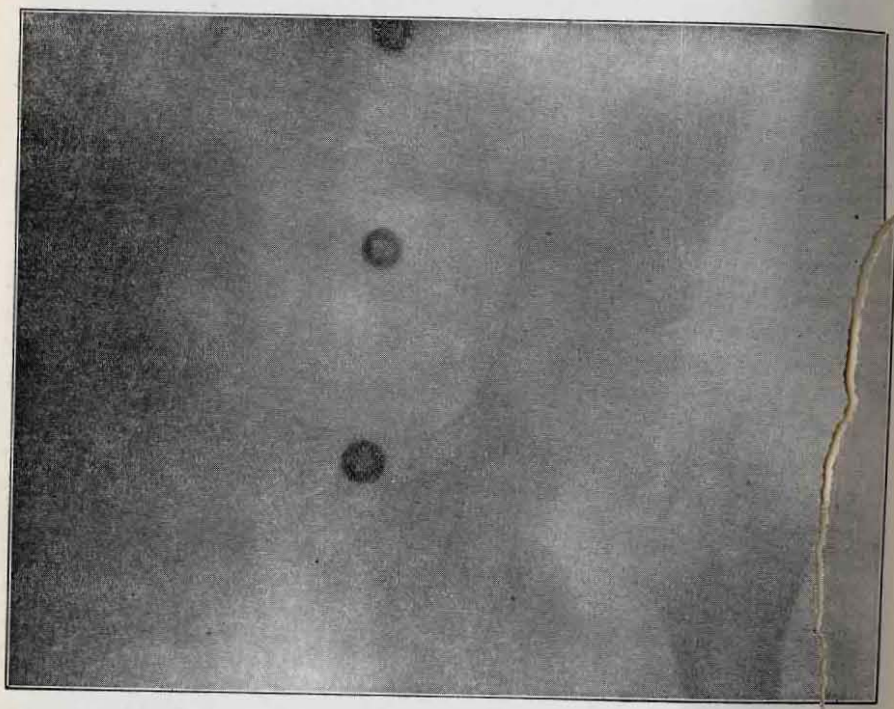
Of fifteen texts presumably modern, which were reviewed by the author, on this subject, all but three added very little to the meager accounts from books of the pre-Roentgen era, and it is the X-Ray that has proven to us the very great frequency of these cases, even in those patients, where prominent symptoms of fracture are lacking.

Indeed, the X-Rays have increased our knowledge of these particular cases, so much, that our diagnosis and diagnostic methods, even without their use, differs materially from what it did fifteen years ago, in spite of which many texts entirely overlook the new points.

Indeed, on many subjects, one finds, if they have access to even a moderately extensive library, on surgery, that many so-called modern books contain a remarkable mixture of the ULTRA-MODERN with the ULTRA-ANCIENT. Indeed, too many books are created by men who owe their authorship mainly to the accident of being neighbors to some publishing house.

But to return to the subject in hand; attention has been called, time and again, to the frequency of error in these cases, and yet the number of errors seen annually, proves a too general tendency to overlook these cases, and class them as sprains, dislocations, etc. So we will endeavor once more to emphasize some valuable points; many of the old and possibly a few new ones, in the recognition; the treatment; and the pathology, of these cases.

Soon after mid-life, there begins to appear in the body certain characteristic changes which really mark the onset of senility, and as



Case I. of Physican, diagnosed by other physicians as dislocation and so treated for a long time.

these changes progress there are a few special points, that change more rapidly and much earlier than others.

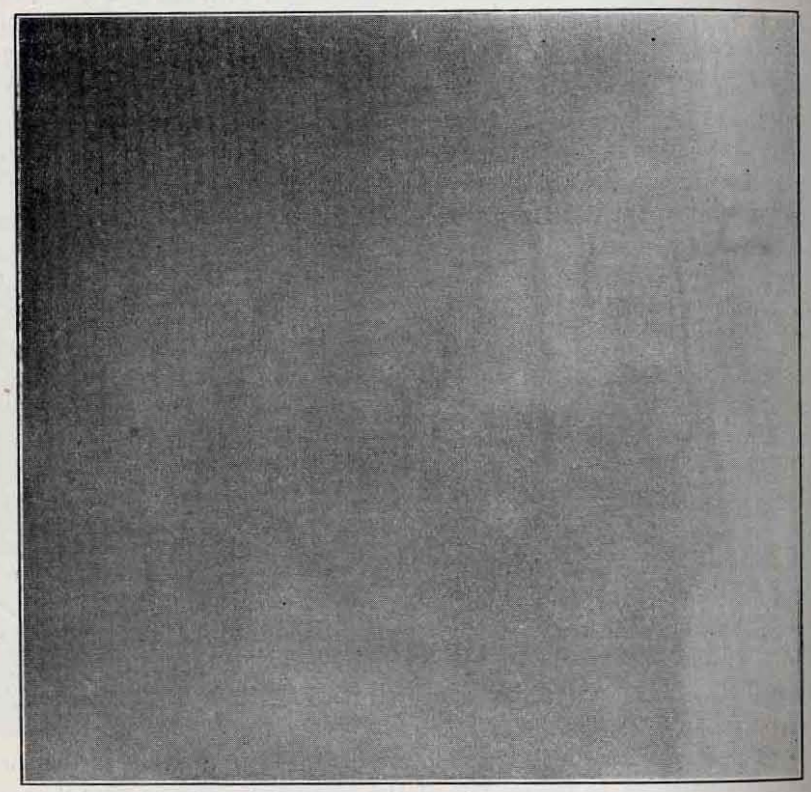
The mandible is one of these, and the neck of the femur is another, and indeed the neck of the femur undergoes the greatest early change.

The patient may neither feel nor show any of the signs of senility, at say fifty years, but the skiagram of his hip will show that the neck of the femur approaches nearer to a right angle, with the shaft, and that also it has begun to rarify. The neck of the femur has the peculiarity, that we find in the uterus at the midline, and in the kidney along Hirtle's zone; that is, it is exsanguinated to a certain extent, due to the fact that one blood supply comes from the head through the teres ligament and the head of the bone, and the other from the great trochanter, and that where these meet the vessels are less, both in size and numbers. On account of this an especial rarefaction at this point takes place, and a greater weakness is given to the neck, and a greater likelihood of fracture. The tendency towards the insertion at a right angle has also increased the likelihood of fracture.

The increase in weight and the greater clumsiness that comes to the patient, essentially after mid-life, also increases the general tendency to falls and with the local conditions, a fall now, on either knee, or on the great trochanter, or even a sudden step throwing extra weight on the sole of the foot may cause a fracture at this point, which in earlier life, would probably have either produced no fracture at all, or on the other hand, might have produced an injury at some other point.

Especially in old women, has this fracture followed apparently trivial injuries, such as a sudden step, of a foot or so, or a fall, without special violence simply through the distance to the ground or floor, on which they were standing; or even tripping and falling onto the knees with just ordinary violence has caused it so often that it is often called "old woman's fracture."

The ease with which the fracture occurs in proportion to the force needed earlier, is, of course one of the prominent reasons why it is not often diagnosed. The patient often thinks that they have a "sprain," and indeed they USUALLY think that, at first, or they think that some bone has "partly slipped out of place." And as the pain and soreness continue, they may even decide that it has brought on a "rheumatism," and even yet not call a physician. Or if he is really called, too often he coincides with the view of the patient and makes little or no examination of the part; or with the mild history of trauma, in this case and the lack of some of the prominent symptoms that would occur most often, in a younger person, he assures himself that the condition, at worst, is a bad sprain.



Case II. of woman with comminuted impacted fracture also misdiagnosed and mistreated.

The usual history is that after some months of home treatment, with liniments and a few visits from the first physician, a so-called surgeon is called in by the first physician for a confirmatory consultation.

He usually confirms the diagnosis, with or without knowing the difference. Then in time after other doctors, other neighbors, and other friends have advised on the case, somebody gets hold of it that has an X-Ray picture taken. This picture, if taken correctly and if translated correctly, will reveal the true condition.

Translation of any X-Ray picture, however, necessitates taking account of the very slight change that may sometimes be exhibited, when there has been an impaction. Also one must remember the OCCASIONAL LACK OF ANY APPARENT DISPLACEMENT of the fragments due to the picture being taken in exactly the right line to make the two edges show no lateral irregularity. When the picture is not good, and therefore doesn't show the injury, the physician may, in his own mind, tell the patient that it confirms the diagnosis. I know of a patient, at present who had three skiagrams taken, none of which claimed there was a fracture, and a fourth one, taken here, showed it plainly. Whether the other pictures were poorly taken, mistranslated, or misrepresented, I do not know.

The diagnosis of a fracture at this point without the X-Ray is often difficult, at any time of life, as compared to many other locations, due to the great depth of the joint and the excessive amount of fascias and tissues overlying it; due also to the slight amount of possible swelling; due also to the common lack of discoloration and vesication; due also to the differences in the intracapsular and extracapsular varieties; due also to the varying nerve symptoms, especially sensory which may follow.

In general, we use the following symptoms to diagnose the ordinary fracture at this point. These have a few exceptions which will be mentioned, as will also the special exceptions in the fractures of the elderly type.

The position of the limb is usually characteristic, being turned out and at the same time, although with pain, still with less muscular resistance than with an anterior dislocation, it may be turned partly in, since the head of the bone has no tendency to hold it out. Occasionally, in the aged and with impaction and especially where the force that produced the fracture turned the limb itself, as in a crushing injury, it may lie with the toe turned in, but this is unusual.

In contradistinction to the obturator dislocation we have more or less shortening, instead of lengthening.

In obscure cases the use of Bryant's triangle and Nelaton's line

are valuable, as is also the measuring of the direct distance from trochanter to spine and from midline of the body to the perpendicular through the trochanter, on each side.

Another good point also, where there is not impaction, is to turn the limb on its longitudinal axis, a few times to test the amount of rotation we get.

Especially by comparing with the opposite side, we note whether the trochanter rotates around the axis of the femur, or whether it rotates on the arc of a circle of which the neck and head of the femur represent a radius. In the first case we have a fracture of the neck, while in the latter case, we do not unless there is impaction. And even where there is impaction, there is usually a shortened radius to the circle as compared with the opposite side, since the neck of the femur is usually driven, in these cases, either into the trochanter, or into the head of the bone, some distance.

Crepitus, which of course is looked for in any case, is not given so much attention in old people, with the injury to the hip. Of course, if present, and easily elicited, it is a symptom of value, but where lacking, we do not try with any particular force, as we might in a younger person, to obtain this sign, because we might break up an impaction which until then had held, though feebly, and which would have helped, in time, to form a good bony union. But the separation and the bone dust which the impaction adds will only serve to make union less likely if broken up.

The amount of pain, swelling, discoloration, heat. etc., are not very important in these cases, as differential symptoms.

In any case, with the symptoms obscure, and the patient at or past mid-life, the least one can do is to have a skiagram, and PROVE one way or the other, what the condition is.

With a coil machine a picture of this sort can be taken, even in a very heavy person, in a matter of two or three minutes, at the outside, if the machine is a good one and the operator knows his business.

Any patient, past sixty, who falls on the trochanter or the knee and is unable to rise and step on it, either immediately or within a few hours, certainly should be considered a fracture until proven otherwise, as more than 99% of them will certainly be proven to be, if they are proven at all.

The way in which these cases are ordinarily treated, it is not uncommon that in a period, from a few months to a few years, they gradually get to walking, with crutches, and then very often, in a successive period, with the same variations of time, they get to walking with two canes, or a cane and a crutch, and finally after a third period, they walk with a single cane, or in rare cases, without a cane, but always with a limp.

The pathology of these cases is this, first, there may have been an impaction and the patient actually gets REAL BONY UNION, but even in these cases some limp is common, and very often the joint is sore, for a long time, but there is likely no telescoping whatever. That is, the limb cannot be drawn up and down, in and out of the socket.

Occasionally also, there is a fibrous union in which the limp is not so bad, but there is a slight telescoping.

The majority of them have a false joint formation, the broken ends becoming more or less smooth, and the outer fragment articulating, in a false socket, above and behind the real socket. In these, the limp is worse than in either of the others and also more telescopic motion can be obtained, although occasionally these cases will get able in time to walk, without even a cane, though never without a pronounced limp. Unfortunately these are the cases that furnish so many examples of misdirected zeal in attempting to set dislocations which do not exist. Hundreds of attempts are made every month, by physicians, to reduce supposed dislocations of this sort and not infrequently some damage is done; but the worst damage is done, in trying to set a case at the time of injury, which was indeed a fracture with impaction, which impaction with its possibilities of real bony union, is inevitably broken up in the attempt to reduce the supposed dislocation.

When we remember that FRACTURES in general PREDOMINATE IN THE PROPORTION OF TEN TO ONE DISLOCATION, we can see the desirability of always PROVING any injury which is not associated with typical and positive symptoms of a dislocation, before we call it such.

In a thousand successive dislocations and fractures, taking them as they run, if one guessed fracture every time, he would be right nine hundred times. Taking it at the hip, in people past sixty, he would not be wrong but a very few times.

We have already mentioned the usual course of those cases which under ordinary treatment, finally get around to a greater or less extent, but we must remember that there is a considerable per cent, and the greater the age the greater this per cent will be, who die early, following the injury, and it is to prevent as many as possible of these cases and to understand the treatment of all cases that we will summarize a routine of the management of the case from the time of injury.

In the very old, one need not expect to get union, and anyhow the union of the bone is of secondary importance as compared to the fact that either hypostatic pneumonia or a hypostatic nephritis will carry away a good per cent of the cases, if careful attention is not given to turning the patients and to keeping up a good dorsal circulation, regard-

less of the leg. Bed sores also have to be guarded against very carefully. Attempting to get a union in these very old cases, and sacrificing any of the attention, to other conditions, is simply a waste of time and a risk of life. Somewhat younger and more vigorous patients may be at first treated as one would a young patient, using a light traction, early in the case, to overcome the tendency of the femur, to rise and cause shortening, due to muscular contraction; and using sandbags or other supports, even the molded splints made of plaster of paris, to keep the limb straight.

Around fifty-five to sixty-five, and with some exceptions, even older, who are otherwise in pretty good physical condition, it is not only justifiable but profitable, to have an open operation done, when union does not otherwise take place in a reasonable length of time, and have the bone ends freshened, and then united by silver wire or other mechanical device. Very good results are not infrequent. Still younger cases may of course follow a normal course.

In conclusion we can say that the very old cases demand attention to their general health far more than to the hip, and with attention to their general health, they may finally walk with a limp, and with the pathology above described, a few with impaction may even get union.

A somewhat younger and more robust group may get union by artificial methods and an open operation, where other methods fail; while a still younger group will very often get good union and good results with the ordinary treatment. But amongst this group there will be a few who will have a little limp and soreness, due to the deformity of an impaction, even though it healed, and these are the ones that will often blame the physician unjustly, for his treatment, when in fact it was right in every detail.

Probably the main point is to remember that ANY DISABLING INJURY to the hip of an old person, is a fracture until proven innocent, and that it is at least entitled to an early and impartial trial by the X-Ray.

The cuts accompanying this article are fairly typical of two selected classes. The one which shows the distinct separation, especially in the lower half of the neck, is taken from a comparatively young man, a physician, who was thrown violently against the trochanter and was immediately and continuously disabled.

Under anesthesia several attempts were made to reduce what was DIAGNOSED AS A DISLOCATION, the attempt being without success. Three or four pictures were taken which could not have been good pictures, as the doctor treating the case told the physician that they CONFIRMED

the diagnosis, as dislocation. Finally, after over a year, the patient continuing to be badly bothered with the joint, the picture which is shown here was taken by Dr. S. S. Still.

The diagnosis, the former treatment, and the preceding pictures in the case need no further comment. The patient walks at the present time with a cane, but many useless months of suffering can never be repaid.

The second picture is of an elderly woman who was treated for rheumatism for a long time, following a slight trauma, but with immediate disability; also treated for a sprain, right at the time of injury; also treated for dislocation. This case also speaks for itself.

This blurring around the neck of the femur is more or less typical in impacted cases, whether they are broken up or not.

A hundred other pictures might be shown, but they could illustrate little more than these two; and that is, that even if some doctor has said it was this, or that, or the other, if the symptoms keep up, then, at least, a picture should certainly be taken.

A Tribute to Andrew Taylor Still.

The man of iron nerve and indomitable will,
Whose scientific study and practical skill;
Has given to all mankind an opportunity,
To eradicate disease with impunity;
Enhancing lifes value to the coming generation;
Who will revere his name with utmost veneration.
Thus, gratitude and imperishable renown will fall,
Upon those who bring health and happiness to all.

—BY DR. OTTO B. GATES.

Oriental Observations.

(Part Two.)

Dr. Charles C. Teall.

The sailing of a Pacific liner from at least two ports was attended by demonstrations such as I have never before witnessed. At Honolulu a large crowd assembled at the wharf, of which a good share were Kanakas, the men in ordinary two-piece, tropic garb of white cotton, while the women were clad in the regulation Mother Hubbard, minus the belt. All were brilliantly decorated with flowers, particularly liis or flower ropes several feet long. Passengers take these aboard in quantities, and as the ship pulls out throw them ashore to watching friends.

But the band; we must not forget that Kanaka band with its strenuous "There'll be a hot time in the old town tonight," followed by "Auld Lang Syne," "Home, sweet home," etc.

Scattered over the ship are naked Kanaka boys who make high dives when well out in the harbor, and then bob for coins. It is a very charming memory—that of leaving beautiful Honolulu.

Apropos a "Hot time in the old town" it is regarded by most peoples who have come in touch with our small but ever victorious army as our national anthem because of its popularity among the regimental band masters who usually play it when entering a native town after a long hike or a victorious charge. I have heard tatterdemalion bands toot it in raucous tones from the Spanish main to the China Sea—yes, even on the "Great White Way" of Tokio, and on the Rialto of Shanghai. Its popularity is the wonder of the musical world. But to return to the sailings. The other was a special occasion, and all the more impressive. As the Manchuria left Yokohoma she passed close under the stern of the U. S. S. Charleston, flagship of the fleet then in port, and as we dipped our colors in salute it was returned with every man on board standing at attention, while the cruiser's band in full uniform played a line from those dear old parting tunes, "Auld Lang Syne" and "Home, Sweet Home." We were homeward bound, and well we knew that there was not a man in the fleet who did not envy us in being turned toward the East. While in port I spent many pleasant hours aboard the Charleston, as the guest of the flag officer, and learned much of the sentiment of the navy on many points.

The China station is in great favor among the men, as a U. S. dollar will go there nearly three times as far as at home. When on shore leave they make the most of their liberty, but there is not the drunkenness and fighting as of yore, for the personnel of the navy has greatly improved. Each ship has its ball team, and every opportunity is improved for a game ashore, and there is keen rivalry between them. These games are quite a feature among the residents, and has resulted in our national game having quite a foot hold in both China and Japan, which has developed some fine players.

Many men take ricshas, and see the sights. Later in the day there may be some hilarious and furnish amusement for the multitude.

One sight to be remembered is a string of ricshas, each with a loudly singing sailor man, some driving his grinning coolie by the pigtail, or else reclining luxuriously with his feet over the dashboard. Everyone stops to laugh, and the native never fails to appreciate the fun. The local police seldom interferes on these festive occasions, as each compliment of men has its own provost guard, who are well armed with revolver, club and handcuffs.

Much has been written of jiu jitsu—pronounced ju jits—but an encounter which I witnessed at Kobe impressed me that it was largely overrated. It was on the American hatoba that loud voices caused me to turn just in time to see a big, red-headed Irish jackie from the Galveston, land a right and then a left first on one Jap policeman, and then on the second. Both went overboard, but before the sailor could get his bearings, at least three other Japs were on his back and two on each arm, with others reaching for his legs. In spite of this he tore himself free, and knocked down two others, trying desperately to get his back against a wall, and had he succeeded I believe he could have stood off the whole Japanese police force, but failing in this the odds were too great and he was finally dragged off by no less than nine struggling midgets. Immediately there was talk of rescue by his shipmates, but wiser counsel prevailed and he was left to his fate, which at the worst would be light. The authorities are used to such incidents, and are lenient.

Of all ports in Asiatic waters, Hongkong is the sailor's paradise. English is spoken universally; everything is cheap and it is a wide open town in the fullest sense. If there was ever a "lid," it must have been lost in the days of Marco Polo.

While I was in Hongkong, warships of Great Britain, America, France, Germany, Italy and Portugal were in port—in all some eighteen vessels from a 1000-ton gunboat to a 15,000-ton battleship, which

meant that there were some 7,000 sailor men in violent need of excitement and entertainment. They came ashore in details, so only a few hundred would be in town at a time, for while Hongkong is used to this sort of thing, they prefer to deal with them in bunches. Besides the naval heroes usually in port, there is quite a local garrison, which must be considered, for their human tendencies are apt to break loose at least once a week, and usually on Saturday night, along about eight.

It was such a gala night that I witnessed, and although there was a tropical downpour the zest of the participants was in no wise dampened.

As I had often read of a Hongkong Saturday night, I early took my stand in Queen's Road, so as not to miss any of the fun. For two hours the participants had been arriving by ricsha, sedan chair and on foot, in joyous anticipation of a fight or a frolic.

On these festive occasions the Americans and British fraternize splendidly, and make common cause against Russian, French or "Dutchman," but when none of these are present they fight it out among themselves, just as an evidence of good feeling.

Fortunately or unfortunately for the general results the Americans did not have shore leave, save a few petty officers, so the British largely outnumbered the rest. The Germans kept very carefully to themselves, probably on order, owing to the strained relations existing between them and the British, but men from the French fleet freely mingled with the latter.

By nine o'clock joy was unconfined, with not a suspicion of trouble, but walking along the street I stopped in front of the "Traveler's Rest," and there without doubt were marked symptoms of a real outbreak. Quickly I ran for a friend at the hotel, and as quickly we returned and each took a stand on opposite sides of the entrance and commanding a view of the interior. The room was packed with soldiers and sailors who were dancing and singing in happy abandon. Among them were three big Frenchmen who soon began quarreling and a blow was passed, but they were quickly parted by the British, and that was how the fight began.

The biggest Frenchman very promptly knocked down a soldier, whereupon the whole crowd turned as one man and unitedly propelled three Frenchmen through the air and out the door with such force that they landed half across the street. Just for excitement they also threw most of the tables and chairs along with them. It simply rained furniture for a while. The Frenchmen picked themselves up and things quieted down as quickly as they had started and everyone was happy and

good natured, when this same big one rushed back into the room and made a desperate effort to stab the soldier he had struck before.

The blow was warded off, and the Frenchman again thrown into the street down which he wildly ran, with a crowd of avenging Britons at his heels, yelling like Comanche Indians. Directly they returned, and again affairs quieted all but the frantic yells for police by the distracted proprietor of the "Traveler's Rest" which now belied its name, but to which call "nary" a bobby came.

Two of the Frenchmen were trying to tell what it was all about, when back plunged this same troublesome big one, and I felt a rush of air by my face and a stinging blow on my left shoulder; heard a crash and a groan of pain. A small sailor lad from a British ship lay in a crumpled heap at my side with a terrible gash in the temple from a stone ginger beer jug, which had been thrown by the big one. Quickly the word passed, and an enraged crowd started in quest of three French sailormen who ran as they never ran before. In the excitement other rows started spontaneously, and soon the street was a surging mass of struggling men, and just then the provost guard arrived. They were giants armed with long riot sticks, with which they rained blows alike on the just and the unjust, and soon the street was filled with broken heads as well as broken furniture—and just then I went to my hotel happy that the stone jug had come no nearer than my shoulder. All night long was the sound of revelry and strife on the street, for Hongkong gets properly drunk on Saturday night.

One of the surprises of the East is the hotel accommodations. All treaty ports have Eurpoean hotels, and they are excellent. In Japan I stopped at numbers of native hotels, which were models of cleanliness and good service. These are run according to our standards, but when out of the tourist part one would have rather hard picking unless he liked fish, raw, dried, pickled, salt, fresh, cooked, and even with sugar, and could eat rice with chop sticks.

It is also quite necessary to do without furniture, and to sleep on mats.

They are so smiling and courteous, and shall I say expectant, that one really gets to believe they like you and that you are welcome.

On the arrival of a guest, bang! goes a bell, and out swarm the proprietor and head clerk and second clerk, and cashier, and bar keep and chambermaids, and bath boys, and the boots and table boys, and the chef, and all line up before the door to greet him with wide smiles and many bows. When assigned a room your chambermaid seizes a boy, her assistant grabs another, while the bath boy has your coat and um-

brella, and away you go on a personally conducted tour. On your departure the same interested crowd line up with expectant air, and every maid and boy who has been of the slightest service during your stay has possession of some of your belongings, if there are enough to go around, and you are not allowed to forget. Still it is all so pleasantly done, and the amounts so small that one does not mind. As your ricsha coolie trots away they double up like jackknives and shout "goodby," and maybe if you have been liberal they will include a "banzai" or two.

In China no European could live at the native hotels, although I was obliged to eat at several. As a rule, when one is in the interior, one looks up a missionary who is glad to entertain someone from the outside world. While at Hankau I lived aboard the boat which brought me from Shanghai. Even the missionaries who always adopt the ways of the country in which they live as far as consistent, take along a "boy" to cook and help a little toward comfort. A "China boy" makes the best servant possible. He is attentive without being obtrusive, and never forgets. Once he learns your little likes and dislikes he always anticipates them.

When the pigtail goes he will be still more attractive in his long gown, white socks and cloth shoes.

It is remarkable what a liking for the name Astor there is in the East. China has an Astor House in Hongkong, Shanghai and Tientsin, with one building at Hankau, while the only hotel in Seoul, Korea, is the Astor. There are two or three minor hotels of that name in Japan.

Manila is not strong on the hotel question, and the government has offered half a million dollars provided the citizens raise a like amount for the erection of one in keeping with the city. If they get one like the Tivoli at Panama, which is a government hotel, it will make Manila a most attractive place to visit from November to March.

The Delmonico, at which I stopped, is in the walled city, and was once the palace of a Spanish grandee. The floors were of marble or mahogany, with the doors of the same beautiful wood. Gorgeous frescoes adorn the walls, and there is an air of departed grandeur. The windows are fitted with shutters, but no glass, and every one sleeps under a net. Like all Spanish structures, it is built enclosing a court, or patio, which has a small fountain and attractive shrubbery. On the gallery of the second floor opening onto this patio we ate, and it was altogether charming, barring a few minor annoyances.

And here endeth my journey to the other side of the world.

Dorsal and Rib Lesions that Effect the Lung.

By Dr. Reva Reyner, Biggsville, Ill.

In preparing this paper I have consulted the works of Drs. Clark, Head and McConnell; anatomists, Gray and Deaver.

Let us keep ever in mind that "Every vertebral lesion causes a lessening in size of either the foramen above or below the affected vertebra, and this affects the structures transmitted by the foramen."

"Again, a lesion of a thoracic vertebra will always produce some form of rib lesion." (Clark.)

Lesions of the First Dorsal Vertebra.

The veins passing through the intervertebral foramen between the first and second thoracic vertebræ are the lateral spinal and they drain the vertebræ, meninges, and all of the first segment of the spinal cord. This vein follows the sheath of dura mater that surrounds the first thoracic nerve and is joined by the vein draining the muscles in relation. It then empties into the upper superior intercostal vein, and it in turn empties into the vertebral. So a lesion of the first dorsal vertebra, either anterior, posterior, or lateral, would cause an obstruction to the intercostal or spinal veins, and produce passive congestion of the parts drained. Namely: muscles, vertebrae, ligaments, meninges and spinal cord.

Again, the lateral spinal artery passing through the foramen below the first is derived from the superior intercostal, which is a branch of the sub-clavian. The nutrition of these parts to which the artery is distributed will suffer to some extent if the arteries are compressed. The first thoracic nerve divides into an anterior and posterior division. The anterior division gives rise to the internal anterior thoracic which supplies the pectoral muscles, and these are always affected by lesions of the first dorsal.

Again, sympathetic nerves supply areas of low sensibility. Cerebro-spinal areas of high sensibility. According to Head, the heart and lungs are supplied in part with sensation by nerves that come through the first thoracic foramen of the spinal column. So a lesion of first

thoracic vertebra will: (1) cause congestion of veins, (2) produce muscular contractions, (3) produce poor nutrition, (4) produce pain in the chest, (5) complicate the thoracic aorta, (6) complicate the coronary and bronchial vessels, (7) complicates the splanchnic nerve. It also causes trouble to the heart, and we all know the heart must be kept strong in pneumonia.

Lesion of the First Rib.

In a lesion of this rib the stellate and inferior cervical ganglion and the first thoracic nerve are affected. The tissues attached to the rib are disturbed—the fascia and the pleura. The heart also, but lung and bronchial disorders are more common than heart lesions. This is because of the filaments from the spinal and gangliated cords that pass to the lungs and the bronchi are impinged by the subluxated rib.

It would seem at first thought that the first dorsal and the first rib lesions were the whole thing in pneumonia.

Let us Examine the Second Dorsal and Rib Lesions.

A lesion of this vertebra will affect the veins—the drainage— which are the lateral spinal. They empty on the right side, into the right superior intercostal, which empties into the vena azygos major; on the left, into the left superior intercostal vein, and it into the innominate. A lesion here causes congestion of parts drained. An anterior subluxation of second dorsal has a greater effect on the size of the intervertebral foramen than does a posterior.

The muscles most frequently affected are the erector spinæ, multifidus spinæ, intercostal, levatores costarum and serratus posticus superior; producing descent of ribs, flattening or lessening of the normal posterior condition of this part of the spinal column. Contracture of these muscles would displace upward the vertebral end of the upper ribs. The circulation through them is altered, and the spinal cord fails to be properly supplied with blood, hence disturbance of function of the various centers located in this part of it.

The second intercostal nerve supplies the pleura, the rib and its periosteum, and so there may be a pleurisy. The vaso-constrictor nerves to the pulmonary vessels pass in part through the second thoracic foramen. The size of the pulmonary vessels is contracted by these nerves. If they are inhibited the pulmonary vessels dilate. As a result the circulation of the blood is not properly oxygenated and the entire body suffers. The patient fatigues easily, because of impure blood. Also the lung and body are predisposed to disease, when the pulmonary or bronchial vessels are dilated.

Germs or toxic matter inhaled are not readily destroyed. The centers which give rise to the accelerator impulses to the heart are also located in part in this segment and it is necessary to keep the heart as strong as possible in all lung disease. The bronchi will also be involved because of their nerve supply. This comes principally from the pulmonary plexus.

The stabbing pain of pneumonia is caused by sensory intercostal nerves. In this second dorsal segment are located centers: vasomotor, to lung and heart; sensory, to heart, lungs, pleura and the integument over second intercostal space; trophic, to rib, periosteum, ligaments and vertebra. So a lesion here also interferes with the making of red blood cells.

Second Rib Lesions.

The effects of a lesion of the second rib are most pronounced in the lungs, pleura and bronchi. Broncho-pneumonia is dependent to a certain extent upon a subluxation of this rib.

The subluxation of the second rib affects the passing of vaso-motor and other impulses from the spinal gangliated cords to the lungs and bronchi by producing pressure on the gangliated cord, second thoracic sympathetic ganglion or the pulmonary branches.

On account of the relation of the second rib to these nerves, the connection between the spinal cord and lungs is impaired or entirely broken and hence vaso-motor, secretory and trophic disorders follow; respiration is disturbed, and in tuberculosis these ribs are nearly always present. Pleurisy is in many cases an effect of a lesion of this rib; also bronchitis, of all the upper ribs.

Third Dorsal Lesions.

A lesion of this vertebra will affect the intercostal arteries, because they are supplied with vaso-motor impulses which are derived from the third thoracic segment, and pass by way of the thoracic aortic plexus. This artery supplies that part of the chest wall in relation, the pleura, the rib, and its periosteum, muscles of back and spinal cord. The pulmonary vessels receive their vaso-motor impulses partly by way of the nerve passing through the third intervertebral foramen, so there will be congestion or anemia of lungs. This predisposes to pneumonia.

The bronchial vessels also receive their innervation in a similar way: thus an upper thoracic lesion will affect nutrition to the lung. If there be night sweats, look to the third thoracic vertebra. The third and fourth dorsal vertebræ seem to have to do with supplying the vital organs of the body, heart, lungs and stomach; so a lesion here interferes

with (1) the circulation of the blood (heart weakened), (2) oxygenation of blood, and (3) process of absorption.

The third dorsal is center for lungs—a lesion here will weaken the lungs. A lesion of fourth dorsal will cause lung disease, because the nerves supplying them pass through the foramina. It affects the heart muscle by weakening blood supply to the heart. Also it affects the pleura and causes a catch in the side through the fourth intercostal nerve.

Lesions of third rib affect the pleura and lungs by pressure.

Lesions of fourth rib. Lung, pleural and bronchial disorders result from a lesion of fourth rib on the right side.

Lesions of the fifth dorsal vertebra. The structures most frequently involved by a lesion of this vertebra are stomach, liver and pleura, and by changing position of ribs.

The pleura is attached to the third and fifth ribs. In lobar pneumonia much pain is caused by a lesion of this rib; and a lesion of this rib on the left especially affects the heart.

Lesions of the sixth dorsal vertebra especially affect the liver, beside the usual blood supply from this segment is disturbed and produces changes in that segment of the cord, the same as the other dorsal vertebral lesions. Also the intercostal lymphatic vessels are affected by a vertebral lesion.

The sixth dorsal ganglion gives origin to one of the roots of the great splanchnic nerve. So a lesion of the sixth dorsal will affect the spinal cord, and so will involve the various centers of the cord.

A lesion of the sixth dorsal will cause a disturbance of the ribs articulating with the transverse processes. So the importance of the sixth dorsal vertebra cannot be overlooked in lung disease, because of the disturbance to the liver and thence causing disease to the kidney, so preventing a good elimination, which is so much needed in all lung troubles.

A lesion of the sixth rib affects vaso-motor impulses to the intercostal arteries and veins. Dr. McConnell says in his experiment on the dog that "the fourth, fifth and sixth ribs on the right side dislocated upward at vertebral end showed marked inflammation and hemorrhage of the sympathetic chain, the rami, posterior spinal nerves, the intercostal, posterior and anterior nerve roots, the meninges of the cord for a diameter of a quarter of an inch surrounding the exit of fifth spinal nerve on the right side and along the anterior commissure, enlargement of spleen to over twice the normal size."

Lesions of the seventh dorsal vertebra affect especially blood vessels passing through the foramina. The nerves passing through the inter-vertebral foramina are directly affected, the seventh intercostal supplies the intercostal and abdominal muscles, diaphragm, pleura, periosteum, seventh rib and its periosteum. Hiccough may develop which form often ends fatally, also pleurisy and intercostal neuralgia.

Seventh rib lesions affect the following muscles: levator costæ, serratus magnus, intercostals, abdominal muscles, and the diaphragm. All these muscles have to do with respiration and therefore respiration is disturbed.

Dr. Clark says the importance of a lesion of the lower ribs in hiccough is underestimated, since in many of them the ribs that give attachment to the diaphragm are often found to be in a state of descent.

Lesions of the eighth dorsal vertebra affect the peritoneum, pleura, eighth rib, periosteum, diaphragm.

Lesions of the eighth rib affect the pleura, intercostal muscles, and diaphragm.

Lesions of the ninth dorsal vertebra affect blood and nerve supply, same as others but in relation to the lung direct, cerebro-spinal and sympathetic nerves, ninth intercostal, ninth rib and diaphragm, indirectly by affecting the viscera.

Lesions of the ninth rib affect especially the pleura and the diaphragm causing pleurisy and intercostal neuralgia.

Lesions of the tenth dorsal vertebra affect muscles of respiration, including the diaphrahm, besides affecting indirectly through the viscera.

Lesions of the tenth rib affect respiration, the diaphragm being attached to it.

Lesions of the eleventh dorsal vertebra affect the lung indirectly, through visceral disturbances.

Lesions of the eleventh rib affect pleura and muscles of abdomen and diaphragm. Hiccough often occurring from a lesion of this rib.

Lesions of the twelfth dorsal vertebra affect sensory, motor, vasomotor, secretory and trophic impulses. It may produce pain and disturbance in the kidneys, ureter, intestines, including rectum, urinary bladder, prostate and uterus. So in this way again the lungs will be indirectly affected by preventing a good elimination.

Twelfth rib. This rib is in relation with the kidney and generally the large bowel. Some of the ligaments of the diaphragm are attached to this rib. It is therefore important in lung trouble, because a lesion here would affect the kidney and bowels. This rib, together with a lesion of eleventh is often the cause of appendicitis, so to prevent compli-

cations in all lung trouble it is necessary to keep all the dorsal vertebræ and ribs in good condition.

Gray says, "Lymphatic vessels of the lung are placed beneath the pleura, forming a minute plexus which covers the outer surface of the lung." So a lesion to a rib or dorsal vertebra that affects the pleura and the blood vessels so that drainage by these lymphatic vessels is partially cut off, must interfere with the lung. The amount of interference limited, of course, by the extent of the lesion.

Deaver says, "Thoracic sympathetic consists of the double chain of ganglia that lie on either side of the spinal column near the heads of the ribs. There is one ganglion upon each rib close to its head and these are connected by non-medullated nerve fibres. The lower two lie on the dorsal vertebra. The upper six ganglia supply mainly the thoracic aorta, while the lower six do likewise and also supply the abdominal through the splanchnic nerves; and all communicate by two or more external branches apiece or with the corresponding intercostal nerves."

In view of these facts, we cannot help but feel sorry for our medical brethren when in despair they cry, "Pneumonia, what can we do to improve our present method of treating the disease?" Or what osteopath, with such knowledge at hand, would desire to call in medical aid in lung trouble? We have a system that the world of science has not yet equaled. Let us stand for it in practice, in legislative work, and in our social life.

Therapeutics of the Sun's Rays.

By Dr. J. O. Day.

(Delivered before the K. O. A. Convention at Louisville, May 10, 1910).

I wish to state in the beginning, that this subject is entirely a new one, and I could find but little in literature that was of any great assistance to me, in studying the therapeutics of the sun's rays; therefore I had to rely wholly upon my own experience. There have been some writings on the subject of light, but most all of them have been devoted to the uses of artificial light.

From the dawning of the first morn, when it was said, "Let there be light", and the sun's rays penetrated ninety-two millions of miles to this great globe, and caused it to bloom forth in all its grandeur and beauty, it is strange that there has been so little use made of this great power as a therapeutic agent. I say it is strange, because a thing so essential to all life and health, so free and so universal; one of God's greatest gifts, and one that if some calamity should hide from us, it would be but a short while until every living thing would be wiped from the face of the earth.

Sun light, like pure food, pure water and pure air, is an absolute necessity. We cannot live long without it. Sun light increases metabolism, it enriches the blood, it relaxes muscular tissues, it stimulates the entire mechanism, it increases the circulation, so essential to good health, and very important in its restoration. Sounds like an osteopathic axiom, doesn't it? We have all made use of water, food and air in the treatment of diseases, and have found all helpful in certain conditions. Who of us would hesitate to instruct our patients in the use of water, food and air, and who of us have ever given any thought to the uses of the sun's rays as a therapeutic agent?

Sun light is the world's greatest disinfectant and antiseptic. It is a most powerful germicide, and will destroy pathological bacteria with less danger of harm to the tissues than any other agent, because it is nature's antiseptic and germicide. It is styptic, it is analgesic.

Until our beloved A. T. Still proclaimed and set going a therapeutic system of treating diseases upon a scientific basis, the various cults were shrouded in mystery, and even the present day prescriptions are written with a "good luck" sign upon the upper left corner, which

means, the patient is entrusted to the prescription and to the ancient "Gods," to rid them of their disease. Dr. Still started us right, and has given us the main work, adjustment. It is now with us to complete the work. No one man ever promulgated such a system as did Dr. Still, and completed the work himself. He gave us the mechanical idea, which is the greatest and most important part of our system of therapeutics; yet there are other things to be considered besides the adjustment. In local cutaneous affections it is often necessary to administer an antiseptic, and we have in the sun's rays the ideal one.

As to what the sun's rays are there are various theories. One states that light is a propagation of vibrations or undulations in a subtle elastic medium, or ether, assumed to pervade all space, and to be thus set in motion by the action of luminous bodies, as the atmosphere is by sonorous bodies. A more recent theory is that light consists of electrical oscillations. As to what it is, or is not, matters but little, but its therapeutic value is broad and incalculable.

We realize in a general way the value of the sun's rays, both in the promotion and maintenance of health, but therapeutically we know but little. We know that it is necessary in the development of life and its maintenance. This being true, is it not reasonable, that if properly applied it would aid materially in relieving pathological condition and restoring the normal?

As to the action of these various rays, I do not understand. The effect is apparent, but just how it produces the various results I am unable to explain. I believe, however, that there must be a difference in the vibrations. Some are finer than others, and some have greater chemical action, and others greater heat and stimulating action.

There are seven colors in the solar spectrum, viz.: Violet, indigo, blue, green, yellow, orange and red. One authority states that the rays of the greatest chemical action are in the indigo. I selected three colors from the solar spectrum: Indigo for its greatest antiseptic and germicidal action; red for its stimulating and heat producing action; and green for its absence of heat rays, which is used as a cautery. A peculiar thing about the action of these various rays is, that you may cauterize the flesh and there will be little or no pain after the removal of the rays.

This subject, "The Therapeutics of the Sun's Rays," is too broad for a general discussion, so I shall take the diseases upon which I have experimented, and give you the results obtained. I wish that I had the time more fully to investigate and experiment with the sun's rays in the treatment of many diseases, but doing a general practice, and not being fitted up with the proper rooms, I can only use the rays in the cases mentioned. It has been said that "necessity is the mother of invention," which is true in a great many cases.

Take for instance, as simple a growth as a mole or wart; they are ugly, disfiguring growths; I knew of no way to remove them. Our state law prohibits us from using the knife or drugs, and if we should, either would be unsatisfactory.

In the treatment of all the conditions mentioned under this subject, we have all had trouble in giving the relief that we so much desired; the fact is, my failure in doing this kind of work is the reason for this discussion today.

By the proper use of these rays, I find that I am enabled to do some fine work, which otherwise I could not do. Suppose a patient should come to you with a growth somewhere on the face, which seemed to be getting larger and larger, and looking more angry as the months go by, with all the symptoms of a growing cancer? What encouragement could you give such a patient? He is seeking relief, just as all others who may come to you for help, and if there is one on God's green earth who needs assistance it is this one. Have you ever had such a case presented to you? There are plenty of these cases in all communities, and the appalling thing is, that the disease is on the increase all over the world. It is stated by W. Roger Williams that the increase is from 1 to 5600 in 1840, to 1 to 1300 in 1896. Another states that the death rate has increased from 18,536 in 1890 to 50,000 at the present time. Roswell Park says that in New York state, if the death rate continues in the next ten years, there will be more deaths annually than from tuberculosis, typhoid and small-pox. Whether these statements are correct or not I cannot say, but it is admitted by all that the disease is on the increase, and while there is a great war going on all over this country against the great white plague, let us not forget that there is another disease, even more fatal, and certainly more to be dreaded, that is following close on tuberculosis in its death rate.

It is a pitiful sight to see one afflicted with consumption, but it is a horrible sight to see one who is being destroyed with cancer. There is no sufferer who appeals to my sympathy as does the one who is suffering with cancer.

If you will investigate you will be surprised to know the number of these cases right around you. What are we going to do? Shall we get to work and do something for these most pitiful of earth, or shall we shift them to some other cult which has done practically nothing for them through all these centuries?

We propose to be physicians and not specialists; therefore, it is our duty to do everything we can for the benefit of those who may come to us for relief. I believe that the time is fast coming when there will be no such thing as an incurable disease, if treated in its incipiency, or before the process of destruction has reached an advanced stage.

The past treatments for this disease have been far from satisfactory, which is proved by the great increase of the disease. Why should this be? It does not speak well for any system of therapeutics! We are a new system of therapeutics, and we have a foundation that will hold us up and put us where we rightly belong, if we will but study, study, study and go after all manner of diseases with a determination to master them. I believe that we have in the sun's rays a power which, when properly applied, will do much in assisting us in relieving many of the troublesome diseases that come to us for relief.

There are several different kinds of carcinomata, but I shall mention only the epithelial cancers, since they are the most frequent, and the only kind that I have had experience in treating. It seems to me that the etiology and pathology is rather obscure. The primary cause seems to be an irritant, but why, when this primary cause is removed the growth does not disappear, seems to be peculiar. I suppose that after the primary or exciting cause has been removed, the secondary cause is sufficient to keep up the irritation, which causes a prolification of epithelial cells, and we have a steady growth of the disease.

The main diagnostic points in this disease are: the age of the patient; the usually single character of the growth; its beginning in a wart, mole, nodule or scurvy spot; the character of the border, pearly white, role-like elevations, or hard elevated infiltration; the scant discharge; frequently streaked with blood; its usually slow progress; the frequent location about the nose, eye-lids and other parts of the face; and its tendency to bleed upon the slightest irritation.

The only treatment that has been of any value in these cases, was the complete removal or destruction of the epithelial growth. The treatment that will destroy these cancer cells, and at the same time, do the least harm to the normal surrounding tissues, is the best treatment, and this we have in the blue rays of the sun. In six successive cases that I have treated, a cure was effected in all except one case, which was on the lower lip. I gave two treatments with good results, but the M. D. who had been treating the case with caustic eighteen months before coming to me, saw the man and told him that it was not doing well, and I could hold him no longer. After this he had it removed with a paste method, which looked very well for a few weeks, until it began returning.

He next had it removed with the knife, and now it has spread to a great portion of the lower jaw, and it is but a matter of time until death will be the result. I am confident that had the case continued with me, he would have been cured, but the treatments of caustics, paste and knife only caused the growth to develop the faster. These cases were all from two to nine years' standing, and all others cured in from two to five treatments, except the first case treated, in which I was not experienced, and did not give treatments strong enough. It is best to apply treatments very strong, which will sometimes cause some swelling, especially when situated about the eye, but this will last but a day or two, and the swelling is gone, and a scab is formed, which will come off in from five to ten days after first treatment. Apply as before, and so on, until all of the growth is removed, then it will soon heal.

The length of standing has nothing to do with the prognosis, but depends upon whether or not the glands have become involved. Some cases of two years' standing will require more treatments than some of six or eight years' standing. I feel safe in stating that any case that has not reached the glands may be readily cured by the blue rays of the sun.

The patients' general health should be looked after, and the diet should be of simple and easily digested foods.

I will next mention eczema. Did you ever have any trouble in curing this disease? My first experience was upon my baby. When very young, the nurse allowed the blanket to irritate the cheeks, as we supposed; the areas of infection at first were small. I used different antiseptics, which would at times appear to have done the work, but after a few days there would be a return. It had now spread until it covered each cheek and was becoming more deeply seated, and we had to fasten her hands so that she could not scratch the places at night. I was getting very much distressed by this time, and it occurred to me to try the blue rays of the sun. The first treatment had a decided effect, and only three treatments were given, until the cheeks were perfectly smooth, and no return of the disease. In four other cases of chronic eczema, the results were good from the first application, and a cure was effected in a short time. In these cases I applied the blue rays as strong as the patient would well bear, for about two or three minutes to each spot, until I had covered the entire area, or as much as I wished to treat at that time. Usually upon first applying the rays, there will be an intense itching, which lasts but a few seconds, then there will be relief for several hours. As the case improves the itching will be less and less, and the affection gradually fades away until the rays will produce no itching; the skin becomes smooth and the case may be dismissed. The patient's diet,

habits and general health should be looked after. This will assist you in affecting a cure in a shorter time.

In two severe cases of acne I applied the white light as strong as patient would bear, for about three minutes to each area. The entire face was affected in both cases, and the condition of some three or four years' standing. On application of the rays the patient complains of a drawing sensation, as if the skin was being drawn to a knot in the center of the exposure. After removal of the rays there is a cold feeling of the part just treated. There is left a hyperemia of the cutaneous blood vessels, which lasts for two or three hours. The greasy, oily skin gradually disappears from time to time, until the skin becomes normal. In these cases, as in eczema, there is usually an itching produced for a few seconds on application of the rays. After the case is cured there will be no itching produced by the rays. I gave some fifteen to twenty treatments in these cases. The diet should be selected from simple and easily digested foods, avoiding greasy foods and sweets.

In one case of acne rosacæ, of the hypertrophic variety, I applied the blue rays to the hypertrophic lesions as strong as patient would bear, for two to four minutes to each lesion. After treating all the lesions in this way, I applied the white rays, covering lesions and all other parts of the face. This relieved the greasy, oily skin, and the skin soon resumed its natural condition and without any disfiguration. This case was in the third stage; the patient a young man about twenty years of age. This was rather a young patient to have this disease. The lesions were as large as a chestnut, bluish red in color, with a cold feeling to the touch. It is claimed that the diet has a great deal to do with these cases and it seems to have at least something to do with the disease; and the osteopathic treatment, together with a corrected diet, should be given, as in simple acne.

In lupus, it is necessary to apply the blue rays very strong in order to destroy the infection, and even if you should cauterize the affection lightly, it will only relieve the case the quicker. The infection must be destroyed before the tissues will heal; so you see it requires rather strong treatments to do the work. This treatment will cure most cases of the disease if properly and persistently applied, unless it is too deep seated. I would not hesitate to take a case, even if it should be deep seated.

In two cases of pruritis-ani the results were immediate, and in one case, of about five months' standing, four treatments did the work. The other was of about five years' standing and deep seated. The skin was thickened and rough. This case I gave some twelve to fifteen treatments, and applied them as strong as patient would bear, for some five

minutes; as the case improves, the patient will stand stronger treatment. The thing to accomplish is to kill the organism. Of course, if the primary cause should be some rectal trouble, this would have to be corrected, before you should expect any permanent results.

In one case of empetigo contagioso, extending from one ear under the chin to the other ear, and almost a solid scab on one side, the blue rays acted wonderfully. The patient, an old man of some sixty years, got the infection at a barber shop. He had slept but little the night before coming to me. I applied the blue rays as strong as he would well bear, for about three minutes to each area, until I had treated all of the infection. Patient returning the next day reported a good night's rest and only a few places that were causing him any trouble. I gave another treatment, which was all that was required to do the work. This was a patient who had great confidence in osteopathy, and he came to me for every trouble, and I was glad to be able to give him this great relief, and so quickly.

In removing wens, I have had some good results, but from my present experience, I believe the knife would be best, as a rule, in removing these growths. I removed a wen for a patient in one treatment, about a year ago, and he had had it removed with the knife once or twice before, but it would return; there has been no return to date.

Removing moles, warts, etc., is just nice pastime, and it requires but a few seconds of time to do the work. From fifteen to thirty seconds is all that is necessary, unless they be unusually large. After you have removed a few, you seldom have to give a second treatment. I have treated as many as half dozen at one time. From one to two weeks after treatment, the growth will drop off, leaving a reddened spot, which will fade out in a few weeks, and in most cases, leave no sign of the growth.

Birth-marks may be removed by the blue rays. This is the hardest thing to do of all, without leaving some scarring. If the growth is very large, it will have to be treated in sections at a time. The mark must be cauterized until it turns white. This will form a scab. When this comes off the mark will be gone.

In external hemorrhoidal tumors, the rays will remove them nicely and quickly. If the tumors be too large and numerous, I would not advise the removal by the rays. To remove them, you bring the rays down to the cautery effect, and it will do the work in a few seconds. There will be no bleeding from this operation.

In any infectious or inflammatory conditions of the skin, you will find that these rays will be very efficacious in relieving such conditions.

Forum.

EDITOR OF THE JOURNAL OF OSTEOPATHY:—

It seems that it should be the duty of some one to put to rights a few of the ideas that are prevalent among the majority of medical practitioners concerning the Osteopathic profession as a whole. In talking with several well read medical men who were not biased by personal prejudice, and who are ready to admit that there is some good in every well founded system of therapeutics, I find that their idea of Osteopathy is not that of a well founded system of therapeutics, but a sort of guess work proposition founded on certain principles that they claim to have known years ago. They give the Osteopath credit for being useful in cases of sprains, dislocations and contractures, but will not concede the fact that these same contractures might give rise to a functional disturbance in the body, the symptoms of which might manifest themselves elsewhere by reflex disturbances. Every medical man with whom I have talked has agreed with Osler that there are only two specific drugs, quinine for malaria and mercury for syphilis, with perhaps the antitoxin for diphtheria,— and they are also free to acknowledge that in the use of drugs, what is a proper dose for one individual might have no effect or more than the desired effect on another person, or that the same dose might act differently on the same person at different times, depending on the condition of the system, so that the amount of drug administered is purely guess work, or else figured out from a list of statistics which could not be estimated to suit each individual case, and yet in the face of these admittances they will call Osteopathy a system of guess work, and when results are obtained through an Osteopath the general opinion of the medical man is that the patient was already on the mend and that the Osteopath was just lucky in getting the case at that time, but when an Osteopath pulls a case through after it has been given up by some prominent medical man, then it is time that the medical men begin to wonder if luck was against them or if by chance there might be some logic in the Osteopathic theory. There should not be the feeling there is between the M. D.'s and the Osteopaths. Each believes he is right and neither seems to be willing to concede a point in the other's favor. Osteopaths should remember that we are indebted to the members of the old medical schools for the great research work that has taught us the workings of the human body, and that it was through their

mistakes and out of their fallacies that the science of Osteopathy grew and was established as a system of therapeutics; also they should remember that the use of antiseptics is still a valuable asset to any practitioner. On the other hand, the medical profession should take into consideration the fact that medicine of today is vastly different and drugs much less administered than they were a few years ago, when each drug was thought to be a specific, and a certain dose necessary to accomplish results, and that while they have profited by their own mistakes and remedied them, perhaps on close inspection Osteopathy might give them a few pointers upon which they might improve their system still further. The broad-minded, conscientious medical man will look up and investigate every new theory and suggestion that comes up in the medical profession; why not then investigate the basic principles upon which Osteopathy is founded before condemning it as a guess work proposition with no scientific principles and denouncing its practitioners as frauds to the general public whenever the opportunity presents itself. Along these same lines I wish to bring to the practitioner's notice a part of an article that came to my notice in the April, 1910, copy of a small publication called Critic and Guide. This article was under the heading of "Tolerance toward Christian Science, Absent Treatment and Other Crazes," and the part on Osteopathy reads as follows:

"Osteopathy, which is no more than a perfected massage, impudently makes claim as a complete system of medicine capable of curing the most diverse diseases by external manipulation, and an Osteopath claims, for instance, that he can reduce Typhoid fever (as if it were a dislocation) by pressing on the seventh cervicle vertebra. When we see these mostly illiterate bone-setters knocking at the doors of the various legislatures to be admitted to the practice of medicine without proper educational requirements; when we see that the followers of these cults endanger not only their own lives but also the lives of the community by refusing to take any precautions in the infectious diseases; when, what is still worse, innocent little children are allowed to die in agony without any attempt at relief, we say when we see such facts of a similar and worse character, then it becomes our duty to assume an unequivocal attitude. We must expose the humbugs and fight the knaves whenever and wherever we can. This must be the attitude of the medical press, of the medical societies as a whole, and of every right minded physician as an individual and as a citizen."

This concludes the article and of course with the writer's name unsigned, showing to my mind that he was afraid to incite criticism by so doing, not having the conviction to back up his arguments and stand

by his statements. This article was sent by mail to one of my patient with the Osteopathic portion underscored, and the two sheets torn out of the magazine probably to conceal the subscriber's identity whose name was likely on the cover of the magazine. I have discovered more than one similar case in my practice, and anyone can see that it is not a trick done by the laity. But it is only the narrow minded medical man who is so bitter against Osteopathy, only the ones that come to an immediate conclusion without attempting to investigate the science that they are so bitterly assailing. Let some medical man visit a recognized college of Osteopathy, and gain a full and comprehensive knowledge of the science and the different branches of medicine as taught in that school, and then write on his observations with an honest pen, and be he ever so bitter he cannot fail to look at Osteopathy in a different light from what he did before he took pains to investigate the conditions as they really are.

DR. LAWRENCE E. DAY, D. O.
1519 Woodward Ave., Detroit, Mich.

* * *

A Letter Vouching for Dr. Bailey's Services in the Obtaining of Recognition in Texas.

Dr. J. F. Bailey, Waco, Texas.

Dear Doctor:—Referring to our conversation about the matter of legislation on the various medical bills that were considered while I was a member of the State Senate, during the sessions of the 29th and 30th Legislature, beg to say that my recollection now is that the Osteopath bill was introduced in the Senate of the 29th Legislature by Senators Hanger and Hicks, and passed that body by a vote of 13 to 11, the bill then went to the House, was referred to a committee and never reported by that committee, hence it died there.

In the 30th Legislature the bill met with much stronger opposition in the Senate than it did in the 29th, it being introduced there by myself and I think Senator Willacy, referred to the Judiciary Committee No. 2, whose chairman was Senator Looney, author of the one-board practice bill; the Osteopath bill and all other bills pertaining to the practice of medicine, except the one-board bill, came from this committee with an unfavorable report and with the recommendation that the one-board bill do pass as introduced, no changes or amendments being suggested. The effect of the enactment of that bill into a law would have driven every Osteopath out of the State and prevented that branch of the profession from being practiced in the State. The bill that finally passed had rather rough sailing, as the members of both bodies, who favored the one-board bill kept up a constant warfare. It was introduced in the Senate, reported from the committee, passed the Senate, went to the House where it was passed, then to the Governor who would not approve it and was preparing a message to return it with his objections, when the Senate, by resolution recalled it, again passing it with objections of the Governor eliminated, went then to the House and passed with amendments, which amendments were concurred in by the Senate and then approved by the Governor.

It took about three months to pass this bill and enact it into law, there being such strong opposition to any bill favorable to your branch of the profession. When the committee who had all of these bills under consideration made their report, it was very evident to any one knowing the situation, that the Osteopath bill had absolutely no chance either in the Senate or the House, the friends of that bill concluded and I think wisely, to make their fight to modify the one-board bill so as to enable your branch of the profession, with others who would be excluded, to continue in the State; to accomplish this a great deal of hard work was necessary, for it meant a fight against those who wanted nothing but the one-board bill, and those of your own branch of the profession who were opposed to any compromise. If those who are now disposed to criticise you had been on the ground and seen the great work you were doing to pass the osteopath bill, and failing in that, the splendid fight you made almost alone, to modify the one-board bill, they would be now singing your praises, for I believe to your untiring efforts and labors for the Osteopaths of Texas are due all the rights and privileges they enjoy in the State today, and the law you so effectively helped to enact is in my judgment one of the best laws that could be passed, for under it all reputable schools of medicine are recognized and I believe the prejudice against your branch of the profession has, by this recognition, been largely allayed.

Being a member of the Senate and helping in the fight for your bill to whatever your people wanted, consistent with your rights under the Constitution, I realized the value of your splendid ability in the construction of this character of legislation and availed myself frequently of your aid in the preparation of amendments to the bill then pending, and it was very gratifying to me that most of those amendments which had your endorsement were adopted and engrafted into the bill, and during the time these several bills were pending in the Legislature, you and I, and other friends of your bill, had frequent conferences as to the best thing to do, and when the committee reported your bill, or rather the Osteopath bill, unfavorable and there being no possibility of its passing

the Senate, on account of the very strong opposition to it, a majority of the members of the Senate being against it, which meant its defeat; this I know from subsequent events that transpired on amendments testing the strength of those who were for and against that idea in legislation; then it was after a conference with you and other people similarly interested that it was determined not to push the Osteopath bill, but to try to engraft as much on the one-board bill as would save your people from banishment from the State. In all of this work no man ever did better service to your people than you did and they ought to be forever grateful to you. At times you were fighting alone, and but for your constant and persistent efforts I doubt if as much could have been accomplished. Even those members of the Legislature who were so bitterly opposed to your bill, respected and admired the ability with which you fought for your cause, and after the fight was over they respected you the more for helping to frame up a bill that all could support.

In conclusion I wish to reiterate that the Osteopath bill never at any time, had any chance of passing, because a majority of the legislature were against it and nothing that any one could do would have changed the result, and I believe now as I believed then, the best thing was to amend the other bill so as to get all you could out of it that would be favorable, and I believe time will prove to all fair minded men that this was the best course to pursue. Your friend, THOS. P. STONE.

* * *

EDITOR JOURNAL OF OSTEOPATHY:

DEAR SIR:—Doubtless you have long ago formed your opinion as to the merits of Esperanto, the international language. I hope that this is favorable; but as there is much irresponsible criticism of Esperanto, especially on occasion of the recent international convention in Washington, I want to offer an opportunity for every thinker to judge for himself. I have prepared 100,000 brief grammars of the language in pamphlet form, and will send one free to any person who is sufficiently interested to ask for it, enclosing stamp for reply. I think it really due to this great movement for an international auxiliary language, which now embraces FIFTY NATIONS in its scope, that you publish this letter, so that your readers may have the opportunity of judging for themselves.

Very cordially yours,

ARTHUR BAKER,
Editor Amerika Esperantisto.

700 E. Fortieth St., Chicago.

P. S.—If at any time you desire late and authentic information concerning Esperanto, command me. A. B.

The Value of the M. D. Degree.

EDITOR OF THE JOURNAL:—

The question is often asked by both students and practitioners, "Should I not be wise to obtain my M. D. degree in addition to the D. O. degree?" and often one's friends well-meaningly say, "If I were you, I would complete my education by taking the M. D. degree." There are one or two points I would like to suggest for the thoughtful consideration of those considering the advisability of this step and of those advising others to take it. First of all, as regards its intrinsic value: If the purpose underlying the obtaining of the degree be to make use of the the knowledge thus obtained, we unhesitatingly and unqualifiedly assert that the purpose is faulty and wrong, for NOTHING that can be done by medicine cannot be done better or at least as well by Osteopathy as applied by a real Osteopath. If, however, the purpose be merely to obtain some additional standing in the community, we can only say that the success of the many "A. T. Still" Osteopaths is in no measure less than that of the M. D., D. O.'s, and in many instances very much greater. Indeed, cases have quite frequently arisen where the additional degree has been a hindrance to the physician holding it, as the prospective patient wanted Osteopathy and did not know what he would get if under the care of the M. D., D. O. Then, too, there is another point, which may now appear fanciful, but which we assure you is well founded, and it is this: The double degree gives a very excellent excuse for laziness. It is much easier to prescribe drugs than to proscribe them, if one can do either. We were lately in the office of a doctor holding the double degree, and the Osteopathic room was very small, while oxygen-forming machine and X-ray apparatus and medicine bottles were very much to the fore; and the doctor told us that he got as much money for treating his patients with these contraptions as by Osteopathic measures, and it was so much less a tax on his strength.

Again, we are and should be specialists,—not in the diseases we treat, but in our method of treating them. We have one way; if the people want it, we will do our very best; if they desire other methods, let them call in the services of those specializing therein. And Osteopathy is not medicine and does not pretend to be. The underlying principle, the foundation basis is different from that on which medical practice is built; and the only result that can come about by attempting to mix the two systems—unless one is entirely dropped in favor of the other—is an uncertainty, a hesitating, vacillating uncertainty as to what best to make use of. Besides the Osteopathic foundation stone is such that either it is right or it is wrong; if right, then let us build it into our mental

calibre, into the very innermost fibres of our nature and TRUST to it, believe in it with our whole soul and with a belief that nothing can overturn or subvert. If wrong, then let us forget it, have nothing to do with it and dismiss it from our thoughts forever; for no success will ever be obtained while practicing a profession or engaging in a trade in which we do not truly believe. Whoever heard of a Catholic priest learning the doctrines of a Baptist minister to "complete his education." No! he is taught TO BELIEVE in his church and as such he is a success.

Finally, we believe that we can state with absolute certainty that the Osteopath, who is a true Osteopath, will never need for patients. Let him grasp what Osteopathy is, and how broad is its scope and foundation; let him learn to apply what he believes, and everywhere there are the sick who want his exclusive attention. A. S. HOLLIS, A. B.

To Autumn.

Season of mists and mellow fruitfulness,
Close bosom-friend of the maturing sun;
Conspiring with him how to load and bless
With fruit the vines that round the thatch-eaves run;
To bend with apples the moss'd cottage-trees,
And fill all fruit with ripeness to the core;
To swell the gourd, and plump the hazel shells
With a sweet kernel; to set budding more,
And still more, later flowers for the bees,
Until they think warm days will never cease;
For Summer has o'erbrimm'd their clammy cells.

Who hath not seen thee oft amid thy store?
Sometimes whoever seeks abroad may find
Thee sitting careless on a granary floor,
Thy hair soft-lifted by the winnowing wind;
Or on a half-reap'd furrow sound asleep,
Drowsed with the fume of poppies, while thy hook
Spares the next swath and all its twined flowers:
And sometimes like a gleaner thou dost keep
Steady thy laden head across a brook;
Or by a cider-press, with patient look,
Thou watchest the last oozings, hours by hours.

—Keats.

Hospital Notes.

SECOND ANNUAL REVIEW WEEK.

DECEMBER 26TH TO 31ST, INCLUSIVE.

Begins the Monday after Christmas, and ends the Saturday before New Year's. G. L. and G. S., 9 to 12 a. m. 1 to 4 p. m. Club and State meetings at night.

The initial meeting was so enthusiastically received last year, and the physicians attending so unanimously in favor of another meeting, if not two, in 1910, that another program has been arranged for, which will vary enough from the one last year that those who attended then will be amply interested again. The original plan, however, of presenting mainly those subjects which are of every-day interest and use will be adhered to.

The full program will be published later, but for the present, suffice it to say that it will even excel the program of last year. With a better knowledge of what is wanted, it will be supplied.

More time for open parliaments and question boxes will be given both by Drs. Still and Laughlin.

The price will be about the same—28 cents an hour, $10.00 for the entire course. Seats can be reserved in advance, and your money back if you can't come.

There will positively be no fractional courses. The price is the same for part of the week as for all. A plan for the seats will be sent out later for reservation.

Programme.

MONDAY A. M.—Illustrating in detail the treatment and after treatment of Colles', Pott's and clavicular fractures. Demonstrations on **live** manikins. Question box.

TUESDAY A. M.—Fractures. Hip, ribs, spine and others. Open parliament.

WEDNESDAY.—Burns, small infections, abcesses, etc. Lecture and question box on poisons.

THURSDAY.—Operations.

FRIDAY.—Some obstetrics. Question box.

SATURDAY.—Some more obstetrics and **emergencies.** Last year complaint was made that more obstetrics were wanted. This will be remedied this year.

MONDAY P. M.—The diagnosis and differentiation of the tubercular hip.

TUESDAY.—Acute articular rheumatism. Question box.

WEDNESDAY.—Orthopædic operations. Open parliament.

THURSDAY.—Some problems in children's diseases. Open parliament.

FRIDAY.—Pneumonia and pleurisy.

SATURDAY.—The atlas, the fourth dorsal, and the innominate. Question box.

MONDAY NIGHT.—Illinois State reunion. 7:30 p. m., Memorial Hall.

TUESDAY NIGHT.—Iowa State reunion. North Hall, 7:30 p. m.

WEDNESDAY NIGHT.—Iowa night. Memorial Hall, 7:30 p. m.

THURSDAY NIGHT.—Kansas and Nebraska. North Hall, 7:30.

FRIDAY NIGHT.—Fraternity and Club Night. Atlas Club at their new stag home on East Washington, block from Square. Axis at the old Atlas Club rooms on Harrison Street. I. T. Z. at their Fraternity House, on Pierce Street. Theta Psi at their new Club House on West Jefferson. Friars in their new Club House on Jefferson and Elson. (Annual chop suey feed.) Lucky Thirteen, old club rooms. Delta Omega at their club rooms. Others will be announced later.

Obstetric Clinics Wanted.

TO THE PROFESSION:—

This year there will be two large classes taking Obstetrics between September and June, and more obstetric material for class demonstrations will be needed. The very nature of the cases makes them difficult to get, just the same as surgical clinics are difficult to dodge.

Practitioners in the past have often sent in cases to be handled before the class, and this will explain the conditions on which the cases are accepted.

Their attention, treatment, board, room and nursing, before, during and for two weeks, following, labor, are given free.

Any complications surgical or otherwise, are treated free.

A present of $15 is made on leaving the institution to patients who are in poor circumstances.

Where desired, arrangements are made with one of the large benevolent institutions in a distant city, for adopting the child.

These cases, though delivered before the class, are delivered by the head of the department, and are given no undue exposure.

It is preferred not to take cases until about two weeks before confinement.

Mothers-in-law, grand-mothers, uncles, aunts, and other lay relatives or friends are not invited or allowed to assist in the delivery of the case.

Any other questions regarding this matter, or any arrangements practitioners wish to make, will be cheerfully attended to.

Fraternally,

GEORGE A. STILL.

* * *

Nurses' Training School Graduation Exercises.

On October 18th will occur the fifth public graduation exercises of the Nurses' Training School of the A. S. O. Hospital.

Any of the profession who may be close enough at the time, are invited to attend. The programme is as follows:

Programme.

MEMORIAL HALL, OCTOBER 17, 1910.

Opening ..... Orchestra
Prayer and Invocation ..... Rev. W. H. Stone
Music ..... D. R. Gebhart
"The Tourney of King John"—St. Saens.
Address ..... Rev. J. A. Grow, Memphis, Mo.
Music ..... D. R. Gebhart
"Now Your' Days of Philand'ring"—Mozart.
Pledge .....
Presentation of Diplomas ..... Dr. Chas. E. Still
Music ..... Orchestra

CORA GROTTREW FRANCES GIBLER NORA HIBBITS
ADA SMITH CAROLINE THOMAS

In another place appears the **new** application blank, and a copy of this year's curriculum. This curriculum shows only the textbook work in the class-room, which is given in addition to a very strong practical course of instruction. Five of our graduates are already managing other hospitals or sanitariums, while others are doing good work in the field. The course is stronger now than it ever was.

Nurses' Training School Curriculum.

JUNIORS.

General Nursing ---------- 1st Semester ---------- Mrs. Ada Nesbit
3 to 4 p. m., Monday.

Ethics of Nursing ---------- 2nd Semester ---------- Mrs. Ada Nesbit
3 to 4 p. m., Monday.

Chemistry and Urinanlysis -- 1st Semester ---------- Dr. Henry
4 to 5 p. m., Tuesday.

Materia Medica and Toxicology ---- 2nd Semester ---------- Dr. Henry
4 to 5 p. m., Tuesday.

Bacteriology ---------- 1st Semester ---------- Dr. Deason
3 to 4 p. m., Wednesday.

Sanitation and Hygiene ----- 2nd Semester ---------- Dr. Deason
3 to 4 p. m., Wednesday.

Pediatrics ---------- 1st Semester ---------- Dr. Waggoner
4 to 5 p. m., Thursday

Orthopedics ---------- 2nd Semester ---------- Dr. Waggoner
4 to 5 p. m., Thursday.

Anatomy ---------- 1st Semester ---------- Dr. Macdonald
4 to 5 p. m., Friday.

Physiology ---------- 2nd Semester ---------- Dr. Macdonald
4 to 5 p. m., Friday.

Bandaging ---------- 1st Semester ---------- Miss Gottrew
4 to 5 p. m., Saturday.

Massage ---------- 2nd Semester ---------- Miss Gottrew
4 to 5 p. m., Saturday.

SENIORS.

Obstetrics ---------- 1st Semester ---------- Dr. Bigsby
3 to 4 p. m., Tuesday.

Gynæcology ---------- 2nd Semester ---------- Dr. Bigsby
3 to 4 p. m., Tuesday.

Infectious Diseases -------- 1st Semester ---------- Dr. Becker
4 to 5 p. m., Wednesday.

General Diseases ---------- 2nd Semester ---------- Dr. Becker
4 to 5 p. m., Wednesday.

General Surgery ---------- 1st Semester ---------- Dr. Geo. Still
3 to 4 p. m., Thursday.

Special Surgery ---------- 2nd Semester ---------- Dr. Geo. Still
3 to 4 p. m., Thursday.

The New Application Blanks for Nurses.

The following is a copy of the new application blank for the Nurses' Training School. It will be noted that the course has been increased to two years and six months and that a few other minor changes have been made, all of which will be greatly to the advantage of the school.

Most of the better training schools in the country today require more than two years, and although many of them do not, we feel that it is best to be ahead rather than behind the average.

Applicants will please note especially the point about their physical condition. While a hospital is a place for sick people, it is not a place for sick people to act as nurses, and any nurse who expects to go through the Training School and get well of some ailment at the same time had best not apply, as invalids can't possibly become good nurses for ordinary practice.

The American School of Osteopathy Training School for Nurses.

RULES FOR ADMISSION OF PUPILS.

Candidates for admission should be between twenty and thirty years; they must produce certificates of good character, sound health, with mental and physical capacity for the duties of nurses satisfactory to the Principal of the School. Those desiring admission shall call in person whenever this is possible. The applicant must be prepared for an examination in reading, penmanship, and English dictation, to test her ability to read aloud well, to write legibly and accurately reports of her patients, and to make notes of lectures. This much education is indispensable for a pupil, but applicants are reminded that women of superior education, when otherwise equally qualified for nurses, are preferred to those who do not possess these advantages.

The following points are desirable in candidates: height between 5 feet 4 inches and 5 feet 8 inches; weight between 120 and 160 pounds; education equivalent to that of a high school graduate; good health, pleasing appearance and kind disposition.

If admitted they will be expected to serve three months probation, during which time they will receive board and lodging, but no compensation unless accepted as pupils.

Should this probationary period prove satisfactory, they will be enrolled as Pupils of the School, after signing an agreement to remain in School, and subject themselves to the rules for the full period of two (2) years and six (6) months, during which time they will receive an al-

lowance of three (3) uniforms per year, including aprons and caps and as usual, board, room, and laundry.

The hours in the Ward for pupils on day duty are from seven (7:00) a. m. to seven (7:00) p. m.; for those on night duty from seven (7:00) p. m. to seven (7:00) a. m., with an half hour off for meals, and additional time for rest or exercise as convenient. A vacation of two weeks is allowed each year.

Pupils will be cared for gratuitously during sickness, but time so lost must be made up at the end of the term.

Nurses when on duty are required to wear the "hospital uniform." No uniform is worn by those on probation. They should come provided with dresses which may be washed, but not with any outside garments they expect to use on duty, after admission to the School.

Each nurse at graduation will receive the Hospital badge. The Training School Committee reserves the right to recall the badge from the graduate who, in its opinion, shall in any way or at any time bring discredit upon herself, the profession, or the School.

In the Candidate's Own Handwriting.

The candidate will please give in letter form three reasons for wishing to become a "Trained Nurse," and at least two for wishing to enter this School. She will describe her home surroundings; present and past mode of life; occupation, and occupation of parents; state whether she has any one dependent on her for support; if she is free from domestic responsibility, so that she is not liable to be called away within two years. If a communicant, she will state of what denomination, and send Pastor's recommendation.

This side to be filled out in the Candidate's handwriting, and forwarded with photograph to Ada R. Nesbit, Supt., Kirksville, Mo.

1. Candidate's name in full (not diminutive), and Post Office address.
2. Condition in life; single, widowed or divorced.....
3. Present occupation or employment.....
4. Place and date of birth.....
5. Height, ...feet .....inches. Weight, ...pounds.
6. In what school educated?.....
7. Are you strong and healthy, and have you always been so?.....
8. If a widow, have you any children?.....
9. How many? How old? How provided for?.....
10. Where, if any, was your last situation?.....
11. How long were you in it?.....
12. Have you ever nursed? .....

13. Have you ever been in a Training School for Nurses? .....
14. What school?.....
15. Do you intend to follow nursing as a profession?.....
16. Name in full, and address of two persons—not relatives. State how long each have known you; if previously employed, one of these must be last employer.....
17. Have you read, and do you clearly understand the regulations?.....
18. Do you promise to conform to their requirements?.....

I declare the above statement is correct:

Date.....19 Signed.....

Contract Signed by Pupil on Entering the School.

I.....the undersigned, do hereby agree to remain two years and six months from date, a pupil of the American School of Osteopathy Hospital Training School for Nurses, and promise, during that time, to faithfully obey the rules of the School and Hospital, to be subordinate to the authorities governing the same; and if, for any reason I should break my contract, I will be subject to expulsion from the School. In witness whereof I have hereunto affixed my name,

Date.....19 .....

Physician's Report.

(This must be signed only after a careful examination.)

M.....

is at present free from any organic disease of heart, lungs or kidneys?

Have you any reason to suspect pulmonary tendencies?.....or uterine diseases?.....or rheumatic tendencies?.....

Has she had measles?.....or Scarlet Fever?.....

Is her sight perfect, or if she wears glasses, what defects are they intended to correct?.....

Is her hearing normal?.....

Has she been vaccinated within the past seven years?.....

Do you know or suspect any excessive nervous irritability, that would be apt to develop under severe physical strain?.....

Has she any physical defects?.....

Date.....19 Signed.....

Course of Training.

1. The care of the sick-rooms and Wards, and the principles of warming and ventilation.

2. Bed-making; changing bed and body linen while patient is in bed; giving baths; management of helpless patients; prevention of bed sores.

3. The administration of enemata and douches, and the use of catheter.

4. Obstetrical nursing, and the nursing of sick children.

5. Care of patients in diseases of the eye and ear.

6. The care of patients before, during and after operation; the prevention and control of hemorrhage; artificial respiration.

7. Care of orthopedic cases.

8. Care of gynecological cases.

9. Care of neurological cases.

10. Modification of diet in disease.

11. Bandaging and bandage-making.

12. Disinfection and prevention of contagion.

13. Observation and record of the state of the secretions, expectorations, skin, temperature, pulse, respiration, sleep, mental condition, and effects of the diet.

14. Lectures are given by members of the Hospital Staff. Practical Ward work by the Head Nurses.

15. If satisfactory examinations are passed, a Diploma will be granted at the end of the course.

16. Bacteriology and chemistry.

17. Practical instruction in sick-room cookery.

Science Circles of Osteopathy.

These reports are made up of the opinions of the members of the circles, and are published without comment. The Journal does not assume any responsibility for any of them. We would suggest that any criticisms pro and can be sent to C. B. Hunt, Brastes Block, S. Omaha, Nebr.—Ed.

Report for September of State Circle—Nebraska.

No. 1. With prostatitis as subject finds innominate lesions predominate; massages the prostate. Finds that acute cases respond better to treatment. Observes in rheumatic conditions it is necessary to differentiate between those cases where osteopathic treatment is sufficient to readjust eliminative activity and where it is necessary to use the baths to clear up the system as a preliminary treatment.

No. 2. Observes that in a large percentage of cases men have some form of prostatic trouble between 45 and 60—is this a change of life? Case, male (lost manhood), nearly dead with stomach trouble; age 35. Found bad lesion at 9th and 10th dorsal. Four months' treatment relieved stomach trouble and since then his wife has given birth to two babies. There was no apparent trouble with the prostate. Two similar cases relieved, one in six treatments, other one month.

No. 3. Has treated several cases of gonorrheal prostatitis with good results; massages prostate and uses weak solution of potassium permanganate with osteopathic treatment. Case female, pernicious vomiting, 3 months pregnant; found uterus caught behind pubes and enlarging toward rectum. Gave rectal injection, lifted the uterus and vomiting greatly relieved.

No. 4. In prostatic troubles with osteopathic treatment and local massage, uses a non-stimulating diet and distilled water.

C. B. Hunt, Leader.

Associations.

Meeting of the South Dakota Association.—The State Osteopathic Association held its annual meeting at Huron, September 14th and 15th. Dr. J. H. Mahaffy of Huron was elected President, Dr. J. F. Ludwig of Parker, Secretary and Treasurer; Board of Trustees: Dr. Lena Eneboe of Canton; Dr. John Pay of Milbank, and Dr. E. W. Heyler of Mitchell. Dr. C. E. Schoolcraft of Watertown was elected Leader of the Science Circles of the State. The next meeting will be held at Rapid City on the 15th and 16th of July, 1911. After which a trip is planned to the Yellowstone Park. The following is the program in full:

Sept. 14.—10:00 to 12:00 a. m.—Business meeting and report of Committees. Noon Intermission. 1:30.—Papers, with discussion after each. "Psychical Influences," Dr. H. F. Ludwig of Parker. 2:30.—"Things Worth Knowing," Dr. Mary Noyés Farr, Pierre, S. D. 3:30.—"Voluntary Sterility," Dr. F. P. Beslin of Aberdeen. 4:30. "Osteopathic Surgery," Dr. R. E. Reed of Hetland. Sept. 14.—9:00 to 12:00 a. m.—Business Meeting, Election of Officers and Election of Leader for Science Circles. Noon Intermission. 1:30.—"Goitre," Dr. C. F. Chrestensen of Brookings. 2:30.—"Anti-toxins and Serums," Dr. E. E. Giltner of Redfield. 3:30.—"The Owen Bill," Dr. Minnie C. Heath of Sioux Falls. H. G. Ludwig, Sec. and Treas.

Report of the Massachusetts Society.—The Massachusetts Osteopathic Society held its first meeting for the winter at the rooms in Pierce Building, Boston, on Saturday evening, October 1, 1910.

Dr. Aubrey W. Hart, the President, on opening the meeting, made a very earnest appeal for Scientific Osteopathy and its further development by the Society which met with a very hearty response from the members present. Equal hospital privileges for osteopaths, in common with other schools of practice, at all public hospitals was urged.

The reports of all committees were good, showing activity all along the line, particularly the Program, Publicity, Research and Membership Committees.

The Publicity Committee has on hand interesting plans for spreading the tenets of osteopathy. The Research Committee has outlined a three year campaign along the lines of clinic research.

The plans of the Program Committee are for a rousing afternoon and evening meeting, with an intervening banquet to be held December 15, 1910. The Massachusetts Society expects to be very much alive and is anticpiating a very full winter.

Katharyn G. Tallant, Secretary.

Supplementary Report of the M. O. A. Meeting.—At the meeting held by the M. O. A. at Kirksville, Mo., June, 1910, the following officers were elected: President, J. W. Hofsess, Kansas City; First Vice-President, Dr. Anna Hole Hurse, St. Joseph; Second Vice-President, Dr. W. F. Inglehart, St. Louis; Secretary, Dr. Helen R. Kinsell, Webster Groves; Treasurer, Dr. J. M. Smith, Carrollton; Trustees, Dr. T. E. Purdom, one year; Dr. Nannie Chappell, two years; Dr. E. D. Holbert, three years; National Convention Delegates, Dr. C. E. Still, Kirksville; Dr. A. G. Hildreth, St. Louis; Dr. E. D. Holme, Tarkio; Two Alternatives, Dr. Arlowyne Orr, St. Louis; Dr. P. J. Bergin, Kansas City.

Report of the Twelfth Annual Meeting of the Minnesota State Association.—At the annual meeting of the Minnesota Osteopathic Association, held at Lake City, Minn., October 1, 1910, the following officers were elected for the ensuing year:

President, Dr. W. D. Engelke, Lake City; First Vice-President, Dr. K. Janie Manuel, Minneapolis; Second Vice-President, Dr. J. W. Hawkinson, Luverne; Secretary, Dr. F. E. Jorris, Minneapolis; Treasurer, Dr. D. J. Kenney, Minneapolis; Legal Adviser, Dr. C. W. Young, St. Paul; 1st Trustee, Dr. J. A. Herron, Minneapolis; 2nd Trustee, Dr. Harriet Nelson, Minneapolis; 3rd Trustee, Dr. W. G. Sutherland, Mankato; 4th Trustee, Dr. G. L. Huntington; 5th Trustee, Dr. Alice S. Kelley, St. Paul.

Program.—Forenoon.—10:00—Address of Welcome, Dr. W. D. Engelke. 10:15—President's Address, Dr. Leslie S. Keyes. 10:45—Routine Examination, Dr. Frank C. Farmer, of Chicago. Afternoon.—1:30—Launch Ride on Lake Pepin, Courtesy of the Lake City Commercial Club. 2:30—Trustees' Report and Election of Officers. 3:00—The Bi-Manual Treatment, Dr. Lewis E. Ijams. 3:30—Appendicitis, Dr. Dwight J. Kenney. 6:00—Banquet for visiting Osteopath Physicians, Courtesy of the Lake City Commercial Club. This was the program, and it was a most enjoyable meeting.—F. E. Jorris, Sec'y.

Announcement.—The next meeting of the Southern Minnesota Osteopathic Association will be held in Owatonna, Saturday, November 12th. There will be afternoon and evening sessions. In the even-

ing a popular lecture will be given by Dr. C. W. Young, President of the Law Enforcement League of St. Paul. The afternoon session will be addressed by Drs. C. W. Johnson of Still College and W. D. Engelke, President of the Minnesota State Osteopathic Association, Rehfield of Fairmont and others. Drs. Emma Lewis and Roland Weeks of Owatonna, are the entertaining Osteopaths, and will gladly welcome any and all outside the Southern District who care to attend.—ROLAND F. WEEKS, D. O.

Report of Denver City Association.—The Denver Osteopathic Association held its regular monthly meeting Saturday, October first. The paper of the evening was by Dr. Daniels on Pelvic Enlargements and Inflammations.

The Colorado Association has begun legislative work, and Dr. Clark has taken charge of it. He gave a very interesting report to the Denver Association of what he had already accomplished in getting subscriptions from osteopaths and in becoming acquainted with electives for the legislature. There was also some discussion in regard to publicity work which the local Association is contemplating doing through the newspapers.—CORA G. PARMELEE, Secretary.

The Philadelphia County Society Holds Meeting.—The annual meeting of the Philadelphia County Osteopathic Society was held September 22, 1910, the majority of the members being present, and the President, Dr. Beitel, in the chair.

The annual reports of the Executive Committee and Treasurer were read. The reports showed an increase in membership during the past year, and also, an amount of work done for the good of the Society and profession at large.

The election of officers for the ensuing year resulted as follows: President, Dr. Arthur M. Flack; Vice-President, Dr. W. S. Nicholl; Secretary, Dr. Cecilia G. Curran; Treasurer, Dr. H. E. Leonard; Master-at-Arms, Dr. F. W. Kraiker. Executive Committee, Dr. Idella A. Grimes, Dr. Ira S. Frame, Dr. Charles J. Muttart.

Informal talks were given by the newly elected President, Dr. Flack, Dr. D. Webb Granberry, President of the New Jersey Osteopathic Society, and Dr. J. Ivan Dufur, representative of the Pennsylvania State Osteopathic Association and the Philadelphia College of Osteopathy, at the National Convention in San Francisco.—CECILIA G. CURRAN, Secretary, per P. A. Y.

The Eleventh Annual Meeting of the Nebraska Association.—The eleventh annual meeting of the Nebraska Osteopathic Association was held in Omaha, October 4th. Forty practitioners were present. The meeting was of interest from start to finish. The next meeting will be held in Omaha. The following officers were elected for the ensuing year: Dr. A. T. Hunt of Omaha, President; Dr. W. L. Burnard of York, Vice-President; Dr. C. B. Atzen of Omaha, Secretary, and Dr. Lulu L. Cramb of Fairbury, Treasurer. Dr. C. W. Little of Lincoln was elected legislative censor.

The following named three practitioners were nominated by the Association to fill the vacancy on the State Board occasioned by the expiration of Dr. Young's appointment. The Governor is to select one of the three selected by the Association. The nominees are as follows: Dr. J. T. Young of Freemont; Dr. A. T. Hunt of Omaha, and Dr. C. W. Little of Lincoln.—C. B. ATZEN, Secretary.

Announcement of the Southern Kansas Meeting.—The meeting of the Southern Kansas Osteopathic Association will be held at Wichita, Kansas, October 22, 1910. Dr. A. G. Hildreth, St. Louis, President A. O. A., will be present and will talk on legislation. Every Osteopath in the State is urged to be present.

The Detroit Society Holds Monthly Meeting.—The regular monthly meeting of the Detroit Osteopathic Society was held at the Hotel Tuller, Tuesday evening, September 20th. After an informal dinner, a business meeting was held, at which legislation and the best methods of dealing with irregular practitioners was discussed. The ably written paper of Dr. C. F. Bandel of Brooklyn, N. Y., on "Some Hindrances to the Progress of Osteopathy," was read by Dr. Mayers. This was followed by "An authorized Declaration of Osteopathy," by Dr. G. B. F. Clarke.

Upon invitation of Dr. Bernard, the Society will hold its October meeting at East Side Settlement Clinic, which was established by the Doctor some two years ago, and with which several other Osteopaths of the city have since become identified.—REBECCA B. MAYERS, D. O., Secretary.

A. S. O. Alumnæ Hold Reunion.—Fifteen members of the Detroit Alumni of the A. S. O. sat down to dinner at the Hotel Cadillac, Saturday evening, September 17th, and told many stories of their old school and its venerable founder, Dr. A. T. Still. A meeting followed, at which plans were discussed for further promoting Osteopathy in

Michigan. It was decided to hold quarterly meetings hereafter, at which time prominent Osteopaths will be invited to address the members.

DR. WALTER W. STEWART, Pres.
DR. REBECCA B. MAYERS, Sec'y.

Meeting of the Tennessee Association.—The eleventh annual meeting of the Tennessee Osteopathic Association was held in Assembly Hall of Hotel Lincoln, Knoxville, Tennessee, on September 26th and 27th. One of the principal features of the meeting was an address by Dr. A. G. Hildreth of St. Louis, President of the American Osteopathic Association. The program was as follows:

MONDAY, 9 a. m.—Call to order by President. Invocation, Rev. Dr. Heber Dwight Ketcham. Welcome Address, Mayor Heiskell. Response, Dr. A. L. Evans, Chattanooga. President's Address, "A Few Osteopathic Necessities," Dr. C. T. Mitchell, Nashville. Report of Secretary-Treasurer, Dr. Bessie A. Duffield, Nashville. "Blood Pressure," Dr. Henry Viehe, Memphis. "The Liver, "Dr. Alice Lynch, Winchester.

AFTERNOON SESSION, Monday, 2 p. m.—"Technique," Dr. A. L. Dykes, Bristol. "School Hygiene and Physical Development of Children," Dr. P. K. Norman, Memphis. "Intestinal Abscess," Dr. Lora K. Barnes, Chattanooga. Public Address, Dr. A. G. Hildreth, of St. Louis, President American Osteopathic Association, Assembly Hall, Hotel Atkin, 8 p. m.

SECOND DAY, Tuesday, 9 a. m.—"Tuberculosis; Some Distinctly Osteopathic Problems in its Etiology and Pathology," Dr. W. Banks Meacham, Asheville, N. C. "The Profession," Dr. J. R. Shakleford, Nashville. "Scarlet Fever," Dr. H. R. Bynum, Memphis. Report of Committee on Constitution. Election of Officers. Trolly Ride to Visiting Physicians. Banquet, Hotel Atkin, 9:30 p. m.

The following officers were elected: President, Dr. J. R. Shakleford, of Nashville; First Vice-President, Dr. A. L. Dykes, of Bristol; Second Vice-President, Dr. Balley L. Becker, of Chattanooga; Secretary and Treasurer, Dr. Bessie A. Duffield, of Nashville; Assistant Secretary and Treasurer, Dr. Alice Lynch, of Winchester; Trustees: Dr. P. K. Norman, of Memphis; Dr. R. H. Boyd, of Tullahoma, and Dr. C. T. Mitchell, of Nashville. The Secretary and Treasurer, Dr. Bessie A. Duffield, was re-elected to succeed herself.

Quarterly Meeting of the Maine Association.—The quarterly meeting of the Maine Osteopathic Association occurred Saturday afternoon and evening, September 24th, with Drs. Tuttle and Tuttle, of 743 Congress Street, Portland.

The President, Dr. W. C. Brown of Waterville, was in the chair for the meeting in the afternoon. The first matter of business was an extremely interesting report of the National Association of Osteopaths, which was held at San Francisco the first week in August, the report being given by Dr. Florence A. Covey, who was in attendance as a delegate.

There was an interesting paper on diet by Dr. S. C. Rosebrook of this city. Other papers were by Drs. Geo. H. Tuttle and G. W. Whibley of this city, and Dr. C. P. Sawyer of Augusta.

The evening banquet was at the Congress Square, those present being: Dr. Ralph Sweet of Rockland; G. A. Sanborn of Skowhegan; C. P. Sawyer of Augusta; W. C. and N. R. Brown of Waterville, and from Portland, Drs. G. H. and H. M. Tuttle, S. C. Rosebrook, F. A. Covey, G. M. Whibley, M. W. Day, Viola D. Howe and L. M. Bagley.

Annual Meeting of the Michigan State Association.—The annual meeting of the Michigan State Osteopathic Association was held at the Wenonah, Bay City, Michigan, on Saturday, October 8th. The following program was carried out:

FORENOON, 10:00.—Words of Welcome by the Mayor, Hon. Gustavus Hine. Response by the President, Dr. R. A. Glezen, Kalamazoo. 10:30.—Roll Call by the Secretary. Business Session—Payment of Dues. President's Address. Secretary's Report. Treasurer's Report. Paper—Diseases of Children, Their Cause and Cure, by Dr. W. S. Mills, of Ann Arbor. Luncheon.

AFTERNOON, 2:00 o'clock—Paper, Osteopathy, the Twentieth Century Treatment, by Dr. H. B. Sullivan, of Detroit. Clinic and Lecture, Congenital Hip Operations, by Dr. George M. Laughlin, Professor of Osteopathy, American School of Osteopathy, Kirksville, Missouri. Business Session. Election of Officers

Legal and Legislative.

Education Board to Pass on Osteopathy.—Whether an Osteopath is a legally qualified medical practitioner or not, was the question before the finance committee on the Board of Education, Toronto, Ontario, and Secretary W. C. Wilkinson was assigned the task of finding out if the Board's by-laws would permit them to accept a certificate of illness presented by teachers and signed by an osteopath. "Well," said Chairman Brown, "I'd just as soon take his certificate as one from any other medical man." The Ontario Medical Council does not recognize osteopaths, but in a recent court case it was held that the practice of osteopathy was not a breach of the Medical Act.

Missouri State Board Holds Meeting.—The Missouri State Board of Osteopathic Examination and Registration met in the offices of Dr. A. G. Hildreth and passed favorably on a number of special examinations heretofore made and issued the applicants certificates to practice. Discussion of better rules and regulations as to practice resulted in the drafting of tentative resolutions to be offered at a subsequent meeting.

Defends Stand of Osteopaths.—The following letter appeared in the Detroit Free Press of September 25th:

To the Editor:—According to the Free Press of September 15, Dr. L. H. Montgomery, of Chicago, President of the American Association of Medical Examiners, read a paper before the Mississippi Valley Medical Association, now in session here, in which he credits osteopaths with being among the principals who defeated the efforts of the "regular" allopathic, or dominant school of medicine and surgery, to create a national bureau of health at Washington, D. C.

The measure defeated was brought before the last session of Congress by representatives of the American Medical Association, and was shown at the committee hearing to be in effect an attempt to form a "regular" medicine trust, with government protection and large grants of public money for maintenance.

The ramifications of the American Medical Association, its political workings, and the lobby it operated, were a revelation to the oldest and ablest of the capital's campaigners. Its members openly declare their intention of creating a "regular" medical oligarchy, as appears from the writings of Dr. Samuel G. Dixon, of Harrisburg, Pa., writing in the Journal of the American Medical Association for June, 8, 1907.

On page 1926 Dr. Dixon says: "It is not too much to say that on state medicine depends the happiness of our people, and the success of the nation." The individual who demands "what he calls his own rights," and opposes such a movement is put down by the doctor as "an undesirable citizen." Continuing, he says: "Compulsion, not persuasion, is the key-note of state medicine," etc., etc.

On the other hand, Dr. George F. Butler, speaking before the same Mississippi Valley Association, declared the health bureau scheme "monstrous" and "an insult to our independence and intelligence."

It will thus be seen that there are some "obstructionists" amongst Dr. Montgomery's own colleagues. And if osteopaths were joined in their opposition with

"chiropodists, hypnotists, theosophists, and other kinds of 'sophists,'" the latter showed themselves good patriots and appreciative of the fact that modesty and consideration for the constitutional rights of others is a primary requisite in those who profess to care for the sick." H. B. S.

First Report is Out.—The first report of the National League for Medical Freedom, organized a few months ago to fight the proposed creation of a National Department of Health and the movement for further public control of the practice of medicine in various States, backed by the American Medical Association, is out and is full of bitter prophecies concerning the "allopathic tyranny."

The main offices of the League are in Boston, although the majority of the moving spirits in the organization are in other cities. B. O. Flower of Boston, founder of The Arena and editor of the Twentieth Century Magazine, is president of the League, and ex-Governor John L. Bates of Massachusetts is general counsel. The membership is composed of believers and followers of homeopaths, eclectics, osteopaths, Christian Scientists, and practitioners of other schools of healing.

"From the evidence presented it seems to be clear that the American Medical Association is first behind the bills, and behind all persons who are advocating the passage of them, and urging that the substance of them become a law," says the report. "The American Medical Association is a gigantic organization of physicians belonging to the regular or allopathic school, who have for years been securing power politically and financially for the purpose of controlling medical legislation, medical practice, the medical journal trade, the medical book trade, and all avenues of profit in any manner relating to the doctor and looking to the aggrandizement and financial benefit of the doctor himself."

Letter of Information Issued by the Board of Medical Examiners of the State of Washington.—The Board holds two regular sessions each year, one in the eastern part of the state, beginning the first Tuesday in January, and the other on the west side of the state, the first Tuesday of July.

The next examination will be held at Spokane, Washington, on the 3-4-5 day of January, 1911. The examination, including both written and oral, will be conducted in the English language, and must consist of at least ten questions upon each subject, none of which shall relate to treatment.

The examination will cover the following subjects: Anatomy, Histology, Gynecology, Pathology, Physiology, Bacteriology, Chemistry and Toxicology, Obstetrics, General Diagnosis and Hygiene.

The accompanying application must be carefully filled out, sworn to before a Notary Public and filed with the Secretary of the Board, at least two weeks previous to the date of the examination.

The fee for examination, which is Twenty-five ($25.00) dollars, must accompany the application.

The two letters of recommendation must be carefully made out and filed with the Secretary of the Board.

An unmounted photograph of yourself must accompany your application. Across the face of the photographic paper write your name in full, and make an acknowledgment before a Notary, whose certificate of identification must be partly upon the photographic paper. In the preparation of your photograph as directed, be careful not to mar the features, as reproduced.

With the application for examination to practice Medicine and Surgery, there

must be filed with the Secretary of the Board a diploma from a legally chartered medical college, the requirements of which shall have been no less than those prescribed by the Association of American Medical Colleges for that year.

Applicants for examination for a certificate to practice Osteopathy, or any other system, must present to the Secretary of said Board a diploma from a legally chartered college of Osteopathy, or other system, which requires actual attendance of three years of nine months each, and including studies examined upon, under this act.

If diplomas are sent by mail, they should be registered, and stamps for returning by registered mail must accompany the same.

All applicants must obtain not less than sixty per cent, in any one subject and a general average of seventy-five (75) per cent: however, five (5) per cent on the general average is allowed for each ten years of reputable practice.

Temporary permits are **not issued by the Board.** There is **no reciprocity with other states.**

When a license is obtained it must be recorded with the Clerk of the County in which the holder of such license intends to practice. The law grants no one the right to practice until such record is made, and the absence of such record shall be prima facia evidence of the want of a certificate, and the party so practicing shall be guilty of a misdemeanor.—F. P. WITTER, Secretary, 207 Traders Blk, Spokane, Washington.

The Illinois Medics in Politics.—The following, taken from the Chicago Tribune of September 8th, makes interesting reading:

Doctors of Chicago and Illinois plunged into politics yesterday by issuing "indorsements" of legislative candidates at the primaries next week. The selections were announced in letters, each letter covering a senatorial district, addressed to physicians living in the respective bailiwicks.

The peculiar feature of the communications, which purported to be signed by officers of the Chicago and Illinois Medical societies, was that most of the signers pleaded ignorance of the indorsements or the use of their names in support thereof. Dr. Charles J. Whalen, former health commissioner of Chicago under Mayor Dunne, was disclosed as the prime mover in the appeals.

Condemns Use of Name.

"Use of my name as a signer of any political document is without my authority or knowledge," said Dr. Alfred C. Cotton, president of the Illinois State Medical society. "I have been absent from the city for sixteen days and these circular letters are entirely new to me. I am not acquainted with any of the candidates endorsed."

The name of Gov. Deneen's family physician, Dr. L. C. Taylor of Springfield, was also signed without his knowledge to a letter indorsing various legislative candidates in the Seventeenth district, among them being Representative Edward J. Smejkal, although the Governor is opposing Smejkal and supporting Charles J. Herman, who has the endorsement of the Legislative Voters' league. Mr. Herman, who came near defeating Mr. Smejkal two years ago, will start a series of street corner meetings tonight.

Dr. J. M. Lavin was another "signer" of the letters, as a member of the Chicago Medical society's public relations committee, of which Dr. Whalen is chairman, but he also said he never had attended a meeting of such committee and knew nothing of the circulars.

Claims He Had Authority.

"We were authorized to issue these circulars six months ago by resolutions adopted by the two medical societies," said Dr. Whalen.

"Did the officers whose names were signed know about the letters?"

"Oh, yes."

"Dr. Cotton and others say they never heard of the recommendations."

"We were authorized to prepare the reports."

"Who attended the meetings?"

"I don't recollect."

"What were the tests that decided indorsements?"

"The records of the legislators."

"But in the Seventeenth district you have indorsed Cataldo, Burns, De Andrea, Hogan, and Rissman, who never were in the legislature."

"That was because they signed our card of pledges."

The card referred to asked a promise to oppose bills granting state licenses to osteopaths and opticians, as also any legislation that would give the stamp of legality to practitioners of "faith healing" and its variations. Measures such as these have been successfully opposed in the general assembly for many years.

Dr. J. V. Fowler was the only "signer" of the letters who admitted knowledge of their preparation. He said he had assisted Dr. Whalen and expressed surprise because Drs. Lavin, Cotton and others repudiated the political indorsements.

"Those circulars are going to physicians in every senatorial district of the state," said Dr. Fowler. "A meeting of physicians in the Twenty-first, Twenty-third and Twenty-fifth senatorial districts will be held at 4 p. m. next Friday, in Schoenhofen hall. Medical practitioners propose to look after their own interests in the legislature."

This is Sample Circular.

The circular for the Seventeenth district on letter-head paper of the Chicago Medical society, also bore the typewritten signatures of President A. H. Ferguson and Secretary George F. Suker of the Chicago Medical society and Secretary E. W. Weis, Ottawa, and Dr. M. S. Marcy, Peoria, of the Illinois Medical society.

"In the primaries of the respective political parties to be held Sept. 15," says the Seventeenth district circular, "the following candidates in the seventeenth senatorial district are deserving of consideration at the hands of the medical profession: Messrs. Cataldo, Burns, De Andrea, Hogan, Rissman, each having agreed if elected to support the medical profession in the forty-seventh general assembly. Deserving of special consideration is Edward Smejkal for valuable services rendered the medical profession at the last session.

"Every family in the Seventeenth district is attended by some member of our profession. Our power is great if we make a concerted move. It is up to you to do your part. Will you do it? Let us hear from you.

"Most voters have no special choice and will not refuse their family doctor such a trivial request as voting for his friend. Now doctor, get busy. There is another point you want to remember, if you happen to be of opposite political faith it is no reason that you should not have fifty or a 100 friends that you can see who are of the same political faith as the candidate. Don't forget the 'personal favor.' We ask you to see 50 or 100 friends that are voters. Do you realize what this means? Eleven thousand physicians in Illinois seeing the number indicated amount to the follow-

treasurer. Six members shall constitute a quorum. Regular meetings shall be held at least twice a year, at such times and places as shall be deemed most convenient for applicants. Due notice of such meetings shall be given by publication in such papers as may be selected by the Board. Special meetings may be held upon a call of three members of the Board. The Board may prescribe rules, regulations and by-laws, in harmony with the provisions of this act, for its own proceedings and government for the examination of applicants for the practice of medicine and obstetrics. Said Board, or any member, shall have power to administer oaths for all purposes required in the discharge of its duties, and to adopt a seal to be affixed to all of its official documents.

SEC. 3. The Board of Examiners shall preserve a record of its proceedings in a book kept for that purpose, showing name, age, place and duration of residence of each applicant, the time spent in medical study in respective medical schools, and the year and school from which degrees were granted; said register shall also show whether applicants were rejected or licensed, and shall be prima facie evidence of all matters contained therein. The Secretary of the Board shall, on March 1, of each year, transmit an official copy of said register to the Secretary of State for permanent record, certified copy of which, with hand and seal of the Secretary of said Board, or Secretary of State, shall be admitted in evidence in all courts.

SEC. 4. From and after the passage of this act it shall be unlawful for any one to practice medicine in any of its branches upon human beings within the limits of this State who has not registered in the District Clerk's office of the county in which he resides his authority for so practicing, as herein prescribed, together with his age, postoffice address, place of birth, school of practice to which he professes to belong, subscribed and verified by oath, which if wilfully false, shall subject the applicant to conviction as provided by law. The fact of such oath and record shall be endorsed by the District Clerk upon the certificate. The holder of the certificate must have the same recorded upon each change of residence to another county, and the absence of such record shall be prima facie evidence of want of possession of such certificate.

SEC. 5. It is hereby made the duty of the District Clerk of each county in this State to purchase a book of suitable size, to be known as the "Medical Register" of such county, and set apart one full page for the registration of each physician, and to record in the same the name and record of each practitioner who presents a certificate from the State Board of Examiners issued under this act. The clerk shall receive the sum of one dollar from each physician so registered, which shall be his full compensation for all duties required under this act. When any physician shall die or remove from the county, or have his license revoked, it shall be the duty of said clerk to make a note of facts at the bottom of each page as closing the record. On the first day of Jaunary, in each year, said clerk shall, on request of the Board, certify to the officer of the State Board of Medical Examiners, a correct list of the physicians then registered in the county, together with such other information as said Board may require. Any District Clerk, upon conviction of knowingly violating any of the provisions of this act, shall be fined not more than fifty dollars. A copy of the Medical Register pertaining to any person certified to by said clerk under seal of said court; also a certificate issued by said officer certifying that any person named has or has not registered in said office, as required by this act, shall be admitted as evidence in all trial courts.

SEC. 6. Within one year after the passage of this act, all legal practitioners of medicine in this State, who, practicing under the provisions of previous laws, or under

diploma of a reputable and legal college of medicine, have not already received license from a State medical examining board of this State, shall present to the Board of Medical Examiners for the State of Texas, documents or legally certified transcripts of documents, sufficient to establish the existence and validity of such diplomas or the valid and existing license heretofore issued by previous examining boards of this State, or exemption existing under any law, and shall receive from said Board verification license, which shall be recorded in the District Clerk's office in the county in which the licentiates may reside. Such verification license shall be issued for a fee of fifty cents to all practitioners who have not already received a license from a board of medical examiners of this State. It is especially provided that those whose claims to State licenses rest upon diplomas from medical colleges recorded from January 1, 1891, to July 9, 1901, shall present to the State Board of Medical Examiners satisfactory evidence that their diplomas were issued from bona fide medical colleges of reputable standing, which shall be decided by the Board of Medical Examiners before they are entitled to a certificate from said Board. This Board may, at its discretion, arrange for reciprocity in license with the authorities of other States and Territories having requirements equal to those established by this act. License may be granted applicants for license under such reciprocity on payment of twenty dollars.

SEC. 7. All applicants for license to practice medicine in this State who are not licensed under the provisions of the previous section must successfully pass an examination before the Board of Medical Examiners established by this act. Applicants to be eligible for examination must present satisfactory evidence to the Board that they are more than twenty-one years of age, of good moral character and graduates of bona fide, reputable medical schools. Such school shall be considered reputable within the meaning of this act whose entrance requirements and course of instruction are as high as those adopted by the better class of medical schools of the United States, whose course of instruction shall embrace not less than four terms of five months each. Application for examination must be made in writing under affidavit to the secretary of the Board, on forms prepared by the Board, accompanied by a fee of fifteen dollars; except when an applicant desires to practice obstetrics alone, the fee shall be five dollars. Such applicants shall be given due notice of the date and place of examination. Applicants to practice obstetrics in the State of Texas, upon proper application, shall be examined by the Board in obstetrics only, and upon satisfactory examination shall be licensed to practice that branch only; provided, this shall not apply to those who do not follow obstetrics as a profession, and who do not advertise themselves as obstetricians or midwives, or hold themselves out to the public as so practicing. In case any applicant, because of failure to pass examination, be refused a license, he or she shall, after one year, be permitted to take a second examination without an additional fee.

SEC. 8. The fund realized from the aforesaid fees shall be applied first to the payment of necessary expenses of the Board of Examiners; any remaining funds shall be applied by the order of the Board to compensating members of the Board in proportion to their labors.

SEC. 9. All examinations shall be conducted in writing and in such manner as shall be entirely fair and impartial to all individuals and every school of medicine, the applicants being known by numbers, without names or other method of identification on examination papers by which members of the Board may be able to identify such papers until after the applicants have been granted licenses or rejected. Examinations shall be conducted on the scientific branches of medicine only, and shall in-

ing: 11,000 times 50 equals 550,000 voters. This means victory, something that each individual physician should feel proud of. Talk it over with your brother practitioners and clients."

Smejkal's Claim on the Doctors.

Legislator Smejkal's especial claims on the medical profession are cited as his opposition to the osteopathic and optometry bills at Springfield. He recently came into the limelight of the medical schools scandal, it being indicated that he received $700 in connection with a move to secure from the state board of health the re-instatement of the National Medical university. Dr. L. D. Rogers of the university and Dr. Egan, secretary of the state board of health, said that Mr. Smejkal, who was formerly attorney for the state board, did nothing in return for the $700.

"The indorsement of De Andrea, Smejkal and other such legislative candidates by the medical societies, or what purports to be such an indorsement, is a disgrace to the medical profession," said Secretary Harry L. Bird of the Legislative Voters' league.

To Get After Fake Practitioners.—Dr. John F. Downing, secretary of the State Board of Osteopathic Medical Examiners of Pennsylvania, was advised by Deputy Attorney-General J. E. B. Cunningham that the Board has authority to take legal steps for the revocation of a State license secured by fraud to practice osteopathy. Harry F. Simmons, of Allegheny county, is accused of having presented to the Board certificates and papers showing that he had completed the prescribed course of study to enable him to receive a State license, and the Board had learned that he did not have the training alleged. Cunningham says the man cannot be prosecuted for perjury.

That "National Health" Department.—Concerning the creation of this department, which is the purpose of the much talked about Owen Bill, Health Culture of New York City, has the following to say:

"A national health department could do much good for the whole people, and much harm. The repeated efforts of State boards to suppress the independent practice of Suggestion, Christian Science, Mechano-therapy, and other non-drug methods, of treatment and experience of Homeopathy and Osteopathy, clearly indicate that it is inadvisable to establish a medical autocracy. Undoubtedly harm is done by uneducated practitioners of various specialties which their devotees would glorify as cure-alls, but there is also much harm done by the exclusive practitioner of the drug system who would make drugs cure everything, when in fact it can hardly be said that they cure anything. What would be the benighted state of Allopathic medical practice today were it not for the humanizing influence invited by Homeopathy, Osteopathy, Christian Science, Suggestion, and others of the later schools? The healing art is in a state of slow development from the system of the dark ages, and it would be unwise now to stop the influences that have wrought so great a reform that one of the world's foremost educators can stand before a State medical society and say that there are only four drugs that are of any value at all, and if the unfortunate bureaucracy is to be avoided, some energetic work must be done. Legislators must be informed that the people do not want it, and we must inform them."

The Montana State Board Makes a Ruling.—The Montana State Board of Osteopathic Examiners made a ruling as regards applicants licensed by reciprocity, that they must present grades from the state reciprocated with, showing that they received an average of at least 80% in Anatomy and Physiology, and at least 80% in Principles and Practice of Osteopathy. This is in accord with what we require of those examined in Montana. We require an average of 75% on all subjects, minimum grade allowed in subjects except Anatomy and Physiology and Principles and Practice is 60%.

Conclusive evidence has come to the Board that one prominent State (name will not now be given) with which we have been reciprocating, has been constantly imposed upon by some of those examined by it. Aside from other irregularities, textbooks have been taken into the examination rooms and referred to by those being examined. This Board has been notified that unless stringent measures are immediately taken to correct this abuse, no more certificates will be recognized from that State by Montana's Board.—Asa Willard, D. O.

Another Publication Fighting the National Health Department.—The Red Men's Weekly, a publication devoted to the Fraternity by that name, and published in Chicago, is taking up the fight against the National Health Department in no uncertain way. In the issue of August 31st, several pointed articles appeared, and they are conducting an effective campaign.

Bound to Remove Smelser.—The Indiana State Medical Association held its session on September 30th, and endorsed the action of its Board of Counsellors presented by Dr. W. N. Wishard of Indianapolis, that Dr. S. G. Smelser of Richmond be removed from the Indiana State Medical Board. A charge of incompetency is made against Smelser, which is only a subterfuge for the real motive behind the attack. Dr. Smelser has been seeking to give osteopaths a square deal in Indiana, and he, together with Dr. Spaunhurst, the Osteopathic representative, has been instrumental in showing up the dark and tortuous ways of the old clique, represented by the other three members of the Board. It is claimed that Dr. Wishard waited until most of the delegates had gone home to make sure that he could put his recommendation through with regard to Smelser. Smelser is in a fighting mood, and more revelations are promised.

The One Board Medical Act, With Construction of Same by Attorney General of Texas.——Section 1. That a Board, to be known as the Board of Medical Examiners for the State of Texas, is hereby established. Said Board shall consist of eleven men learned in medicine, legal and active practitioners in the State of Texas, who shall have resided and practiced medicine in this State under a diploma from a legal and reputable college of medicine of the school to which said practitioner shall belong, for more than three years prior to their appointment, and no school shall have a majority representation on said Board. Said Board shall be appointed by the Governor of this State within ninety days after this act shall become effective and biennally thereafter within ninety days after his inauguration and term of office of its members shall be two years, or until their successors shall be appointed and qualified. No member of said Board shall be a stockholder or a member of the faculty or a board of trustees of any medical school. Vacancies occurring in the Board shall be filled by the Governor. The word "medicine" as used in this section, shall have the same meaning and scope as given to it in Section 13 of this act.

Sec. 2. The members of said Board shall qualify by taking the oath of office before a notary public, or other officer empowered to administer oaths in the county in which each shall respectively reside. At the first meeting of said Board after each biennial appointment, the Board shall elect a president, Vice-president and secretary-

clude anatomy, physiology, chemistry, histology, pathology, bacteriology, physical diagnosis, surgery, obstetrics, gynecology, hygiene and medical jurisprudence. Upon satisfactory examination, under the rules of the Board, applicants shall be granted licenses to practice medicine. All questions and answers, with grades attached, shall be preserved for one year. All applicants examined at the same time shall be given identical questions in each of the above branches. All certificates shall be attested by the seal and signed by all members of the Board, or a quorum thereof.

SEC. 10. Nothing in this act shall be construed as to discriminate against any particular school or system of medical practice. This act shall not apply to dentists legally qualified and registered under the laws of this State who confine their practice strictly to dentistry; nor to nurses who practice only nursing; nor to masseurs in their particular sphere of labor, who publicly represent themselves as such; nor to commissioned or contract surgeons of the United States Army, Navy or Public Health and Marine Hospital Service, in the performance of their duties, but such shall not engage in private practice without license from the Board of Medical Examinars; nor to legally qualified physicians of other States called in consultation, but who do not open offices or appoint places in this State where patients may be met or called to see. This act shall be so construed as to apply to persons other than licensed druggists of this State, not pretending to be physicians, who offer for sale on the streets or other public places remedies which they recommend for the cure of disease.

SEC. 11. The State Board of Medical Examiners may refuse to admit persons to its examinations or to issue the certificate provided for in this act for any of the following causes: First. The presentation to the Board of any license, certificate, or diploma which was illegally or fraudulently obtained, or when fraud or deception has been practiced in passing the examination. Second. Conviction of a crime for the grade of felony, or one which involves moral turpitude, or procuring or aiding or abetting the procuring of a criminal abortion. Third. Other grossly unprofessional or dishonorable conduct of a character likely to deceive or defraud the public; or for habits of intemperance or drug addiction calculated to endanger the lives of patients; provided, that any applicant who may be refused admittance to examination before said Board shall have his right of action to have such issue tried in the District Court of the county in which some member of the Board shall reside.

SEC. 12. The right herein to practice medicine in this State may be revoked by any court of competent jurisdiction, upon proof of the violation of the law in any respect in regard thereto, or for any cause for which the State Board of Medical Examiners is authorized to refuse to admit persons to its examinations as provided in Section 11 of this act; and it shall be the duty of the several district and county attorneys of this State to file and prosecute appropriate judicial proceedings in the name of the State on request of any member of said Board.

SEC. 13. Any person shall be regarded as practicing medicine within the meaning of this act (1) who shall publicly profess to be a physician or surgeon and shall treat, or offer to treat any disease or disorder, mental or physical, or any physical deformity or injury, by any system or method, or to effect cures thereof. (2) Or who shall treat or offer to treat any disease or disorder, mental or physical, or any physical deformity or injury by any system or method or to effect cures thereof and charge therefor, directly or indirectly, money or other compensation.

SEC. 14. Any person practicing medicine in this State in violation of the provisions of this act shall, upon conviction thereof, be fined in any sum not less than $50 nor more than $500, and by imprisonment in the county jail for a term not exceeding six months, and each day of such violation shall constitute a separate offense, and in no case shall the violator be entitled to recover anything for the services rendered.

SEC. 15. All certificates heretofore issued by any board of medical examiners in this State under any former law shall be and continue in full force for one year after this act shall take effect, but not afterwards, and any person who may, when this act shall take effect, be practicing medicine within this State under the provisions of existing laws or under any exception contained therein, but without license, may, for one year thereafter, but not longer, continue in such practice, without license; and all such certificates and all such rights to practice medicine shall be in all respects subject to the provisions of this act as though issued or acquired under its provisions.

SEC. 16. The terms "physician" and "surgeon," as used in this act, shall be construed as synonymous, and the terms "practitioners" and "practitioners of medicine" and "practice of medicine," as used in this act, shall be construed to refer to and include physicians and surgeons.

SEC. 17. All laws and parts of law in conflict with the provisions of this act be, and the same are hereby repealed.

SEC. 18. The fact that there is now no law properly regulating the practice of medicine in this State, creates an emergency and an imperative public necessity that the constitutional rule requiring bills to be read on three several days be suspended, and the same is hereby suspended, and that this act take effect and be in force from and after its passage.

In Attendance at the Twelfth Annual Meeting of The M. S. O. A.

From left to right first row, top are:—J. S. Rydell, S. H. Stover, J. G. Bertrand, J. W. Hawkinson, C. Woolson, L. E. Ijams, Mrs. D. J. Kenney, C. Becker, A. Kelley.

Second Row:—W D. Engelke, Flora M. Davey, Dorothy Stevens, M. O. Gebhart, L. S. Keyes, Lillie Taylor, F. C. Farmer, Harriett Nelson, L. A. Woolson, K. Janie Manuel, D. J Kenney.

Third row:—G. L. Huntington, H. A. Rehfield, A. Taylor, C. W. Young, D. B. Catlin, R. F. Weeks, F. E. Jorris, W. G. Sutherland.

Montana State Board Examination

Histology and Pathology.

EXAMINER, DR. WILLARD.

NOTE.—Answer 10 questions. No choice on 7, 8 and 9; they must be answered.

1. Describe histological structure of the urinary tubules. 2. Give the histological structure of the arterial walls. 3. Give the histological structure of heart muscle and describe changes occurring in fatty degeneration of the heart. 4. Describe the minute structure of the liver, 5. of the spleen, 6. of the large intestines. 7. What pathological conditions exist in adjacent nerves following a recent (one to three weeks) osteopathic lesion of an upper dorsal vertebra? 8. What pathological conditions exist in spinal cord following a recent (one to three weeks) osteopathic lesion?. 9. What pathological conditions of stomach may exist as a result of osteopathic lesions to vertebrae and adjacent tissues in upper dorsal region? 10. What is the pathology of the cord in tabes dorsalis? 11. Define embolus, thrombus, pyemia, metastasis. 12. Give the pathological condition of the lungs in lobar pneumonia.

Gynecology and Obstetrics.

EXAMINER, DR. WILLARD.

NOTE.—Answer any ten questions. In the case of each question where cause or treatment for pelvic conditions are asked for cause and treatment from a distinctly osteopathic standpoint will rank as at least one-half of the question and grading will be done accordingly.

1. Describe the normal uterus, giving size, shape, structure, position and relation to other structures. 2. Give nerve and blood supply of uterus explaining how these are osteopathically affected. 3. Give nerve and blood supply of ovaries explaining how these are osteopathically affected. 4. Diagnose pregnancy of three months' duration. 5. Give causes of amenorrhea. 6. Give causes of sterility. (b) Give treatment for each cause. 7. Give treatment for retroversion and prolapsus of uterus. 8. Give principal causes of abortion and miscarriage. (b) Treatment. 9. How, during delivery, should laceration of the genital tract be guarded against? 10. What causes the nausea and vomiting of pregnancy? (b) How would you treat to relieve? 11. How would you control a post-partum hemorrhage? 12. In case of uterine inertia what would your treatment be to stimulate contraction?

Principles and Practice of Osteopathy.

EXAMINER, DR. WILLARD.

Answer any 10 questions.

1. Explain how, in each case, lesions of the 5th cervical, 1st dorsal and head of first rib might cause enlargement of thyroid gland. 2. Why does a lesion of any given vertebra not always produce like results? 3. How might a lesion in the cervical region predispose to apoplexy; (b) one at the 4th dorsal; (c) a downward displaced clavicle? 4. What treatment would you give to relieve congestion of the head? 5. State what your treatment would be in a case of typhoid fever, and reasons for em-

ploying such treatment. 6. Suppose the bones of both lower limbs are of equal length and neither is broken yet, when a patient lies on back with limbs extended, and right heel extends three-fourths of an inch below the right. Name five conditions which could cause this and give in detail the method you would pursue in ascertaining the cause. 7. Illustrate on this patient how you would adjust a 5th rib on the right side, which is subluxated in such manner as to cause the front part to be down and the back part up. Explain the mechanism of your method on the skeleton. 8. Illustrate how you would correct a first dorsal vertebra subluxated to the right, explaining in detail on the skeleton the mechanics of your method. 9. Explain how a slipped innominate can produce sciatica. 10. Carefully examine this case pointing out and describing lesions which you consider are present and explain how you are enabled to detect them. 11. What lesions might cause gall-stones and in what way would they do so? 12. Where would you look for lesions productive of hemorrhoids? and explain how lesions so located could produce hemorrhoids.

Chemistry.

EXAMINER, DR. DAWES.

Any ten. 1. Give significance of sugar in the urine, and describe two tests for sugar. 2. Give specific gravity of urine and state in what pathological condition it is lowered. Raised? 3. Give normal reaction of urine and tell how it may be changed. 4. (a) What does albumin in the urine indicate? (b) When may it not indicate a pathological condition? (c) Describe two tests for albumin. 5. Give normal amount of urea excreted in twenty-four hours. When increased? When decreased? 6. Give test for bile pigments. 7. Name elements of normal urine. 8. When and how may uric acid be formed? 9. What pathological conditions are indicated by pus in the urine? 10. Of what do urinary casts consist? What do they indicate? 11. Give diagnosis of opium poisoning and treatment of same. 12. Give diagnosis of strychnine poisoning and treatment for same.

Symptomatology.

EXAMINER, DR. DAWES.

Any ten. 1. Give symptoms and indications for surgical interference in acute appendicitis. 2. Give diagnosis, complications, sequelæ and treatment for scarlet fever. 3. Give symptoms and treatment of uræmic poisoning. When is it likely to occur? 4. Give symptoms and prognosis of epilepsy. 5. (a) Give diagnosis, prognosis and treatment of progressive muscular atrophy. (b) muscular dystrophy. (c) differentiate. 6. Give symptoms in diabetes mellitus. 7. Give diagnosis and treatment of smallpox. 8. Give symptoms in Bright's disease. 9. Give symptoms in pulmonary tuberculosis. 10. Give diagnosis in lobar pneumonia. 11. Give symptoms and diagnosis of diphtheria. 12. Give cause, symptoms and treatment of erysipelas.

Texas State Board Questions.

Austin, June 28-30, 1910.

Anatomy.

1. Give the origin, relation, course and distribution of the posterior tibial artery. 2. Give the muscles of the orbital region, describing one, giving its attachments and insertion with its action and nerve supply. 3. Describe the posterior triangular space of the neck, naming the structures found therein, together with their relation to each other. 4. Describe the ulna, giving its muscular attachments. 5. Describe knee joint, giving the osseous and ligamentous structures that enter into its formation. 6. Describe the collateral circulation around the elbow. 7. Describe the perinæum, giving the nerve and blood supply to the parts, together with their source and relations. 8. Name the extensor group of muscles in the forearm; describe one fully, giving its attachment and insertion, together with its action and nerve supply. 9. Describe the brachial plexus of nerves. 10. Outline and give a gross description of the liver, together with its relation to the internal organs.—W. B. COLLINS, Lovelady.

Physiology.

1. Name the nerves supplying the tongue; (b) give the function of each. 2. Give the velocity of the blood flow in the large arteries; (b) capillaries; (c) give time necessary for a complete circulation of the blood; (d) give velocity of nerve impulse. 3. To classify all the senses as external and internal; name five belonging to each class. 4. Give action of the following enzymes, and tell where found; (b) amylopsin; (c) invertase; (d) lipase; (e) pepsin; (f) erepsin. 5. What tissues of the body possess marked power of contractility? 6. Name the nerves supplying the heart; (b) give function of each. 7. What artificial stimuli may produce muscular contraction? 8. What is the normal blood pressure in an adult, expressed in m. m.'s? 9. Describe the following terms: (b) tidal; (c) complemental; (d) supplemental; and (e) residual air; and (f) vital capacity. 10. Define (a) miosis; (b) mydriasis; (c) eupenea; (d) necremia; (e) hydremia; (f) choluria; (g) bitomy; (h) albuminuria; (i) alopeceia; (j) chenosis.—M. E. DANIEL, Honey Grove.

Chemistry.

1. Give toxic symptoms of bismuth; (b) say how they may occur; (c) and describe a test for same. 2. Give symptoms of fatal dose, and (d) treatment of ammonium hydroxide poisoning. 3. Give Graham's law covering diffusion of gases. 4. The presence of ammonia in excess of 0.05 mg. per liter in water indicates what? 5. What is acetone; (b) clinical significance; (d) describe a practical test for same. 6. Define hemoglobinuria and give a test for hemoglobin. 7. Give a simple, practical test for pus in the urine. 8. What is muscarin; (b) where found; (c) symptoms of poisoning; (d) antidote? 9. How is the specific gravity of a gas determined? 10. Differentiate dialysis and osmosis.—T. J. CROWE, Dallas.

Histology.

1. Describe the histological structure of the skin. 2. Describe the histological structure of the pancreas. 3. Describe the histological structure of the tonsils. 4. Where is unstriped muscular tissue found? 5. Describe the pacinian corpuscle. 6. Give the histological difference between the wall of an artery and the wall of a vein. 7. Name the genital organs of the male system and describe the vas deferens. 8. Name the genital organs of the female system, and, if any, what is the difference between the mucosa of the body of the uterus and that of the cervix? 9. Enumerate the different epithelia, giving a locality or organ in which each is found, predominates. 10. Describe the microscopical appearance of a cross-section of a nerve fibre.—J. P. RICE, San Antonio.

Medical Jurisprudence.

1. Give the eight varieties and classification of insanity. 2. What is meant by justifiable abortion; (b) and differentiate justifiable abortion from criminal abortion? 3. Give the chemical tests of blood. 4. What is meant by rape; (b) give the three important constant symptoms or signs as medical testimony in alleged rape? 5. What do you understand by age of consent in reference to rape? 6. Give common cause of death from wounds. 7. Describe death from and give the post mortem signs of strangulation. 8. Describe, define and differentiate illusion, delusion and hallucination, and the lucid interval. 9. What are the effects of exposure to extreme heat? 10. By what means may the dead be identified?—J. D. Osborn, Cleburn.

Bacteriology.

1. Describe Gram's method of staining. 2. Name three pathogenic bacteria that are stained by Gram's method. 3. Name or give examples of three different bacteria which do not stain readily. 4. Describe the process of staining blood. 5. In normal blood, stained, describe the various cells. 6. Name three different pus producing bacteria. 7. What are the chief effects of bacterial growth? 8. Before being accepted as the cause of a given disease a germ must conform to what is known as "Koch's Four Laws;" name them. 9. In diagnosis, name the means for identifying bacteria. 10. What are ptomains and toxins?—J. J. Dial, Sulphur Springs.

Pathology.

1. Panaritium Tendenæum: Give its pathology and give reasons why a felon of the thumb and little finger is more liable to spread into the palm of the hand than felon of the three middle fingers. 2. Wounds: In a wound of any kind, septic or aseptic, certain principles of treatment if faithfully carried out, will greatly contribute toward a union by first intention; please name these principles. 3. Poisons: Caustics and irritants; describe their effects upon the body tissues and how these effects are brought about. 4. Give causes of catarrhal jaundice, and its effects upon the system. 5. Give pathology of pleurisy and name the two diseases it most commonly occurs in as a complication. 6. Give pathology of phlegmonous tonsilitis. 7. Give the pathology of yellow atrophy of the liver. 8. Name three varieties of sarcoma, and describe the cells of each variety named. 9. Typhoid fever: Give its cause and pathology. 10. Dermoid cysts: To what class of tumors do they belong, and on what parts of the body do they most frequently occur?—J. J. Dial, Sulphur Springs.

Hygiene.

1. Why and how is carbon-dioxid deleterious to health? 2. Name the chemical germicides most commonly used and the proportions employed. 3. What is the difference between fermentation, oxidation, and putrefaction? 4. Mention the preventable epidemic diseases, and state how you would check the spread of each. 5. Name and describe the principal chemical elements of food, giving the use of each. 6. What is the effect of alcohol upon the nerve centers; circulation? 7. How are impurities in water classified; how can they be detected, and why is the presence of organic material in drinking water deleterious? 8. Give the principal factors upon which natural and acquired immunity depend. 9. Give period of detention of persons exposed to the following infectious diseases: Smallpox, measles, scarlet fever, diphtheria, cholera, typhoid fever, and yellow fever. 10. Give the information of the four standard disinfecting solutions.—J. F. Bailey, Waco.

Gynecology.

1. Give clinical symptoms of stenosis of the cervix, and give remedy. 2. Give differential clinical diagnosis of cervical stenosis and artersia of the vagina. 3. Give the classification and causes of dysmenorrhea. 4. Give the causes of and remedy for procidentia. 5. Give differential diagnosis of ovaritis and appendicitis in a young woman; would you or would you not advise operative procedure in either condition? 6. For what pathological condition would you advise amputation of the cervix? 7. What are the relations between menstruation and ovulation? 8. Give the hygiene of the menstrual period. 9. What is artificial menopause, its etiology and the pathological conditions that justify it? 10. When and for what purpose would you use the following suture material: Silk, silk worm gut, plain catgut, chromic catgut and silver wire, in gynecological work?—R. O. Braswell, Fort Worth.

Physical Diagnosis.

1. Give the physical signs of Raynaud's disease and describe the different grades. 2. What is meant by dyspnœa; in what disease it it a prominent symptom? 3. Name six causes for the displacement of the cardiac apex. 4. Name the points to be noted when taking the pulse. 5. Give the most important signs of thoracic aneurism. 6. Name the different groups of ephysema and describe each briefly. 7. What organs can be felt through the abdominal walls by palpation? 8. Name the most common diseases affecting the peritoneum, and the commonest cause of local peritonitis. 9. What is meant by jaundice, and give some of the causes? 10. Name some of the symptoms of intestinal diseases.—R. H. McLeod, Palestine.

Obstetrics.

1. Describe the human embryo during the fourth, sixth and eighth month, giving the appearance and weight. 2. What effect would double ovariotomy have on the fœtus of five months' gestation? 3. Describe changes occurring in the blood during gestation. 4. What are the effects of an acute zymotic disease during pregnancy on (a) mother; (b) child? 5. What are the dangers to (a) mother; (b) the child, from gonorrhea during pregnancy and labor? 6. What is the significance of glycosuria during pregnancy, and the frequency of its occurrence during pregnancy? 7. Causes, pathology and treatment of puerperal eclampsia and the danger signs of impending eclampsia? 8. Give the varieties of puerperal eclampsia and their differential diagnosis. 9. What is Tavnier's signs of inevitable abortion, and give its importance in the diagnosis of inevitable abortion? 10. Give the formation of caput succedaneum and where does the caput succedaneum appear in the third position—J. D. Mitchell, Fort Worth.

Surgery.

1. How do you prepare patients for the administration of anæsthesia? 2. How do you treat acute synovitis? 3. How is the callus disposed of about a fracture? 4. What are the causes of gangrene? 5. What complications accompany fractured ribs? 6. What symptoms denote malignant disease of the prostate? 7. What changes take place in strangulated hernia? 8. What precautions are observed in excising a joint? 9. Under what circumstances should the head of the femur be excised? 10. Give differential diagnosis between intra-capsular fracture and an extra-capsular.—E. P. Becton, Greenville.

Book Reviews.

Normal Histology.—With special reference to the structures of the human body, by George A. Piersol, M. D., Sc. D., Professor of Anatomy in the University of Pennsylvania. 418 pages. 438 illustrations, many in colors. J. B. Lippincott Company, Philadelphia and London. Price, cloth, $3.50, net.

To the beginner there is perhaps no subject in the medical curriculum which seems quite so dry and hard as histology, partly because the exact bearing which a thorough understanding of microscopical anatomy has to his knowledge of disease and disease processes is not apparent, and often much also depends upon the arrangement and illustration of the text he is asked to use. In the arrangement of this text, by the lucidity and comprehensiveness of the subject-matter, and with the excellent character and number of illustrations, the student is supplied with a maximum means for self-help, and the practitioner will find it adequate for all ordinary purposes of reference. Although a number of illustrations used in the Anatomy by the same author have here been reproduced, yet in no sense does this detract from the merits of the work. The book is passing into its eighth edition, and has been rewritten and brought thoroughly up to date.

A Handbook of Medical Diagnosis.—In four parts, for the use of practitioners and students, by J. C. Wilson, A. M., M. D. 408 text illustrations, and fourteen full-page plates. 1412 pages. Second Edition, Revised. Philadelphia and London. J. B. Lippincott Co., Price, cloth, $6.00.

This book has been written to provide a convenient and practical presentation of the subject of medical diagnosis, that will prove useful to the profession at large. The treatment of the subject-matter has been arranged under four main headings in order to simplify the arrangement of the topics and make a ready reference to them possible. The work is written from a practical rather than a theoretical standpoint, and therefore a considerable degree of positiveness may be found which would otherwise be unjustifiable. The author is a man of wide experience and far-reaching knowledge, whose opportunities have enabled him to examine many rare cases and unusual conditions, and whose career, as he states in his preface, has been such as to "arouse enthusiasm, but beget caution," for it has not in any way encouraged the belief that

diagnosis in medicine is an easy matter, but forces the conclusion that it is often difficult and in rare instances impossible. The illustrations are very helpful, being largely drawn from the author's personal observations, and being selected solely with the view of elucidating the subject in hand. The work is divided into four parts: of Medical Diagnosis; of the Methods and their immediate results; of symptoms and signs; of the Clinical Applications; and this last section contains fifteen sub-divisions, each phase and department of disease being dealt with separately. We were especially interested in a number of illustrations, one showing the connection between sympathetic nerves supplying viscera and spinal nerves supplying muscles of abdominal walls, and another the afferent nerves which may excite the vomiting center. But one step further, and the author would have touched on Osteopathy. It is a thoroughly standard book, and we recommend it.

Diseases of Infancy and Childhood.—Their Dietetic, Hygienic and Medical Treatment. A textbook designed for practitioners and students in medicine, by Louis Fischer, M. D. Third Edition, with three hundred and three illustrations, several in colors and twenty-nine full-page half-tone and color plates. 980 pages. Philadelphia, F. A. Davis Company, Publishers, 1910.

This work has passed rapidly through three editions, and in this last revision a considerable amount of new material has been incorporated in order to conform with the progress of science. The book is exceptionally complete, being divided into twelve sections dealing with the new-born infant; abnormalities and diseases of the newly born; feeding in health and disease; disorders associated with improper nutrition, and diseases of the mouth, œsophagus, stomach, intestines and rectum; diseases of the heart, liver, spleen, pancreas, peritoneum and genito-urinary tract; diseases of the respiratory system; the infectious diseases; diseases of the blood, lymph glands or nodes, and ductless glands; diseases of the nervous system; diseases of the eye, ear, skin, and abnormal growths; diseases of the spine and joints; miscellaneous. Each section is further subdivided into numerous chapters, making it especially easy to locate any given condition. The first section is of a nature to be useful to many parents, dealing as it does with the general hygiene of the infant, and its development from every standpoint. It is especially interesting to notice the methods of treatment which almost invariably consist of "cleanliness," "asepsis," "if possible remove the cause" and such like, and we feel that if the author realized how easily an osteopath could remove some of the causes he would have added "search for lesions." Undoubtedly the book is a valuable one, and would prove of

great help to almost any practitioner; moreover, it is written most interestingly and presents the symptoms, diagnosis and prognosis of the various diseases in clear and authoritative manner.

The Millard-Evans Osteopathic Lesion Charts.—By Dr. F. P. Millard and Dr. A .L. Evans. Three Charts, each 22x38 inches, handsomely lithograped, with bronzed tin top and bottom. Price, $5.00 per set. A. L. Evans, D. O., Miama, Fla.

DESCRIPTION OF CHART I.—This Chart is in five colors and is double spined. The following points of interest are shown:

I. The posterior spine is normal. II. The anterior spine contains osteopathic lesions. III. The 3rd cervical, the 2nd, 7th and 11th thoracic, and 2nd lumbar are rotated, showing impingement of nerves in the various regions. IV. The vertebral vessels are shown obstructed by 3rd cervical lesion. V. The pneumogastric nerve is shown, its cranial exit, with its branches and communications. VI. The rami communicates are shown in cervical, dorsal, and lumbar regions. VII. Superficial and deep cardiac plexuses. VIII. Right and left coronary plexuses. IX. Esophageal plexus. X. Gastric plexus. XI. Three splanchnic nerves. XII. Renal plexus. XIII. Mesenteric plexus. XIV. Hypogastric plexus. XV. Section of the small intestine with nerve and blood supply. XVI. Section of colon with nerve and blood supply. XVII. Femoral vessels and XVIII. Anterior crural nerve passing down the left thigh. XIX. Vesical plexus.

DESCRIPTION OF CHART II.—In yellow, red and black. Posterior view showing: 1. Spine, ribs, innominate, and femurs. 2. All of the scaleni muscles with their origins and insertions. 3. 1st and 2nd ribs subluxated, due to contraction of these muscles. 4. 3rd cervical in malposition, shown by dotted lines. 5. Branch of 1st thoracic joining brachial plexus. 6. Cervical and brachial plexuses. 7. The 5th left rib subluxated upward. 8. The 5th right rib subluxated downward. 9. The 5th thor. vertebra rotated to the left. 10. The 12th rib subluxated downward. 11. The kidneys in relation to the 12th rib. 12. The intercostal nerves and vessels on both sides. 13. Lumbar vessels and plexus of nerves. 14. The left innominate rotated backward on the sacrum. 15. The right innominate rotated foward. 16. The left femur drawn upward. 17. The right femur forced downward. 18. The left sciatic in its relation to the spine of the ischium and femur. 19. Right gluteal and sciatic vessels in their relation to the sciatic nerve. 20. Comes nervi ischiadici accompanying sciatic nerve.

DESCRIPTION OF CHART III.—In yellow, red and black, double spined. The following points of interest are shown:

1. The intercostal vessels and nerves in their normal relation to the ribs and their sources from the aorta and spinal cord respectively.

2. The internal mammary, and the anastomosis of its intercostal branches with those from the aortic intercostals.

3. The intercostal nerves coming directly from the spinal cord (indicated by dotted lines where the nerves pass back of the ribs.)

4. The cervical and brachial plexuses, the brachial plexus leaving the cervical region between the scaleni muscles.

5. The first and second ribs are drawn upward, indicated by dotted lines, at the vertebral ends through the contraction of the scaleni muscles.

6. The spine in the background shows the sympathetic chain and its connection with the spinal nerves.

7. The inferior cervical ganglion passing over the head of the first rib, which will explain the disturbance caused by the rib being elevated at its vertebral end.

8. The thoracic ganglia are all shown in their relation to the heads of the ribs as well as their relation to the vertebræ in the different regions.

9. The vertebral artery in its relation to the transverse processes of the cervical vertebræ.

10. The phrenic nerve from its origin to its position in relation to the scalenus anticus muscle and the subclavian vessels. This can be used in explaining the controlling of hiccoughs by osteopathic methods.

11. The innominate bone is shown with a backward rotation and the femur in the acetabulum is drawn upward, producing the shortened condition of the limb as often noticed in innominate lesions of that nature.

12. The great sciatic nerve in its relation to the spine of the ischium.

13. The coccyx, subluxated forward and backward on its sacro-coccygeal articulation.

14. Ganglion of impar in its relation to the coccyx.

The convenience of a number of good charts in the office of the practitioner is recognized by all. However, the charts in existence which really show something from the osteopathic viewpoint are very few and for that reason this set will be found especially useful as a help in explaining the osteopathic principle to the laity. They are equally helpful to the student. Two of the charts are double spined, and the third one, being a back view, is single. The idea of the illustrator in drawing these charts double spined is for the purpose of comparing the normal with the abnormal. The posterior spine in each instance in a normal position with cerebro-spinal and sympathetic normal nerve connections, while the anterior spine, or the one in the foreground is shown with abnormalities in the way of osteopathic lesions. The production from every standpoint is most worthy, and we bespeak for them the extensive introduction they deserve

Massachusetts Notes.

A new osteopathic sanitarium and private hospital has been opened by Dr. Freeman W. McDonald at 518 Commonwealth Avenue, Boston. Associated with him are Drs. Harry B. Bolan and Clyde R. Cowan.

Dr. Peter J. Wright was married to Miss Florence G. Rayner of Dorchester, on August 1, 1910. They will live in Hyde Park, where the Doctor has a flourishing practice.

Dr. Emily G. Wilson has moved her offices to the Woodbury Building, 229 Berkeley Street, Boston.

Dr. Maude Goodwin is removed from The Ilkley, and is residing in Allston. The Doctor plans to take a good rest this fall and winter.

Dr. Eloise F. Jacobs has changed her residence to Brookline, as has also Dr. Arthur M. Lane and the Drs. Byrkit. Dr. F. K. Byrkit will have his in-town office at the Pierce Building.

The friends of Dr. Charles W. Hiltbold will be shocked to hear of his sudden and entirely unexpected death on Tuesday morning, September 13th. The Doctor, who was Professor of Obstetrics at the M. C. O., had just returned from his vacation and was feeling in good trim for a hard winter's work, when the call came. The funeral took place at Wellsboro, Pa., his family home. Floral pieces were sent by the directors and faculty of the Massachusetts College of Osteopathy, the Massachusetts Academy of Osteopathic Physicians, the Massachusetts Osteopathic Society, the Staff of the Chelsea City Hospital, the class of 1903 at the M. C. O., and individuals. The Doctor left a widow and a baby daughter two and a half years old.

News of the Month.

Apparatus for the Treatment of Scoliosis During Sleep—Dr. Fritz Lange exhibited a brace that he had devised for this purpose, thus preventing patients from losing at night all the good that they had acquired in the daytime.

Dr. Sayre said that patients that are badly deformed could not be cured, but that a good deal could be done for them. He considered that in a good many instances the orthopedist did not apply the force in the right way. He should exert a rotating force upon the vertebræ, in order to turn them; but he usually applied the force laterally. He considered Dr. Lange right in saying that to apply correction to the spine during the day and leave it to get crooked during the night was a very useless procedure. Regarding the length of the apparatus, Dr. Sayre said that if it stopped at the axilla it would leave the upper part of the body very much unprotected. He thought that enough stress had not been laid upon the necessity for preventing patients from becoming scoliotic by the use of traction to the head for a long time.

Dr. Frieberg exhibited an instrument for measuring the degree of scoliosis. It combined in one instrument measurements that had formerly required two, and was cheaper for Americans to obtain than the imported instruments.

Significance of Edema of the Soft Palate.—Lewis S. Somers says that edema of the soft palate, and especially of the uvula, while an apparently trivial symptom, may be the expression of a serious affection. The most frequent and trivial type is that caused by excessive use of the voice. It may be associated with general affections, as rheumatism, grip, etc., or with local affections, as peritonsillar abscess. Again, edema may occur as the direct result of traumatism, such as is caused by operation in this region, and the application of the cautery to the tonsils; or it may occur in association with ulcerative processes of the mouth and pharynx. In some cases edema is a prodromal symptom of acute articular rheumatism, and it is nearly always an accompaniment of faucitis, as erysipelas or septic infection edema of the uvula is nearly always an accompaniment. As an indication of serious organic changes in the kidneys, edema of the uvula should arouse suspicion, as it may be the only symptom of approaching uremia. Edema of the uvula is rare in acute nephritis, but occurs in cases of scarlet fever, in

which the edematous uvula represents both the virulence of the local infection and the subsequent toxic nephritis. Corrosive poisons may produce this edema. The author discusses the question as to why the uvula should present edema in such a number of conditions. Two factors are especially concerned in the mechanism, traumatism and structure of the uvula.

A Study of Functional Exercises in Some Nervous Diseases.—By "functional exercises" William Burdick means the accomplishment of acts that are done by a normal individual in his daily life, and says that these differ somewhat for each individual according to his vocation in life. The exercises that the author uses are based upon Frenkel's more often modified and simplified than made more complex. In most cases locomotion has been the end desired, but to bring this about has required the learning of details one has probably never considered as entering into walking. The great danger in connection with the exercises is that of causing fatigue to the nerves. Successful results depend upon perseverance, intelligence and the condition of the patient. The theory upon which the author works is that frequently repeated exercises done voluntarily teach the cortex of the brain to control and direct the act. The treatment of twenty cases, which includes seven of tabetic ataxia, three of paralysis agitans, two of combined sclerosis, one of multiple sclerosis, two of hemiplegia, two of anterior poliomyelitis, one of multiple neuritis, one of diffuse degeneration of the spinal cord, and two of spinal lesions undiagnosticated lead the author to conclude as follows: (1) In no case has there been a failure to better the difficulties of movement; even though the betterment might be slight it was such as to make one believe more and more in the possibilities of exercise. (2) Better coordination can be secured. (3) Exercise will, if unable to overcome the defects of the lesion, be able to teach other muscles to do the work vicariously. (4) These exercises apparently retard the progress of the disease.

The Relation of Poliomyelitis to the Community With Reference to Etiology and Prevention.—Dr. Robert W. Lovett read an exhaustive paper on this subject, illustrated with charts containing statistics gathered from the Massachusetts epidemic that occurred last year. The following facts were mentioned: Outbreaks of infantile paralysis has greatly increased in various parts of the world within the last five years, in a measure not to be explained in any way by the increased interest in the disease. It is apparently more prevalent in warm than in cold countries. From the northern part of the United States more cases have been reported than from other parts of the world. We do not know by what channel the disease enters the body, nor how to prevent its spread. Careful investigations have been made, including a house-to-house canvass in infected districts, made by competent medical men, giving their whole time to the investigation. The data given in the charts were merely submitted as part of an unfinished investigation, and no conclusions were drawn from them.

The Clinical Aspects of Poliomyelitis: Types; Communicability; Mortality.—Dr. L. Emmet Holt said that the disease varied greatly in its communicability at different times, and that these differences could not be reconciled. It often demands strict quarantine. Healthy persons may be carriers of infection, which may occur at a considerable time after contact with active cases. There is no evidence of the existence of other medium of contagion than contact with persons suffering with the disease or those exposed to it. The author thought that a new name for the disease should be sought, and suggested the term epidemic myelitis or epidemic myeloencephalitis.

Experimental Epidemic Poliomyelitis and its Relation to Human Beings.—Dr. Simon Flexner presented a report on the experimental study of poliomyelitis in monkeys, giving facts relating to the spontaneous disease in man. Dr. Flexner considered the active agent to belong to the class of filterable viruses; that is, viruses of ultramicroscopic size. There is no evidence of its being possible to cultivate it outside the body. The experimental disease is not only identical with the spontaneous in respect to its clinical appearances, but also in respect to its pathological lesions. The animal inoculated with the virus may remain in good health for sixty days afterward, when unmistakable symptoms of the disease appear. The chief seat of the disease is in the nervous system, and the membranes of the nose and throat become infected from proximity to the membranes of the brain and cord. Dr. Flexner thought it probable that the virus left the body through the nasal excretions, and entered the bodies of other persons through the same route. One attack confers immunity in the monkey and the blood of immunized animals will neutralize the virus. The blood of children recovering from poliomyelitis also possesses this power. The disease may be diagnosticated in the monkey by means of the cerebrospinal fluid, some time before the appearance of symptoms. It is a much more fatal disease in monkeys than in human beings, but these animals are not naturally subject to it, a certain amount of traumatism being required in order to allow the virus to gain entrance.

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Pathology of Poliomyelitis.—Dr. Israel Strauss said that the rapid disappearance of the extensive paralysis often present, even in sporadic cases of poliomyelitis was probably due to a subsidence of the inflammatory edema that had interfered with the conductivity of the nerve fibers, a similar condition being found in the collateral edema causing paraplegia in Pott's disease. Many of the cells at any particular level of the cord would be either not at all or very slightly affected, and would probably undergo a rapid restoration of function. Sporadic cases rarely have symptoms referable to the meninges, probably because the virus is not virulent enough to cause the final infiltration of the fatal cases. The extent of the paralysis gives no idea of the extent of the lesion. The bulbar cases may have cord involvement, and yet no symptoms of it. In every case in which the cord is affected there are some inflammatory changes in the bulb, even though no symptoms are present. Dr. Strauss based this conclusion upon the fact that even in those cases in which death is due to respiratory failure an examination of the bulb shows an increasingly intense inflammation extending up into the basal ganglia, and yet causing no other symptoms than paralysis of the motor nucleus of the nasal and glossopharyngeal nerves. In the vast majority of the cases the physician is handicapped by his inability to recognize the disease.

International Pure Milk League.—Under this title an organization was recently formed by a number of women in the City of New York at a meeting in the Hotel Astor. The league will devote itself to the investigation of the sources of milk supplies and the production of clean, pure milk at prices within the reach of persons of moderate means. In New York the league will cooperate with the Department of Health in any measures looking to the betterment of the milk supply.

Duodenal Feeding.—Einhorn of New York has thus far employed this new resource in three cases. He first demonstrated it to the staff of the German Hospital, New York, in February of this year, and one of his cases was treated after that period. Such a method is naturally aided by radiography in demonstrating that the feeding tube is actually in the duodenum. The entire apparatus employed is known as the duodenal pump. The thin narrow tube may be retained in the digestive tract for ten or twelve days without discomfort, and the patient may be nourished in two-hour intervals. The tube is evidently first swallowed by the patient and then allowed to find its way into the duodenum. Two or three hours may be required for this purpose. The tube is aspirated from time to time and the presence of an alkaline reaction, bile and pancreatic enzymes gives evidence that it has reached its destination. The food administered consisted of milk, egg in a fluid state, and lactose. This method will prove useful in complete rejection of food by the stomach, with unsatisfactory results from rectal feeding.

Bacterial Causation of Meat Poisoning.—Bofinger and Dieterlen, army surgeons, discuss the somewhat hackneyed theme of the relationship which exists between ptomaine poisoning and paratyphus infection. As is well known, the lines of demarcation between the simplest food diarrhea on the one hand and the great intestinal poisonings—as expressed in such affections as typhoid, cholera, dysentery, etc.—on the other hand, are not readily established. Thus a case of apparent ptomaine poisoning turns out to be one of paratyphoid, and there is no doubt that what we understand by food poisoning proves a powerful factor in the genesis of certain specific epidemics of enteric origin. The authors add but little to the sum of our knowledge of these matters. In an outbreak of diarrhea among troops they examined the feces and found a bacterium which responded to all the tests of a true Gartner bacillus. The cause of the diarrhea lay, doubtless, in a blood pudding which had been commonly consumed by the troops. From the stools was isolated a bacillus which corresponded throughout with the so-called Gartner microorganism. From the blood pudding was isolated a germ which differed somewhat from the paratyphus B., on the one hand, and the Bacillus coli on the other. Passed through the white mouse the germ behaved like a true Gartner bacillus.

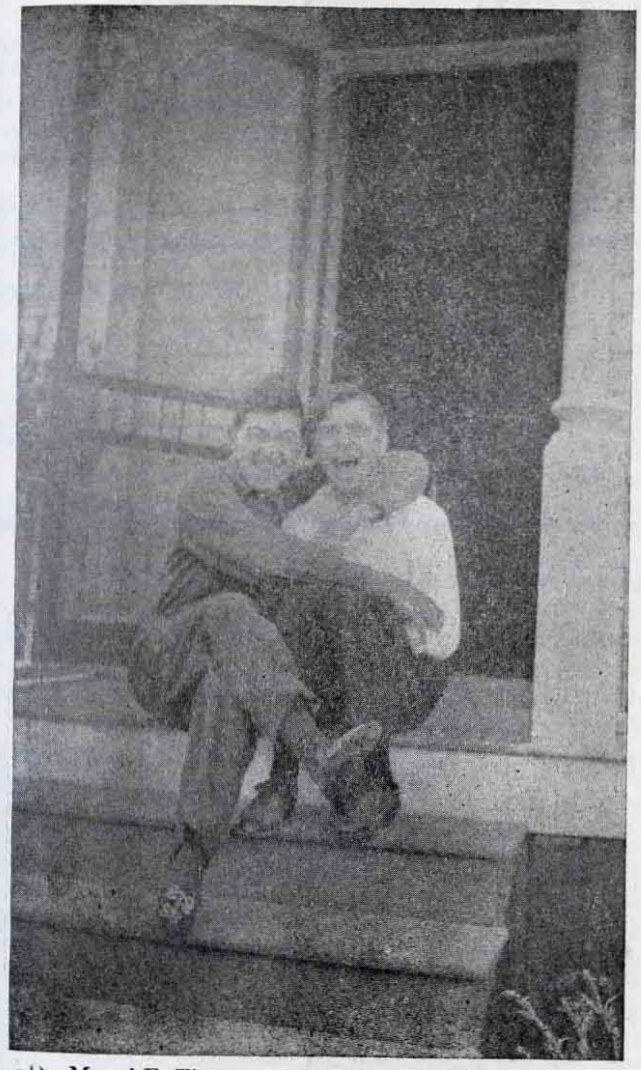
Epistaxis in Relation to Constitutional Diseases.—Harold Haus states that the constitutional causes of epistaxis are alterations in the constituents of the blood, diseases of the blood vessels, obstruction to the circulation, vicarious discharge, lowered resistance of the tissues due to chemical and bacterial toxins, and pathological infective changes in the nasal mucosa caused by a general disease. The constitutional diseases with which epistaxis is associated are divided into seven groups: Group I, infectious diseases; tyhphoid fevers, etc. Group II, anemias and other blood conditions. Group III, circulatory diseases, including diseases of the heart, liver, kidneys, and blood vessels. Group IV, respiratory diseases. Group V, specific local inflammations, as syphilis, tuberculosis, leprosy, carcinoma. Group VI, miscellaneous diseases; vicarious menstruation, caisson dsease. Group VII, drug poisoning; phosphorus, chloralamide, salicylic acid compounds.

Dislocation of the Neck During Sleep.—Douglas E. Derby writes that while in Nubia, in connection with the Archeological Survey, a native boy, eight years of age, was brought to him whose head was tilted to the right side and rotated in the same direction. Any attempt

to turn the head was accompanied by pain; muscles on the left side of the neck were extremely tender, and there was a definite lump slightly to the left of the middle line which appeared to be contracted muscles. The father said it might have come on during sleep. Three weeks later, having read a paper on the subject in the meantime, by F. M. Sherman, he put the boy under an anesthetic and had him held while he pulled strongly and steadily backwards, keeping the head still in the twisted position, and then rotated it into the middle line, as described in Dr. Sherman's article. The lump entirely disappeared, and the head could be easily turned to the left. The patient no longer complained of pain when the originally painful muscles were palpated.—Berliner klinische Wochenschrift, July 11, 1910.

Diagnosis of Duodenal Ulcer.—Gunzberg, from a comparison of clinical histories with surgical and necropsy findings, and from the experience of other writers, concludes that the testimony of the patients is fairly constant in the case of duodenal ulcer, and in fact typical. There is pain two or three hours after eating, removed by taking more food. From one to two o'clock in the morning pains are often felt. These pains may last for days or weeks, and are but little amenable to therapeutic efforts. The history is clinched by the occurrence of hemorrhages —considerable losses of blood, sometimes occult blood—from the intestines. Another crucial symptom is motor disturbance as revealed by the use of a test meal—as when a von Leube meal is not disposed of in seven hours. By skillful percussion a dilated duodenum may sometimes be mapped out.

Tuberculosis in the Phillippines.—Secretary of War Dickinson, who is now visiting the Phillippine Islands, assisted on July 29th in the organization of a national society for combatting tuberculosis in the isands. The disease is said to have become alarmingly prevalent among the Filipinos.



Dr. Merrel E. Thomas and Dr. Wm. E. Waldo, A. S. O., June '10. "Happy are they" because they passed the Washington State Board Examinaation.

Personals.

Opens New Offices.—Dr. B. H. Tatum Becker announces the opening of his offices for the practice of osteopathy at Suite 304 Harrison Building, Columbus, Ohio.

Removal Announcement.—Dr. Jessie A. Wakeham of Chicago, Illinois, announces that she has removed from 1048 Wilson Avenue to the "Park Mansions," 1702 La Salle Avenue.

Form New Partnership.—Dr. S. H. Bright announces that the partnership heretofore existing between Dr. W. D. Willard and himself has been dissolved by the death of Dr. Willard, and that he has associated himself with Dr. J. R. McCrary, formerly of Roanoke. The offices of Dr. Bright & McCrary are in Suite 506-10 Paul Gale Greenwood Bldg., Norfolk, Va.

Spends Vacation in Middle West.—Dr. Frank Van Doren of No. 16 North Avenue East, N. S., Pittsburg, Pa., spent a vacation of several weeks visiting relatives in the middle west. The Doctor was in Iowa and Nebraska, and at bathing resorts along the Great Lakes. Dr. Van Doren will take up his fourth year of medicine and surgery at the University of Pittsburg this fall.

Will Practice With Dr. Willard —Dr. W. R. Stryker of the June class, A. S. O., is now associated with Dr. Asa Willard in the practice of osteopathy, at Missoula, Montana. During the summer Dr. Stryker had charge of the practice of Dr. W. C. Dawes of Bozeman, Mont.

Returns to Practice.—Dr. Orion S. Miller announces his return to practice after an extended tour of the East. Hours from 10 a. m. to 3 p. m., except Saturdays and Sundays. On Saturdays, 10 a. m. to 1 p. m., Suite 444-445 Frisco Building, St. Louis, Mo.

Locates in New Jersey.—Dr. Caroline Wallin announces that she has located at Sussex, New Jersey, for the practice of her profession.

Receives Appointment.—Dr. Charles Hazzard of New York City, was elected chairman of the A. T. Still Research Institute, and Dr Alice Patterson Shibley was elected Secretary of the Council.

Goes to Australia.—Dr. Alfred Brimble-Combe of Carmi, Illinois, has gone to Australia for a time, but will return to Carmi in about a year. His new address is Dr. Alfred Brimble-Combe, Care of Fitzroy Postoffice, Melbourne, Victoria, Australia. The Doctor left Vancouver Island on board the Canadian-Australian Royal mail steamship, Marama, October seventh, 1910.

Visits Alaska.—Dr. Florence A.Covey of 633 Congress Street, Portland, Maine, returned recently from a seven weeks' trip through the west and northwest. Dr. Covey attended the National Osteopathic Convention at San Francisco, being a delegate from Maine. She also visited her father and mother at Santa Cruz, Calif., going from there to Seattle, where she sailed for Alaska; Sitka being the most northern point on the trip. Dr. Covey reports a very pleasant and interesting trip.

Removes to Texas.—Dr. Cyrus N. Ray who practiced for a time at Mansfield, La., has now received his certificate from the Texas State Board of Medical Examiners, and is permanently located at Wichita Falls, Texas.

Take Six Months' Vacation.—Drs. J. S. B. and Elizabeth J. B. Marshall have returned from a six months' vacation, and are again located at Jamestown, New York.

Detroit Alumni Give Banquet.—Fifteen members of the Detroit alumni of the original college of osteopathy at Kirksville, Mo., gave a banquet September 17th at the Hotel Cadillac, and told many stories of their school and its venerable founder, Dr. A. T. Still. A meeting followed at which plans were discussed for improving the profession in Michigan. It is expected that quarterly meetings will be held hereafter, at which prominent osteopaths will be invited to address the members.

Will Retire From Practice.—Dr. David A. Mills of Alpena, Michigan, reports that he has sold his practice in that city to Dr. A. B. Carter, and will retire from practice for a time. His address will be No. 715 Church Street, Ann Arbor, Mich.

Takes Course in Ophthalmology.—Dr. H. J. Richardson of Excelsior Springs, Mo., writes us that he has finished the McCormick course of Ophthalmology and Neurology, and considers it the best course of its kind he has heard of. The Doctor says he is by no means going back on osteopathy, as he knows it cannot be replaced by anything else, but thinks as he was already able to cure deformed backs, he will now also be able to cure deformed eyes by fitting them with the proper kind of lens.

Dr. Bolles Takes Vacation.—Dr. Jennette H. Bolles of Denver, Colorado, reports that she has just returned from a six weeks' vacation trip to California. Dr. Bolles writes, "I had a most delightful trip. The Convention at San Francisco was 'just as good' if not a little bit better than the Denver Convention of 1905. Los Angeles was an ideal place for vacation outings, and a visit to the Grand Canyon of the Colorado on the homeward trip was a fitting climax to a vacation that was most pleasant and satisfactory."

Calls at Journal Office.—Dr. F. B. DeGroot of Rock Island, Illinois, was in Kirksville recently, and made the Journal office a call. Dr. DeGroot gave us a very interesting account of the state of affairs in Illinois, regarding the proposed medical legislation.

Sells His Practice.—Dr. W. H. McCoach spent a few days the first of the month in Kirksville, bringing with him a full line of surgical instruments of London and German make, which were demonstrated before the Senior Class by Dr. George A. Still. Dr. McCoach has sold his practice at Breckenridge, Mo., to Dr. W. H. Thompson, of the June class, A. S. O., and will devote the next two years to medical studies in Chicago. Dr. McCoach's address is 1740 W. Madison St., Chicago, Ill.

Occupies New Offices.—Mrs. John R. Music, D. O., has taken possession of her new office, Suite 702-03, City National Bank Bldg., which has just been completed in Omaha, Nebraska. This building being seventeen stories high, is considered the finest, most up-to-date "sky-scraper" west of Chicago. The building is located at the southeast corner of Sixteenth and Harney Sts.

Change of Address.—Dr. Ada E. Morrell, formerly of Lowell, Mass., has transferred her offices to 123 Pine Street, Lewiston, Me.

Successful Osteopaths.—Those who took the osteopathic examination in Des Moines recently and passed are: A. O. Brewer, Des Moines; Carl F. Chrestensen, Riverton; Calvin P. Edgington, Brooklyn; Hubert Cook Erwin, Indianola; Bertha M. Gates, Des Moines; Ada E. Mack, Des Moines; Henry A. Mack, Des Moines; Coyt Moore, Malvern; Dennis V. Moore, Kirksville, Mo.; Isadora McKnight, Creston; Richard W. Shultz, Kirksville, Mo.; Edward Elmer Steffen, Des Moines; Wm. Raymond Stryker, Kirksville, Mo.; Floyd H. Weidlein, Wellman; Ross English, Corning.

Removal Announcement.—Drs. Waters and Waters of Wichita, Kansas, announce their removal from 601 Murdock Bldg., to Suite 527 Beacon Building.

Osteopathic Annual Dinner.—On September 8th, Drs. E. D. and Mrs. Heist gave their annual dinner to all osteopathic practitioners and students that claim Waterloo County as their native home. The list grows considerably every year, being remarkable for the short time, only eight years, since osteopathy was first introduced into that community.

A New Location.—Dr. Merrell E. Thomas of the June class A. S. O., is now located at North Yakima, Washington, for the practice of his profession.

Dr. Conover Sustains a Broken Arm.—Dr. Robert H. Conover of Downs, Kansas, had the misfortune to break his arm, on September 20th. He had gone automobiling with a party of friends, and in an attempt to crank up the automobile, the engine jerked back, causing the crank to strike the Doctor's right arm with terrific force, breaking it just above the wrist, and also dislocating the wrist. The Doctor will be laid up for several months, and has the sympathy of his many friends.

Serving as Medical Missionary.—In a very interesting communication from Dr. Oona Mae Robbins, who is practicing at Calle de las Doucellas 8, Puebla, Pue, Mexico, she says: "I a am medical missionary down here in Mexico, buried as it were from the professional world, but able to help suffering humanity. Am both an M. D. and a D. O., and I truly prize the D. O. degree highly. Just when I shall return to civilization I do not know, but I want to keep up on osteopathic notes, as I practice osteopathy almost entirely when in los Estados Unidas, but not down here, as these people are not sufficiently educated along this line of therapy yet. Have had several cases among the better class, but the Indians are hardly ready for osteopathy." Dr. Robbins is working under the direction of the Baptist Home Mission Board.

To Assist Dr. Armstrong.—Dr. W. R. Munger of the June class A. S. O., will practice in Salisbury, North Carolina, in the office with Dr. Roy M. Armstrong, one of the pioneer D. O.'s of that state, and a member of the State Board of Osteopathic Examiners.

Announces Removal.—Dr. Charles L. Severy announces the removal of his offices from 232 Woodward Avenue to 403 Stevens Bldg., corner Washington Boulevard and Grand River Avenue, Detroit, Mich.

Dr. Otis Akin's Work Attracts Attention.—The Portland, Oregon papers last month attracted considerable attention to two congenital hip operations by Dr. Otis F. Akin. One was a child of four, and the other nearly eleven years old, both successfully reduced. Dr. Akin is First Vice-President of the American Osteopathic Association.

Removal Notice.—Dr. Olivia Lynn has removed to 21 Spring Street, Stamford, Conn.

Another Removal.—Dr. J. K. Schuster begs to announce the removal of his office from 600 Milwaukee Street to 401 Stephenson Bldg., northeast corner Milwaukee and Mason Streets, Milwaukee, Wisconsin.

Sells Practice.—Dr. Cora C. Beach, formerly of Carroll, Iowa, has sold her practice at that city to Drs. O. A. and Carolyn Barker, and is moving to White Sulphur Springs, Montana.

Dr. R. D. Healey Breaks an Arm.—Dr. R. D. Healey of Salinas, California, is suffering from a broken arm. The injury was sustained on the last day of a deer hunting and fishing trip, when Dr. Healy was being driven from his camp through a field to the railroad station. The vehicle in which he was riding struck a bump and

overturned. The Doctor was thrown to the ground, and fractured the radius in his right forearm. The injury was not so serious as it might have been, and Dr. Healy expects to be in normal condition within a few weeks.

Returns From Vacation.—Dr. Alva Elder of Visalia, California, has just returned from a month's vacation in the Santa Cruz hills. Dr. Elder will divide her time between Tulare and Visalia, giving Mondays, Wednesdays and Fridays to Tulare, and the rest of the week to Visalia.

Looking for a Location.—Dr. John Talbot of Los Angeles, was in Nevada City, California, recently looking for a location. He has been making a tour of northern California, and was very much pleased with Nevada City, and it is possible he may return and take up his practice there.

Opens New Offices.—Dr. George Percy Long announces that he has opened his Brooklyn office at the Renaissance, No. 488 Nostrand Avenue and Hancock St., on September 1st, 1910; Residence 139 Madison Avenue, Flushing, New York.

Osteopath a Canine Fancier.—Dr. S. I. Wyland of Santa Rosa, California, is a dog fancier, and for some years past has been a breeder of fine pedigreed Cocker Spaniels. He has recently had shipped to him in his new home, three handsome black Cocker Spaniels, which are attracting much attention wherever they are seen.

Pass Oregon Board.—The following were successful before the last examination of the Oregon Medical Board: Elmer H. Smith, Zudie P. Purdom, Harriet Sears, Eva M. Tuttle, and Luther H. Howland, from the A. S. O. H. H. Sommers from the Still College, W. M. Slaughter of Central College and post graduate of the L. A. C. O., and Godfrey Heathcote of the L. A. C. O. Eight out of thirteen D. O.'s, and forty-nine out of ninety-one M. D.'s were successful, thus the osteopathic average was a little the higher. A year ago this summer, ten out of twelve D. O.'s passed, as compared with fifty-eight out of one hundred M. D.'s.

Herald Office to be Transferred.—On the first of the month, Dr. A. L. Evans of Chattanooga, removed to Miama, Florida, for the practice of osteopathy. He also will have the editorial and business offices of the Herald of Osteopathy here. Dr. Evans has practiced in Chattanooga almost twelve years.

Visits in Kirksville.—Dr. Irene Harwood Ellis, wife of Dr. S. A. Ellis of Boston was visiting in Kirksville the first of the month. This was Dr. Ellis' first visit to the A. S. O. in five or six years, and she noted great progress. Mrs. Ellis graduated from the A. S. O. in '98, and was a most efficient Secretary of the A. O. A. for the first seven years of its existence. Dr. Sidney Ellis, her husband, is an ex-President of the A. O. A., and both doctors are very successful exponents of simon-pure osteopathy.

Reports Good Practice.—Dr. L. K. Hallock of the June class, A. S. O., who is located at Caney, Kansas, reports that he is getting a good practice started, and is well pleased with his location.

Buy New Residence.—In the Elizabeth, New Jersey, Evening Times recently appeared a notice of the purchase of the Knowles Mansion at 243 Elizabeth Avenue, by Dr. F. B. and Mrs. Rose Young Keller. The Doctor will have his offices in this building, as well as his residence. He reports practice as picking up steadily, and that he continues to get the incurables and left-overs from his neighbors, the M. D.'s, with gratifying results.

Locates in Pennsylvania.—Dr. Guy E. Covey of Champaign, Ill., who graduated from the A. S. O. last June, has located in Easton, Pa., for the practice of his profession. During the summer, Dr. Covey has had charge of a practice in Portland,

Maine. His new offices are at No. 501 Northampton National Bank Bldg., Easton, Pa.

Takes New Partner —Dr. W. E. Davis is now located with his brother, Dr. D. W. Davis, at Suite 99, V. Weiss Bldg., Beaumont, Texas. Dr. W. E. took the examination of the Texas State Board last June, and was successful.

Report of Oklahoma Board.—Sixty-one applicants took the examination given by the Oklahoma State Board of Medical Examiners, twenty-two failing and thirty-nine being successful. Among the successful ones was Dr. H. J. Fulford, who is practicing at Shawnee.

Announce Location —Drs. Carle & Carle, osteopathic physicians, announce their location in Oklahoma City, 516-17 Concord Building.

Removal Notice.—Dr. Lamar Kuy Tuttle announces his removal from 36 W. 35th St., to larger and better apopinted offices at 381 Fifth Avenue. Also the removal of his residence office from 946 St. Nicholas Avenue to the Columbus Annex, 556 West 157th Street, near Broadway, New York City.

Changes His Residence —Dr. Franklin Fiske of New York City has removed his residence from Morningside Avenue to No. 445 Riverside Drive, where he will give treatments. The Doctor will retain his offices at No. 1 West Thirty-fourth Street.

Will Assist Dr. McGinnis —Dr. Carrie M. Mundie of Mendota, Ill., will be associated in practice with Dr. McGinnis of Aurora on Wednesdays and Saturdays, at Dr. McGinnis' offices in the Mercantile Block.

Returns to Kansas City —Dr. Zudie P. Purdom, who has been practicing at Flora during the summer, left last week for her home in Kansas City, called there by the ill health of her mother. Dr. Purdom is a sister of Dr. H. C. P. Moore, who has, until recently, been practicing at Enterprise and La Grande.

Osteopath Entertains —Dr. Carrie B. Stewart of Bay View, Mich., entertained a number of her friends one afternoon recently. The guests of honor were Dr. Pauline Mantle of Springfield, Ill., Dr. Bertha Whiteside of Kansas City, and Dr. Grace Bullan of Bolixi, Miss. Some very interesting papers on subjects of interest to osteopaths were read, followed by clinics with interesting discussions, concluding with a social hour and light refreshments.

Loyal and Successful Osteopaths.—Drs. Bell & Bell, located at Independence, Kansas, by all appearances are conducting a very nice practice. They are showing their loyalty to their alma mater in a very tangible way. Dr. R. W. Bell writes the following very interesting letter: "I herewith enclose you my check for Journal. Glad you are at the helm for another year. Kirksville seems closer this year than ever. Have my own and only son there, also several others in whom I am greatly interested Am entering my fifth year in this city, and 'osteopathy, as she is taught' has still her flag flying. A copy of the 'Old Doctor's' painting, furnished by the Journal, where his finger is pointing at a pile of bones, and his smile playing down upon you, hangs at the left of my desk, and I must say that to look upon it is an inspiration to practice 'Osteopathy as she is taught at Kirksville.' Myself and wife spent August in Northern Canada, up at Haileybury, visiting my sister and her husband, Dr. Frank Hilliard. They are interested not only in the silver dollars, at two per, but Hilliard is delving deep into the rocks wherein is contained dollars and dollars of the silver ore, that is causing a wilder excitement than Cripple Creek experienced a few years ago. But I must stop, or I will lose some silver now. If you can gather a few notes out of this for the Journal, you may do so. Fraternally, Bell."

An Interesting Case —Dr. W. E. Fogle of Bath, N. Y., reports the following very amusing incident: "A citizen of Bath had a fall the other day, and went and consulted an M. D., his family physician, and he told him that has arm was fractured above the elbow. The doctor then gave the patient an anæsthetic, reduced the fracture, charged him ten dollars, told him he would be well in afew days. But instead of getting well, the patient had more pain then ever, and went and consulted another M. D. This one told him that his arm would have to be broken over, and he gave him an anæsthetic, and went through the motion, I suppose, of breaking the arm and resetting it, and still the arm did not do as well as he would like, so he consulted an **Osteopath**, and the Osteopath told him that his arm had never been broken, and that it was merely a laceration of the ligaments. Then the patient went to the State Fair, at Syracuse, New York, consulted his brother M. D., down there, and his brother M. D. told him that he did not think his arm was ever broken. The M. D. then examined the arm with an X-Ray and found that it had never been broken."

Osteopath on Program.—Dr. Etta Wakefield of East Oakland, California, is on the program of the Dennison Club of that City for a paper on the "Theory of Osteopathy," to be read before the Club on November 9th, 1910.

Dr. Kelley Takes Long Walk.—Dr. Alice Sheppard Kelley, the St. Paul osteopath who left a few weeks ago for a 200 mile walk, with Curry, Minn., as its objective point, returned September 2nd, after what she describes as a most satisfactory trip. "I enjoyed every minute of it," she said, "and I'm glad to have demonstrated to a lot of people, while it may be unusual, it is not an impossible thing to do." Dr. Kelley planned her trip with the idea of spending each night in a town or village, but one or two enforced sojourns in isolated farm houses proved to her that it was a far better plan to find lodgings in those than to carry out her original scheme. Two weeks was the length of time allotted for the walk, and Dr. Kelley arrived on schedule time, having lost something like three half days on account of rain. Dr. Kelley thinks the trip, as a whole, was of great benefit to her physically, and she is anxious to repeat the experience.

To Tour Western Part of United States and Canada.—For several months arrangements have been going forward for a tour of workers under the direction of the American Purity federation, to cover the entire western sections of the United States and Canada. Some twenty of the leading national reform workers make up the party and conventions are to be held in fifteen or more of the principal cities on the route. The start was made from Chicago, Thursday, September 29th, in a special car, and to return to Chicago the last week in October. Dr. J. S. Baughman, the osteopath, of Burlington, Iowa, who is treasurer of the federation, his wife, Dr. Nancy and Baby Mary will be with the party.

The objects of the tour of workers, briefly are three in number, stated as follows in booklets issued concerning the trip:

To bring those persons and organizations throughout the territory to be visited who are battling so fearlessly and nobly in the fight against white slavery and the great evils in their midst and for a better standard of morality, the help which can only come from conference and personal touch with the American leaders in these national movements—with men and women of wide and practical experience who have accomplished the very things they are now trying to do.

Through the great meetings in the cities to be visited and through the publicity which this tour will command, to arouse the conscience of the people on these questions as it has never been aroused, and to direct that expressed sentiment into activ-

ity and widespread effort looking toward the solution of the problems which confront us. This tour and the encouragement which it will give to practical, safe and sane endeavor, ought to and will set thousands of people to work for cleaner cities, the eradication of white slavery, the suppression of vice, the proper instruction of sex hygiene and the enlistment of the church in this active warfare.

To give an opportunity of those reform leaders who make up the party, to visit a large and important part of America and under the best conditions and with the best equipment to study existing conditions, the methods of work employed; to meet workers, and thus broaden their vision and draw to their special work new friends and helpers.

The following itinerary is subject to change and dates given are only approimate. The party left Chicago on the evening of Thursday, September 29th, the Illinois Vigilance association and the Midnight Mission arranged a large farewell meeting for the afternoon of the day of departure, at which Mr. Hammond of Des Moines and Mr. Chase of Boston, Dr. Perry of New York and others spoke. From Chicago the itinerary, with approximate dates, is as follows:

Minneapolis, Minnesota, September 30; Winnepeg, Manitoba, October 2-3; Regina, Saskatchewan, October 4; Calgary, Alberta, October 5; Vancouver, British Columbia, October 7-8; Spokane, Washington, October 7-8; Seattle, Washington, October 9-10; Portland, Oregon, October 11-12; San Francisco,Calif.,October 13-14-, 15; San Jose, California, October 16; Los Angeles, California, October 18-19; Tucson, Arizona, October 20; El Paso, Texas, October 21; Houston, Texas, October 23-24; New Orleans, Louisiana, October 26-27; Memphis, Tennessee, October 28; St. Louis, Missouri, October 29; Arrive at Chicago, October 30.

Moist Heat.—Thermotherapy in inflammatory conditions seems to prove most effective when applied in the form of moist heat.

The relaxation of pressure by infiltrated and swollen tissue upon nerve endings, as experienced by the relief of pain, specifically proves this.

The advantages of moist heat where indicated is generally acknowledged. The method of its application from professional preferment seems to be in the form of Antiphlogistine. By this method, a high temperature can be maintained in contact with the affected parts for hours without exposure to the patient for redressing.

The superior advantages of Antiphlogistine over other forms of moist dressing, such as poultices, hot packs, etc., are that it is easily applied, retains its heat for hours, is antiseptic in action, and above all produces satisfactory therapeutic results.

Spinal Curvature.—A Perfect Appliance Approved by Osteopathic Physicians.—Various devices in the form of braces have been introduced to assist in overcoming spinal curvatures and other spinal malformations. Many of these have been cumbersome and heavy, so much so as to defeat the object for which they were being used, and many a person has been allowed to go through life with a deformity that might have been overcome if the right appliances had been used. In this connection we wish to call attention to the "Sheldon Spinal Appliance" advertised on another page.

This Appliance is never painful, for the prssure is so evenly distributed that all irritation and soreness is prevented. The muscles are allowed free action, thus preventing atrophy by disuse.

It yields only so much and at such places as is necessary to ease and comfort, and yet sustains and strengthens the weak parts so gradually as to restore them to normal formation and development.

Locations and Removals.

Arthud, J. B. McKee, from Cambridge, Mass., to 758 West End Ave., New York City.
Avery, F. E., 523 W. Eighth Street, Erie, Pa.
Barker, Carolyn, from Ft. Dodge to Carroll, Iowa.
Barker, C. A., from Avoca to Carroll, Iowa.
Beach, Cora C., from Carroll, Iowa to White Sulphur Springs, Mont.
Becker, B. H. T., located at Suite 304 Harrison Bldg., Columbus, Ohio.
Beslin, Frank P., at 827 W. Eleventh St., Los Angeles, Calif.
Bland, Mrs. H., from Gower to Plattsburg, Mo.
Bright, S. H., 506-10 Paul Gale Greenwood Bldg., Norfolk, Va.
Brimble-Combe, Alfred, from Carmi, Ill., to Melbourne, !Victoria, Australia, Care of Fitzroy Postoffice.
Brundage, C. L., at No. 10 Poitrey Block, Trinidad, Colo.
Burdick, Ralph H., Exeter, Calif.
Carle & Carle, at 516-17 Colcord Bldg., Oklahoma City, Okla.
Carter, A. B., at Alpena, Mich.
Covey, Guy E., at No. 501 Northampton Nat'l Bank Bldg., Easton, Pa.
Childs, Wm. S., from Minneapolis to Roach Bldg., Salina, Kansas.
Davis, W. E., at Suite 99 V. Weiss Bldg., Beaumont, Texas.
Dawes, W. C., 529 West Main St., Bozeman, Mont.
Dumm, W. W., 205 Ocean Front, Ocean Park, Santa Monica, Calif.
Evans, A. L., from Chattanooga, Tenn., to Miama, Fla.
Fulford, H. J., Shawnee, Okla.
Gazda, Myrtle Mace, from Kirksville, Mo., to 118 E. Jackson St., Brazil, Ind.
Gross, Albertina M., at 403 Woodruff Bldg., Joliet, Ill.
Hallock, L. K., Caney, Kansas.
Ingraham, Elizabeth M., 605 Princess Studio Bldg., St. Louis, Mo.
Keller, Fred B., 243 Elizabeth Ave., Elizabeth, N. J.
Kinsell, Helen R., No. 4 Lockwood St., Webster Groves, Mo.
Kurtz, D. P., from Meyersdale to No. 303 Title and Trust Bldg., Johnstown, Pa.
LaRue, Charles M., located at Lancaster, Ohio.
Long, George Percy, No. 488 Nostrand Ave., The Renaissance, Brooklyn, N. Y.
Loving, A. S., 423-24 Commonwealth Bldg., Denver, Colo.
Lynn, Olivia A., No. 21 Spring St., Stamford, Conn.
McCrary, J. R., from Roanoke to 506-10 Paul Gale Greenwood Bldg., Norfolk, V.
MacGregor, G. W., at 1701 Washington Blvd., Chicago, Ill.
Marshall, J. S. B., and Elizabeth J. B., Jamestown, N. Y.
Martin, E. J., from Kansas City, Mo., to Denver, Colo., General Delivery.
Melick, Ida M., from Vermillion, S. D., to Smith Center, Kansas.
Miller, O. S., at Suite 444-445 Frisco Bldg., St. Louis, Mo.
Mills, David A., No. 715 Church St., Ann Arbor, Mich.
Mitchel, F. D., from Bluefield, W. Va., to Americus, Ga.
Moore, W. P., from Lamar to 403 Mumford Court, Kansas City, Mo.
Morrell, Ada E., from Lowell, Mass., to 132 Pine St., Lewiston, Me.

Business Opportunities.

Wanted.—To communicate with lady D. O. Must have professional ability and tact; able to do the church and society stunts. "1014," c-o the Journal.

For Sale.—Well established practice in Western town of 7,500 population. Good practice for lady. Reason for selling given to buyer. Address, "91610," care of the Journal of Osteopathy.

Good Opening.—Splendid opening for energetic competent osteopathic practitioner. Growing town of 8,000 people in southwest; has railroads in five directions. Fifty miles to nearest osteopath. Practice waiting for the right man. For further information write "91910," care of the Journal.

Practice Wanted.—Woman osteopath. Philadelphia graduate, Pennsylvania license. Three years' experience; would like to buy practice on commission, or position as assistant. "K. M. A.," care of the Journal of Osteopathy.

For Sale.—Having two offices must sell one. Office and living apartment completely furnished in an eastern city of 50,000. No examinations. Excellent location for man and wife or a lady osteopath. "B. L. O.", care of the Journal.

Wanted.—Well educated, capable practitioner wants paying position. Over six years' experience in acute and chronic work, Gynecology and Obstetrics; can fit glasses. Has P. G. certificate. Might buy on commission. California preferred. Address, Journal, "F. L. R."

* * *

Married.

At Bristol, Tennessee-Virginia, Wednesday morning, October 5th, 1910, Dr. A. L. Dykes to Miss Bessie Lee McCrary. At home in Hotel Hamilton.

At Paris, Illinois, on Wednesday, September the fourteenth, nineteen hundred and ten, Dr. Herbert L. Bucknam, to Miss Mary Parthenia Sutherland. At home, after October first, Hamilton, Montana.

At Moberly, Mo., on June 1st, 1910, Dr. Victor W. Purdy to Miss Jewel E. Angell. They will be at home, after October first, at 197 Carlson Street, Toronto, Canada.

At Columbus, Ohio, on September 29th, 1910, Dr. B. H. Tatum Becker to Dr. Emily Coral Blue. At home after November first, 167 W. Ninth Avenue, Columbus, Ohio.

At Normal, Illinois, on September 28th, 1910, Dr. Charles Pearl Hanson to Miss Bernice Alena Bright. At home after November first, 838 West Clay Street, Bloomington, Ill.

On August 3rd, 1910, at Bluffton, Indiana, Dr. W. C. Dawes of Bozeman, Montana, to Miss Nelle Park of Bluffton. At home in Bozeman, Montana.

At Winthrop, Mass., in the First Congregational Church, on September 14th, Rev. A. Ferdinand Travis, and Dr. Marguerite Willey. Rev. Travis is the spiritual director of the 23rd Street Y. M. C. A. of New York City, and a graduate of Harvard, '94.

The average weight of the Sheldon Appliance is only 16 ounces. It is durable, capable of easy, accurate adjustment, and is not noticeable under the clothing.

Every Sheldon Appliance is made to conform exactly to individual measurements.

Such devices as heavy plaster casts and other crude and painful appliances can now be done away with. The use of the Sheldon Appliance is much less expensive and is a far more humane and effective treatment, for it conforms to all the natural curvatures of the body, giving an even and continuous support to all the weak points of the deformed spine.

It is endorsed by some of the highest authorities and has been thoroughly tested and proved to meet fully the needs of a great varitey of conditions, having been successfully used in over 15,000 cases.

The Philo Burt Manufacturing Company, Jamestown, N. Y., will gladly send a book of information about spinal troubles and best method of cure.

Obtains Divorce.—Dr. Nora B. Pherigo of Fulton, Kentucky, obtained a divorce, October 4th, 1910, from Mr. J. Edward Pherigo, Enderlin, North Dakota, on the grounds of non-support. Dr. Pherigo was given complete care and custody of their two daughters.

Will Occupy Only One Office.—Drs. Thomas H. and Alice M. Spence announce that after October first their only New York office is No. 35 Mount Morris Park West, corner 124th Street.

To Give all Time to Visalia.—Dr. Agnes Fisher announces that since her return from her summer vacation, she is giving all her time to her Visalia practice.

* * *

Born.

To Dr. and Mrs. J. C. Dawson of Jackson, Tennessee, on September 30th, 1910, a 7 1-2 pound daughter, Dorothy.

To Dr. and Mrs. J. H. Wilkens of McMinnville, Oregon, on September 18th, a son and heir.

To Dr. and Mrs. D. N. Morrison, on September 24th, 1910, a seven pound daughter, Jacqueline Morrison.

Mosher, S. G., 714-16 Grant Bldg., 355 S. Broadway, Los Angeles, Calif.
Munger, W. R., located at Salisbury, N. C.
Musick, Mrs. John R., Suite 702-03 City National Bank, Omaha, Nebr.
Newman, Celia J., from Griggsville, Ill., to 533 12th Ave, North Seattle, Wash.
Pinneo, O. E., from Huntington Park, to 1807 Octavia St., San Fransisco, Calif.
Ray, Cyrus N., from Mansfield, La., to Wichita Falls, Texas.
Roach, Effie, Holdenville, Okla.
Robbins, Ona Mae D., at Calle de las Doucellas 8, Puebla, Pue, Mexico.
Robison, L. M., from Fayette to 3505 E. Ninth St., Kansas City, Mo.
Schuster, J. K., from 600 Milwaukee St., to 401 Stephenson Bldg., Milwaukee, Wis.
Severy, Charles L., from 252 Woodward Ave., to 403 Stevens Bldg., Detroit, Mich.
Sexton, Wm. H., from Philadelphia to Milton, Pa.
Shove, Florence I., from 126 State St., to 161 State St., Chicago, Ill.
Sloan, Frank A., from Mountain Home to Blackfoot, Idaho.
Thomas, Merrell E., at North Yakima, Washington.
Tuttle, Lamar Kuy, 381 Fifth Ave., New York City.
Van Doren, Frank, No. 16 North Avenue East, N. S., Pittsburg, Pa.
Wakeham, Jessie A., from 1048 Wilson Avenue to the "Park Mansions," 1702 La Salle Ave., Chicago, Ill.
Waldron, N. W., 601 Beacon Bldg., Wichita, Kansas.
Wallin, Carolina, located at Sussex, N. J.
Waters, E. B. and Grace P., at Suite 527 Beacon Bldg, Wichita, Kansas.
Wilson, Selma C., at 32 Grant St., Redlands, Calif.
Wirt, F. C., 5-6 Stephenson Bldg., Iola, Kansas.

* * *

Died.

At Trinidad, Colorado, on September 9th, 1910, Dr. J. H. Roebuck, from typhoid fever.

At his office, 193 Huntington Avenue, Boston, Mass., on September 12th, 1910, Dr. Charles W. Hiltbold. Dr. Hiltbold was about thirty years old, and died very suddenly.

At his home in Decatur, Ill., on September 1st, 1910, Mr. Ina B. Hyde. He was the father of Wendell Hyde, D. O., Crowley, La., Mrs. Dana Pleak, D. O., Tulsa, Okla., and Leslye Hyde, D. O., El Paso, Texas. Cause of death, apoplexy.

At Memphis, Tennessee, on September 16th, Dr. Ward Loofbourrow of Oklahoma City, Oklahoma. Dr. Loofbourrow was buried at Mount Sterling, Ohio, on the nineteenth. Cause of death, malarial fever.

On September 16th, 1910, at his home in El Paso, Texas, Mr. Benjamin F. Satterlee, aged 68 years, 9 months, and 18 days. He was the father of Drs. Nettie E. and Flora L. Satterlee.

At Mankato, Minn., on September 6th, 1910, Dr. Marilla E. Fuller. Deceased was a member of the Minnesota State Osteopathic Association.

At St. John's Hospital, Red Wing, Minn., Mrs. Margaret Taylor, mother of Drs. Arthur Taylor of Northfield and Lily F. Taylor of Minneapolis, Minn. Cause of death was cancer.