

The Journal of Osteopathy

August 1912

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The Journal of Osteopathy

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Vol. XIX

August, 1912

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CONTENTS OF THIS NUMBER.

PROFESSIONAL CARDS.....	462
EDITORIAL.....	467
OSTEOPATHIC DYNAMICS, CARL P. McCONNELL, D. O.....	476
LEGISLATION AND OTHER POINTS, DR. J. H. SULLIVAN.....	485
ASSOCIATIONS.....	491
LEGAL AND LEGISLATIVE.....	503
BOOK REVIEWS.....	504
PERSONALS.....	512
BUSINESS OPPORTUNITIES.....	520
MARRIED, BORN, DIED.....	518, 520
LOCATIONS AND REMOVALS.....	522

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SAN JUAN, PORTO RICO.**The Body and the Brain**

"When we think, it is not alone the mind that thinks; it is the whole man, and the process begins with the body. The bodily fiber or quality reaches to the thought. You will never get fine thought out of a coarse body. Nor less will you get sound thought out of an unsound body. The bodily condition strikes through and shows itself in the quality of thought. A vast amount of the poor, illogical, insipid, morbid, extravagant, pessimistic thought that finds its way into books and sermons and conversation has its origin in poor bodies and bad health. The body lies at the basis of success in all respects."—REV. DR. MUNGER, of Yale University.

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EDITED BY A. S. HOLLIS, A. B., D. O.

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Editorial**Chloroform during Childbirth**

We were interested to notice in the editorial columns of the Journal of the American Medical Association an article on the "unrecognized dangers of chloroform given during childbirth" and the writer makes a number of statements that are bound to be of interest to osteopaths and non-drug practitioners. Especially do we feel this as we realize that so many osteopaths advocate the use of chloroform to modify the pains of a tedious labor. The article runs as follows: "That the pregnant woman possesses a peculiar immunity to the evil effects of chloroform is a belief which has had almost unchallenged acceptance, ever since Sir James Clark made this anæsthetic popular in obstetrics by its use on royal subjects. Text-books on obstetrics approve the teaching, and it passes current in class-room, in clinic and in practice. So far as immediate fatal cardiac or respiratory failure is concerned, it probably is true that such catastrophies rarely do occur in women under chloroform during childbirth. But in the past few years we have learned that immediate serious poisoning by chloroform, dangerous as this anæsthetic is in this respect, is probably of less importance than the remote effects which follow some time later, the result of a severe and almost selective toxic action which chloroform has on the liver. Extensive fatty changes in the liver, with severe intoxication accompanied by acidosis, is frequently observed, especially in children, and in adults even more often a widespread necrosis of the liver and profound intoxication, resembling acute yellow atrophy and causing death in a few hours, has been found to result from even moderate use of chloroform as an anæsthetic. This effect of chloroform on the liver constitutes a grave danger and a serious obstacle to its widespread use, for it is not always possible to anticipate any special predisposition to such an accident in any given operation.

"That pregnancy should confer an immunity to this effect of chloroform seems improbable, especially when we recall how frequently "acute yellow atrophy of the liver" has been reported as a sequel of childbirth, just as it has also been described as a sequel to operations. If the liver changes in the latter cases are now found to be commonly the result of chloroform, is it not highly probable that the same agent accounts for many of the puerperal cases? The possibility of such a result from chloroform administered during labor is rendered even more significant by the fact that in the puerperal state the liver often suffers severe damage from unknown causes, as seen in its maximum degree in eclampsia, and such injury would predispose to a toxic effect of chloroform. Indeed, the connection between acute yellow atrophy of the liver and the use of chloroform in pregnancy has been noted clinically by some observers, and the danger of the common use of chloroform to control the convulsions of eclampsia was pointed out several years ago by Lyons.¹

"Experimental evidence has now been furnished by Whipple² that pregnant dogs are fully as susceptible as normal dogs to this toxic effect of chloroform on the liver; and as dogs react to chloroform in quite the same way as man, by extensive necrosis in the centers of the lobules, it would seem fair to consider this observation as being entirely applicable to man.

"Neither is the effect of chloroform limited to the mother, according to the observations of Evarts Graham.³ He found that administration of chloroform to pregnant animals near term, even for as short a time as ten or fifteen minutes, might result in intra-uterine death of the fetuses, in which fatty changes are found in the liver. When, after very light anesthesia of the mother, the young have been born in apparent good health, they often succumb during the first week with hemorrhagic lesions or icterus and their usual accompaniments. In other words, the "delayed chloroform poisoning" which follows anesthesia in adults may also manifest itself in the new-born infant which has absorbed chloroform from its mother through the placenta. Furthermore, the anatomic effects observed in new-born experimental animals are quite the same as those characteristic of such recognized hemorrhagic diseases of the new-born as icterus neonatorum, melena neonatorum, Buhl's disease, Winckel's disease, etc. Graham points out that these various symptom-complexes may all be produced by one or by many toxic agents, chloroform being one of these, and that it is quite possible that many instances of these fatal diseases of infancy are the result of chloroform given to the mother,

1. Lyons: Northwest Med., 1906, iv, 401.

2. Whipple: Jour. Exper. Med., 1912, xv, 246.

3. Evarts Graham: Jour. Exper. Med. 1912, xv, 307.

especially during protracted, difficult labors, when the amount of anesthetic consumed is large, and there is a considerable period during which it might be absorbed by the fetus before delivery. Unquestionably there is here pointed out by these two investigators a source of danger in the use of chloroform during childbirth which has not been generally appreciated, and this information should lead to a careful discrimination in the use of this dangerous drug in obstetrics, a use which hitherto has been promiscuous and lavish under an apparently erroneous confidence in a supposed immunity of the mother and a disregard of possible remote effects on the child."

The importance of such an article, coming as it does from the leading medical Journal can hardly be over-estimated. Statements such as it contains should indeed make us pause and reconsider our position if we are becoming converted to the use of this drug in obstetrical work from its apparently excellent and beneficial results at the time. To read in the Journal of the A. M. A. that "the immediate serious poisoning by chloroform is probably of less importance than the remote effects which follow some time later" is indeed an indication that the revolt against drugs is becoming wide-spread and the leaven of the non-drug principles is slowly leavening the whole school of medical practice.

The Physician as an Osteopath In the June issue of the "Medical Council" there is a short editorial article published under the above title. There are a number of good points made, and some of it we will quote. The writer says:

"We have known of a number of physicians who believed they would add to their usefulness by studying Osteopathy. And perhaps some of them do. We are not now discussing the medical benefits of employing osteopathic and therapeutic methods conjointly; we are looking for an answer to the question regarding the business advisability of combining both kinds of practice. We have sought information principally from successful osteopaths of the better class. Practically all of these men tell us it does not pay to combine the two kinds of practice."

You will notice that the discussion is not as to the relative merits of various systems, not as to the advisability of a medical man studying our science with a view to practicing it, but rather whether or not it pays to combine the two kinds of practice. "There are several reasons for this" says the writer "Either medicine or a scientifically developed Osteopathy, is a big enough field for one man; he would better not undertake both. Osteopathic manipulations are time-consuming, and it is difficult to work such practice and a general medical practice together;

one or the other is bound to suffer, and the practitioner wears himself out. Experience has shown that the physicians who have taken up Osteopathy, and who have made a success of it, gradually drift into it as an exclusive specialty."

It is refreshing to meet with a fair and candid consideration of this question. So frequently in medical publications, such a discussion as this one is treated in a biased and unworthy manner, and the question at issue is lost sight of in the partisan quarrel that is raised. The last paragraph reads as follows:

"Enthusiasm counts immensely in any kind of practice. A half-hearted and doubting osteopath does not succeed any better than does the same kind of medical men. One seldom carries his patient along by "trying" Medicine and then "trying" Osteopathy. So long as religious sects, political parties and medical schools exist, just so long will the average individual expect you to "belong" to some party and stick to your text. This is deeply ingrained in human nature, and the idealist who runs counter to it is trying an expensive experiment."

It is always difficult adequately to discuss the question of the "double degree." There is so much to be said on either side, and opponents or advocates are ever on the alert to seize on statements made in print and exaggerate their importance to suit their own ends. Undoubtedly it is true that he who dabbles in Osteopathy and Medicine but rarely makes a success at all comparable to the "specializing" physician of either school. Indeed as the writer above quoted puts it "experience has shown that the physicians who have taken up Osteopathy, and who have made a success of it, gradually drift into it as an exclusive specialty."

So near and yet so far From time to time in the medical Journals there is quoted the experience of some doctor who has "discovered" that some osteopathic truism is indeed a verity—though of course he gives no credit to the science that discovered it many years ago. We recently noticed the following paragraph in a number of the "Medical Record" and feel that the "discovery" is indeed a startling one from the osteopathic standpoint. The paragraph is headed "Sciatica—Etiology and Treatment," and runs as follows:

"M. H. Rogers states that a careful examination of any case of sciatica will show that there is some trouble at or near the sacro-iliac joint, and in most cases one is dealing with a definite joint lesion. It is easily understood how the sciatic nerve may be involved if it is remembered that the sacral plexus passes directly over this joint so that any disturbance may affect the nerve. During the latter part of pregnancy, and

especially after a hard confinement, sciatica of a troublesome nature is quite frequent. What happens is that under such conditions the ligaments holding the pelvis are necessarily stretched and therefore the ligaments of the sacro-iliac joints are relaxed and there is a very good chance for this joint to be relaxed. The same condition is seen also in physically under-developed growing girls and in women with poor musculature. The more severe cases of sciatica generally represent more definite injury to the joint. In these cases the body is listed to one side. If one is dealing with a very acute sciatica of sudden onset, it means either an acute strain with some slight rupture of the ligaments or a displacement of the joint. If there is a strain, then the treatment would consist of fixation, as in any strained joint, which is done either with adhesive strapping or, in more severe cases, by a plaster jacket. Of course rest is essential. But occasionally one meets cases in which rest and fixation will not relieve the symptoms, and it is in such cases that an immediate manipulation to reduce the dislocation often shows striking results."

It is always gratifying to notice the medical men coming round to Osteopathy, but it is somewhat disconcerting at the same time. We are glad to read that the possibility of such slips of the innominate is becoming recognized because we know that there will be less suffering in the world when it is universally conceded to be a truth. We still believe that the osteopathic method of handling the condition will stand out as superior to that suggested in the quotation given above. It is the old story of the donkey in the lion's skin, and though successful in a few simple cases, we have no hesitation in saying that no medical man can attain the skill in such conditions that the good osteopath will universally possess. We need not fear that our livelihood will be taken from us, for it is one thing to steal an idea and another to put into practice a skill that has taken years to attain. Let us simply rejoice that the Medics are learning to acknowledge our position along a number of lines.

The Scientific Man

In the Washington Medical Annual, W. M. Barton analyzes the cause of the tendency to exaggerate medical advances. A thoroughly cultivated, scientific man is always conservative concerning the significance of a new discovery. Such a man has learned by experience to hesitate before making emphatic and sweeping statements. It has been said that "the very difficulty of carrying into execution the simplest principles of medical science teaches physicians a demeanor of conservatism and humility. But to the dilettante or amateur in hygiene nothing is impossible in sanitary science."

We would apply this principle to the unwarranted assertions of some of the osteopaths in the field. No one can realize too keenly the importance of a single aim and purpose, nor is it possible to overrate the foolishness of mixing the various systems of therapy. There are sincere advocates of every system, and rightly so, because the methods employed are adapted to the various constitutions and mentalities of the masses. It is foolish to ignore our failures and the successes of our rivals equally. To do so will harm the science as much as anything else. If we fail, let us be scientists and earnest enough to acknowledge the fact, and not to try to bluff our way blindly through. We recently learnt of a case treated for several years by an osteopath without relief, and then cured in six weeks by a Christian Scientist. Why should we refuse to reckon with these cases. They are facts! Stubborn facts! If Osteopathy is ever to be established on a permanent scientific basis, it can only come from recognizing our limitations and so our possibilities. In our practice we are osteopathic physicians, that is to say, primarily, we are physicians, secondarily, we are equipped to employ osteopathic methods of handling diseases. Patients have been cured by other methods, very many have been cured by our own. Why should we refuse to acknowledge any limitations. There are limits to our therapy; ignoring them will never obliterate that fact. We should strive to be recognized as scientific students, anxious above all else to know the truth, and if this is our constant attitude we are bound finally to become established and be recognized in our field of therapeutic work.

The September Osteopathic Journal In the September issue of the Osteopathic Journal there will be a number of changes and improvements. The shape will be altered to make it a pocket-size, namely 7 1-2 x 5 1-4 inches. The cover will be of a heavy art paper, and in various shades, with printing in suitable colored inks. The reading matter will be arranged as attractively as possible, and its scope will be somewhat broadened. The purpose will be to produce a really attractive Journal devoted to Rational Therapeutics—as has long been the title on the cover page. The whole make-up will be greatly improved. We are anxious to get a big subscription list, and believe that there is a growing demand for just such a publication as we intend to bring out. We ask your co-operation. Send one cent stamp for sample copy and revised rate-sheet. We know you will be pleased.

The Convention at Detroit.

The Detroit Convention is over, and has been pronounced on every hand the greatest that has yet been held. The papers read and the demonstrations given were without exception good; the social features of the convention reflected the utmost credit upon the hosts; and the hotel accommodations and the commodious convention hall were all that could be desired. It is an inspiration to meet one's friends and classmates once again; to hear of Osteopathy from another's viewpoint; and to listen to papers and see demonstrations by the leaders in our Science. The President's address, the welcome from the Mayor of Detroit, the reply by Dr. Edythe Ashmore and the excellent paper on Osteopathy vs. Drug Therapy by Dr. C. B. Atzen, the President Elect formed a fitting tetrad to usher in the proceedings that were to follow. The paper read on the same morning by Dr. Earle S. Willard on the "Inherent Weakness and Developed Deformity of Every Man's Spine" contained some fundamental points of vital importance to the foundation principles of our Science. This paper, which was delivered only in part, being supplemented by some most interesting and remarkable demonstrations, will be published in full in the September or the September and October issues of this magazine. The three papers read on July 31st by Drs. R. K. Smith, G. W. Bumpus and W. D. Dobson were of great interest, and peculiarly fitted the one to the others, each acting as a compliment to the other two. The demonstration by Dr. Otis Akin, on Aug. 1st, of the Treatment of Lateral Curvature of the Spine by the Technique of the Abbott method was of a remarkable nature, and if we may predict, the principle outlined is destined to usher in as important a phase of orthopedic surgery as did the famous operation for congenital hip first performed by Dr. Lorenz, and since modified and improved. There was some other interesting work of an orthopedic nature performed by both Dr. George M. Laughlin and Dr. R. Kendrick Smith. The former did a congenital hip operation and a couple of other minor operations at the Free Clinic which is upheld by the Detroit osteopaths; at this clinic there has been done much work among the poor children and poor people of the neighborhood, and some wonderful results have been obtained. Dr. Kendrick Smith showed the treatment in a number of cases of interest, notably in the painless reduction of a knee fixed in flexion by fibrous adhesions and in a rachitic spine. During the morning of the last day of the Convention several splendid papers were given. Dr. Deason, when speaking of vaccination from an Osteopathic viewpoint, brought forward a number of points conclusively and irrefutably proving the harmful effects resulting from

vaccination in many cases, and showing that it is impossible to obtain a so-called pure virus. The demonstration by Dr. W. S. Nichol of Exercises Accessory to Treatment was most instructive and showed the necessity of securing the earnest co-operation of our patients in the securing of results osteopathically; Dr. Nichols chose the three conditions of "Flat-foot, Obesity, and Constipation" for his demonstrations. Dr. Proctor's paper brought out many interesting and important phases of the Care and Treatment of the Pregnant Woman. Dr. H. W. Forbes spoke on the Routine Examination of the Nervous System, and his clear style and lucid manner of handling the subject rendered the lecture a rare treat. Points, perhaps previously well known, assume aspects of different value when presented by such a master mind in their correct relation to the subject as a whole and the individual parts of it. The stereopticon demonstrations by Drs. Kendall Aeron and G. W. Burns showed some remarkable examples of arthritis in the spine and elsewhere and were much appreciated.

From the social standpoint the four features that were most prominent were the general reception and annual ball on Monday evening, the various club and class reunions, the moonlight boat ride on the "Britannia" on Wednesday evening, and the banquet on Friday evening. All of these were eminent successes, and we believe that there are but very few who do not feel far more than repaid for their trip to the beautiful city of Detroit. Some further details of the convention will be found elsewhere in this issue.

Medical Practice by a Medical Professor A new magazine entitled "Brain and Brawn" has been sent to us, and we noticed the following quoted article. It is simply inserted without comment, and we take the liberty of reproducing it:

"On assuming the professor's chair in the College of France, the celebrated Magendie thus addressed the assembled students:

" 'Gentlemen, Medicine is a humbug! I know it is called a science. Science indeed! It is nothing like science. Doctors are mere empirics when they are not charlatans. We are ignorant, as ignorant as men can be. Who knows anything in the world about medicine?

" 'Gentlemen, you have done me the honor to come here to attend my lectures, and I must tell you frankly in the beginning that I know nothing in the world about medicine, and I don't know anybody in the world who does know anything about it.

" 'I repeat it, nobody knows anything about medicine. True enough we are gathering facts every day. We can produce typhus fever, for

example, by injecting a certain substance into the veins of a dog; that's something. We can alleviate diabetes. We are collecting facts in the right spirit, and I dare say in a century or so the accumulation of facts may enable our successors to form a medical science.

" 'Who can tell me how to cure the headache, or the gout, or disease of the heart? Nobody.

" 'Oh! you tell me doctors cure people. I grant you people are cured. But how are they cured? Gentlemen, nature does a good deal. Imagination does a good deal; doctors do—devilish little, when they don't do harm!

" 'Let me tell you, gentlemen, what I did when I was head physician at the Hotel Dieu. Some three or four hundred patients passed through my hands every year. I divided the patients into two classes: With one, I followed the dispensary and gave them the usual medicines, without having the least idea why or wherefore; to the other I gave bread pills and colored water, without, of course, letting them know anything about it, and occasionally, gentlemen, I would create a third division, to whom I gave nothing whatever. These last would fret a good deal; they would feel they were neglected unless they were well drugged (les imbeciles), and they would irritate themselves until they got really sick. But Nature invariably came to the rescue, and all the persons in this class got well. There was a little mortality among those who received but bread pills and colored water, and the mortality was greatest among those who were carefully drugged according to the dispensary.

" 'You ask, then, what is the use of my lecturing. I'll tell you. We have come here to study Nature—not to spin fine theories about this and that, and anticipate brilliant conclusions—leave that to the German gentlemen. I don't say that these doctrinaires fail to hit occasionally upon some brilliant truth by the aid of their theories—for I have sometimes been astonished by their discoveries. But for once they are right they are wrong a hundred times, and by their theories they are never sure of knowing assuredly what they do know.

" 'Now, what I know I know; there can be no mistake about it. I see it with my eyes, I touch it with my fingers. I would not give that for all the theories in the world. Give me stubborn facts. That's the way gentlemen, we are going to study here.' "

Osteopathic Dynamics

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

Address before the A. S. O. Alumni Society of Chicago, June 27, 1912.

Everyone, I am certain, is duly appreciative of the inherent forces of nature. To attempt an exact explanation of these forces would be almost a hopeless task. But a discussion of some of the high points as they pertain to osteopathic diagnosis may be profitable.

All of us are aware that the mysteries of organic life defeat analysis, but nevertheless we are perfectly cognizant of many of the manifestations and we know of their importance and bearing upon health conditions.

It is frequently said that the body is a microcosm and no doubt it is so; but just as a little universe is more or less dependent upon the harmonious working of a greater system so it must be with man. We are neither so perfect nor so independent that universal forces or environment do not enter most vitally into the welfare of our every day life. A universal principle like gravity, for example, influences most decidedly physiological functions as well as external activities.

But what specially interests us as osteopathic physicians is the fact that from a health view-point the little universe called man is anatomically and physiologically perfect, that is, it is self-reparative and self-curative. The healing power of nature has been recognized for centuries but not until recently has full credence been given to this principle. This basic fact in reality constitutes the very fundamental of the osteopathic school.

The healing art is such that at best it can simply aid crippled nature, and nothing more, whether the indications are to adjust a vertebra, destroy a parasite, remove a tumor or prescribe a dietary. The best physician is he who realizes his restrictions and as a consequence devotes his time to an understanding of health requirements and to an interpretation of ill-health signs and symptoms.

It seems to me that in order for the osteopath to do the best possible for his profession he should realize that both man and Osteopathy represent but part of the great force of creative evolution. Thus Osteopathy represents a science and a philosophy—both in a broad sense expressed through the fundamental principle of adjustment; the one dealing with the stable and unchanging, as expressed in the mere mechanics of adjustment; the other, the philosophy, touching life, and in fact being part of

life, as expressed in a continuous movement, wherein our duty is to approach the harmonious in so far as health problems are concerned.

Now for convenience of presentation we will divide the subject of osteopathic dynamics into two parts. First, we will speak of the inherent forces of the organism; and second, the technique phase.

The inherent power of the organism is the point of appeal, in a sense, to which all curative methods are directed. Without this of course all therapeutic measures of any source would be worse than useless. The "vis medicatrix naturæ" is the saving grace of every system. The sanity of any therapeutic procedure can be measured by its physiological fitness and appropriateness to the case at issue. In just so far as it supplies a corrective impetus to the impaired forces will it be of use.

No wonder that much of medical history is simply a record of dismal failure, and too often worse than failure, for actual harm not infrequently resulted from misapplied agencies. Broadly speaking two causes of this failure stand foremost. First, the inherent power of the organism, the healing power of nature, was not fully recognized, or if recognized was not fully trusted, so that not only irrational treatment was attempted but meddling treatment was continued when all that was really needed was the time element, rest and attention to hygiene. It is a wise doctor who knows when to let nature continue uninterruptedly.

The second cause of failure has been pathologic fanaticism at the expense of etiologic consideration. Etiology and not pathology is the basis of medical science.

If Osteopathy had never done anything but call emphatic attention to the all-pervading and all-sufficient power of nature it would deserve unmeasured recognition.

How puny are a doctor's efforts at best! Why, in the parlance of the street he is continually "up against" the infinite. We may think we are smart and are at times more or less egotistical but how much credit do we really deserve? Absolutely none from a healing point of view. Our cue is simply one of appeal. True, we are enabled through close observation and careful analysis to assist nature in keeping to certain paths wherein friction is reduced to a minimum. But too frequently it is finite guessing and not an appreciation that either health or ill-health is a condition of life, expressed through the continuous movement of creative evolution, wherein the former (health) means ease with a maximum of anatomic and physiologic wholeness. We must worship at the shrine of the infinite and eternal if we expect to accomplish anything.

We as a school have frequently been criticised that it is only the functional, the neurotic, the neurasthenic and the hysteric that are amenable to our methods. Knowing this statement to be untrue we should yet be perfectly willing to accept the "functional" case. How many of the "organics" are there that were not functional to begin with? Is it a credit to any system to ignore the functionally disabled and wait until the individual is seriously involved organically before treatment is instigated? Then again what is the dividing line between functional and organic disturbances? There is none except upon the basis of demonstrable pathology. And at best diagnostic methods are gross and clumsy. The best physicians of today are realizing there is a cause, a pathogenesis, basic to neurotic, hysteric and neurasthenic conditions. Right here has been the great stumbling block in the attempt of modern medicine to place pathology in a position as basic to scientific therapy. Osteopathy has done and is doing its full share to force upon scientific medicine that the disturbed forces back of the pathology are the true basis. And it is a true and logical conclusion and one demonstrated daily, clinically, that unrestricted and uncorrected functional disturbances when left unattended develop into organic disorders; and these, the organic, are just as amenable to treatment if not beyond a possibility of repair, as the preceding functional disorders, although, of course, the time element and other factors will of necessity claim more serious attention.

We believe the records will show that the ratio of organic disorders is fully as great if not greater in the osteopathic clientele as compared with the medical. Further we should not lose sight of the fact that the osteopathic reputation is based upon the curing of cases supposed to be incurable from the medical view-point. Etiology, pathology, diagnosis and prognosis, owing to osteopathic methods, require to be largely rewritten.

Likewise the more or less arbitrary division between acute and chronic disorders is absolutely a myth in so far as the applicability and non-applicability of osteopathic methods are concerned. The forces that sustain the organism in health are not different from those of ill health except in degree. Whether the disorder is chronic or acute amounts to nil in so far as appropriateness of Osteopathy is concerned. But it is the character of disorder and degree of gradation that constitutes the basis of acumen in diagnostic skill and technique.

Following this thought a step further one is driven to the conclusion, both theoretically and practically, that the desideratum from a health point is to keep well. Preventive therapy is the ideal of scientific medi-

cine. Osteopathy—the intact anatomical—cannot be other than the foundation of preventive medicine, for without this the physiological will be unable to hold sway. Physiological potency is the key to preventive, curative and palliative dynamics.

The field of preventive medicine is a tremendous one. It is not alone anatomical perfection from the adjustment view-point, but in addition hygienic, sanitary, dietetic and environmental perfection. To encompass these fields should be one's aim. And with all this striving it is always and eternally an appeal to the inherent forces.

Every practitioner is fully aware what it means to both the individual and the community to recognize the small beginnings, no matter upon what plane, and be enabled to adjust the faulty disturbance. This of course has come and is coming only little by little as exemplified in Osteopathy, sanitation, hygiene and surgery.

But the central thought we desire to keep in the foreground is that osteopathic dynamics or power is a natural method; is absolutely in harmony with universal forces; is part of these forces. And, moreover, it is really a potent and curative power; in fact, it is the only curative power. This then introduces us to these forces.

What these forces are no one knows. We know they exist. We know they follow definite laws. It is our work to interpret the laws. We know they are inviolable. And we know it is through the bio-chemical principles, and these only, that health is maintained and disease is overcome.

In the human body the life processes are largely, if not entirely, controlled by the circulatory and nervous systems. In the lower animals and plants the life process is maintained principally by chemical coordination. Evolutionary changes manifested through higher development bring about increased coordination and more or less complete concatenation as exemplified in the central nervous system of man. But with this increased development and control of the nervous system we must not lose sight of the fact that the blood elements are still maintained by chemical coordination.

We know something of the biologic laws of nervous development, conduction and regeneration. We know reflex activity and coordination is essential to metabolic maintenance. Clinically we are certain that freedom of impetus and sufficient blood supply and oxygen are essential to health. The vascular, the nutritive, the chemical, the anti-toxic, the internal secretion phases have been impressed upon us. Metabolism, representing the completed picture of these united forces con-

stitutes, in a sense the end phase of the vital phenomena wherein health is secured.

A word here relative to the field of serum and vaccinal therapy may not be foreign to our subject. We will not enter into a discussion of the merits of anti-bacterial and antitoxic treatment further than to accentuate the point that within all probability osteopathic measures so stimulate the cells of the body that there is a definite effect produced by increasing opsonins and other antibodies. A significant point here is that in the vast amount of experimenting relative to infection and immunity the so called biologic analyses were of the greatest importance. That is, when bacteria or their products came in contact with tissue cells or fluids the serum either killed the bacteria or neutralized its toxins. The osteopathic lesson is clear. It is well recognized that phagocytosis plays an important part in the prevention of and recovery from infections. Even granting that serum and vaccinal therapy fills an essential place its most firm believer realizes its limitations as evidenced in the promulgation, for example, of chemotherapy. Unquestionably the osteopathic profession has an important work to do in scientifically demonstrating the potency of osteopathic procedures and hygienic measures in this field.

These are the forces exemplified in osteopathic dynamics and which are approached through adjustment, exercises, diet, hygiene, sanitation, rest, environment and mental therapy.

All of this may seem trite. Well, it is common knowledge, but it is not stale. It represents puissant forces, which must ever be our anchorage.

After all has been said, after all theories have been spun, no matter by what school, the very kernel of the healing art is simply what can you or I do to assist nature. Can we give her the little boost that is required? Not a supposed boost of adding anything to vitality or introducing an extraneous force, but simply a matter of releasing some obstructive force or of introducing some impetus so that nature may continue along the course most compatible to health requirements. Herein rests the saneness of Osteopathy: an appreciation of nature's all-sufficiency; not a presumption of attempting to add vitality. An obstructive force is commonly osteopathic; it may be surgical. To introduce some force may be dietetic or hygienic. But all must be harmonious with, and thus a part of, nature's forces. It is this simple, but nevertheless comprehensive, idea that Dr. Still has continually reiterated. It is this elementary point, the first principle, that all schools of today are rapidly approaching. Through all the maze of complicating theories, absurd

practices and monumental drug junk-heaps the foremost thinkers of all schools have returned to common ground. A fresh start has been made. The commanding thought is let us try to understand nature's manifestations and assist her, if possible, when indicated.

This, in our opinion, is the significance of osteopathic dynamics. Not that we should know what the healing power is, much less what life is, but instead to know, realize and appreciate the inviolability and sacredness of these elemental forces. That they exist and are dependable is sufficient for our purposes, but we must ever remember eternally to strive to interpret and understand the principles.

The technique phase of osteopathic dynamics is the part wherein the "goods are delivered." The delivery of the goods is dependent upon two essentials: (a) our understanding of statics and kinetics; (b) our ability to execute applied mechanics. Outside of this so-called "characteristic" phase lie the important fields of hygiene, sanitation, etc.

Technically we know that dynamics from the standpoint of natural philosophy is the science which treats of the action of force. The static branch inquires into and examines the action of force in causing rest, or preventing change of motion. This of course is beautifully illustrated in vertebral osteopathic lesions and is the key to osteopathic diagnosis.

The kinetic branch deals with the action of force in producing or changing motion. This is the key to our characteristic therapeutic technique. The science as a whole has been called mechanics; dynamics is restricted to the kinetic branch.

For many years we have urged that some mathematical genius within the profession would give his attention to the kinetic phase of technique and work out the problem on a mathematical basis. We believe it can be done and would go a long ways toward placing adjustment technique upon a logical and specific basis.

We would not say that specific adjustment of the osseous system is all there is to osteopathic therapy, but we firmly believe it is fundamental. To become a good operator from the specific view-point is no small accomplishment. And when it is tempered by good pathologic and clinical judgment the average osteopath, I am convinced, will find his efficiency greatly increased.

The human body simply from the architectural view-point is a most complicated mechanism, and we venture to say that some of the greatest therapeutic advances of the future will be an interpretation, understanding and application of technique based upon this principle, as osteopathic measures, corrective exercises and surgery have been in the past. Our present technique is still too amateurish, bunglesome and clumsy. Our

art may still be in advance of our science but the science of our art is more or less at a stand still. Although naturally every practitioner gains in skill as his experience progresses and his judgment ripens, yet the point is, we are not developing this phase of dynamics as we should, that is, comprehensively and understandingly. There should be some sort of standardization.

Every body is built upon the same mechanical principles even if every ailment and every disease, is somewhat different. The department of physiologic applied mechanics in our colleges is a negligible quantity so far as I am aware. I mean a course of instruction that goes to the fundamentals of bodily structure as implied in its mechanics and mathematics. This would go a long ways toward instituting a saner, safer, more effective and scientific technique than many now practice.

The dynamic feature would bring out the underlying principles of mechanics as applied to any mechanism, statically and kinetically. And I venture to say that a good percentage of our present technique would not only be found obsolete but worse still, useless. All of us utilize methods that result in nothing but energy wasting on the part of both patient and physician.

The static phase, as suggested, is the key to diagnosis, for herein arises the investigation as to the action of force in causing rest, or preventing change of motion. How often do we halt to note the underlying principle? And every one of us is fully aware that statics enter into the consideration of every normal joint as well as every abnormal one. Why has a lesion occurred? What are the causative and restrictive forces? Is it primary or secondary? And by the way, how much energy is continually wasted by attempting to adjust a secondary lesion when our time and energy should have been used in finding the primary lesion and correcting it. And how much waste inculcated by not specifically diagnosing the static angle of all lesions?

Then when we come to apply kinetics, that branch which deals with the action of force in producing or changing motion—our technique if you will—how hazy our anatomical as well as mechanical knowledge is too apt to be. It is too much like sliding along the line of least resistance and trusting to nature. The inherent forces of nature are certainly kind to the doctors.

For the practitioner clinical research work as exemplified in spinal diagnosis and technique is greatly needed and would be productive in enhancing our ability and skill to a greater degree. This is one work that every one of us can do every day in the year, and if a determined effort was made the aggregate of knowledge and skill gained in a year

would be most gratifying. All of us get into ruts and grooves and there we stay practicing our old habits of thought in routine fashion.

Concerning research work pertaining to our profession we should realize that added knowledge can be obtained only by laborious efforts and that but a little at a time. It behooves every osteopath to add his mite to the sum total. He should feel that this was an absolute obligation.

I would not confine the therapeutic side of osteopathic dynamics to the adjustment phase, for we have an effective armamentarium in hygiene, diet, exercise, rest, change of environment and mental therapy. All of these are essentials and have a greater or less effect upon the circulation, nervous system and muscular tissues. These should be utilized to some extent in all cases and specially, of course, when definitely indicated. Of these, ordinary hygiene, diet and rest have probably received more attention than has exercise. Exercise does not mean so much muscular development as nervo-muscular balance—increased coordination. (The various systems of physical development (not corrective exercises) do not concern us, but rather games like golf, for example, or light calisthenics wherein coordination and equilibrium are increased and there is no muscular consciousness. All of these have a very definite place to fill in every individual.

Then there is the mental factor, (I will not refer to suggestion for that is fairly well appreciated) wherein change of scene and environment have a wonderfully stimulating, elevating and broadening effect. I do not believe we utilize this measure sufficiently often.

Still I thoroughly believe that any traction or pressure (subluxated vertebra, contracted muscle, ptosis, scar tissue, etc.) is of by far greater significance clinically. This includes trauma, and trauma results in inhibition and disturbance of nervous force. It is of very frequent occurrence and its potency cannot be questioned.

But it is the practitioner, who is able to get something like a true perspective, who accomplishes the most. In the study of pathologic conditions individual variation in all of its phases plays a large role.

The osteopaths as a rule do not pay enough attention to the history of their cases. Indeed this is probably true of the majority of all physicians. The right kind of history taking is the true starting point of diagnosis—especially the precise sequence of symptoms. Not but that structural relations and positions are very important but rather we should have an orderly procession of diagnostic methods. First the historical sequence of events and second a routine procedure. Some doctors for example, rely too much upon laboratory methods. The point is we must

approach the diagnostic field from every possible angle and utilize all the data. In this way only can we do the best possible for every case. Likewise in our therapy we should maintain a balance—*anatomic consideration, hygienic measures, etc.* I have not much patience with the doctor who attempts a Sherlock Holmes act; it is not justice to the patient, the profession or himself.

In conclusion we would suggest that the moral and intellectual dynamics of Osteopathy constitute forces of no mean value. Firmness in our beliefs, making them a living reality, and intellectual honesty—whether expressed at the bedside or in our other relations—are forces of great potency.

In this talk we trust we have served a purpose if we have been fortunate enough to suggest a possible new viewpoint or to emphasize a half neglected thought.

"O blessed health! Thou art
above all gold and treasure, the poor
man's riches, the rich man's bliss—
without thee there can be no happiness."

ANCIENT AUTHOR.

Legislation and Other Points

BY DR. J. H. SULLIVAN, CHICAGO.

Paper read at Illinois State meeting at Peoria, Ill., on June 15th, 1912.

The subject of my remarks is one which has been discussed pro and con for eighteen years, indeed ever since the first osteopathic people entered Illinois in 1894 in the person of Dr. Still, Jr., who opened an office in Evanston, Illinois, a suburb of Chicago. The old Medical Act was in force when these first osteopaths came into Illinois. Properly to understand the status of affairs then, you must know that Dr. Harry Still was arrested twice in one day for practicing without a medical license. To be sure, the friends of Osteopathy then, as now, saw to it that no real persecution was suffered by those of us in practice. Nevertheless, the fact remained, we were outlawed. We were open to attack from any and every quarter. We did not know in the morning what sort of blackmail would be levied upon us before night. Bear these facts in mind, pray, when any of you feel tempted to make a "houn' dog" of the present Illinois law, as it applies to Osteopathy.

I confess a large share of paternity to the present Medical Act. That I am not apologizing for it you may understand from the foregoing statement of fact as to conditions existing when I came into the state in 1896.

I have framed in my office in Chicago a highly treasured set of resolutions of thanks, sent me from the students at Kirksville in 1899, who held a meeting after the enactment of the present law. These resolutions thanked me for my efforts and success in opening Illinois to Osteopathy. Pardon the personality in this, but I want the record to show, for people quickly forget. Also I wish to lead up to an outline of what procedure was followed in securing our present position in Illinois.

Before endeavoring to treat a case we must make a proper diagnosis. The situation in our state certainly needs diagnosis. Complications exist so serious that proper favorable prognosis is hardly warranted from the facts.

First we are in a state which our allopathic brethren claim they own, body and soul, where medical practice is concerned. However, our other brethren, the homeos, recently jolted them when they knocked away the state props to the P. & S. College, affiliated with the University of Illinois. This leaves the P. & S. begging for support. All honor to

the homeopaths. Imagine if you can a state appropriation to an osteopathic college. Yet the foregoing shows you the great power of the Medics in Illinois.

Next we have confronting us the fact that many graduates of our colleges no sooner quit an osteopathic course than they madly run to Chicago or elsewhere and start a course in some medical college, seeking an M. D. degree. This has been a huge stumbling block to our progress in Illinois Legislation as well as to general practice. Dr. Still has taught for years that a D. O. degree was better than an M. D. degree, and I have found every year accentuates that fact.

We may consider another big obstacle to our efforts in seeking legislation; namely, the fact that we have the present law.

I have already stated that in 1899 we secured the amendment to the old Medical Act.

The modus operandi followed at that time was simply this: Governor Altgeld in 1895 had vetoed a bill legalizing Osteopathy. His reason for so doing as told me by himself, for he was my patient later, was this: He was opposed to the measure because of the fact that the State Board of Health was ignored in framing that bill. He insisted that they should have been consulted. Of course, no one believes that the State Board would have favored that measure any more than they would now.

Governor Tanner succeeded Governor Altgeld in '96, and on looking over the records of former work in Springfield with a view of renewing the attack, powerful friends of Governor Tanner, who fortunately were friends of mine and cognizant of Osteopathy, suggested that I circulate a petition among the friends of the Governor and Osteopathy and then go down to Springfield and lay the facts before the Governor and Legislature.

This I did immediately and secured a splendid petition signed by representative people. I asked every patient I had, man or woman, to secure signatures.

At the proper time a party of us, some of whom could command favors at the hands of the governor, presented ourselves before his Excellency and stated our mission, going into detail as to Governor Altgeld's veto of the former bill and his reason for so doing.

Governor Tanner heard us patiently and after some discussion finally sent for the Secretary of the State Board of Health, Dr. Egan.

Dr. Egan informed the Governor that he opposed us for the reason that we were not competent to treat disease because we used neither

drugs nor surgery, in fact, were professedly ignorant of same; hence that we were unfit to hold a license.

Following Dr. Egan's statement the Governor made a suggestion that he had personal knowledge of the efficacy of Osteopathy. Furthermore he could see no valid reason for keeping osteopaths out of the state, but rather would allow them to come in, and if their work was a success, well and good. On the other hand, if they were not competent, they would not endure. Following this, Dr. Egan was ordered to go with me and frame an amendment to the Medical Act, which would give Osteopathy a place in Illinois. This was our whole desire at that time. We were perfectly satisfied to have the door opened, hoping to have the law made more to our liking as time went on.

Experience has been of value to us. We have repeatedly tried to win our battles by working through the Legislature. We have fought honestly and deserved to win. I am of the opinion that we should go back to first principles; to the same tactics employed in early days, which brought us our first success.

The idea I would convey to you is this: We should ascertain if possible, just the attitude of the governor, whoever he may be, toward Osteopathy.

If he is not absolutely biased regarding us, then let us have every man and woman in practice in Illinois circulate a petition. Have our patients circulate for us as well; a petition to his Excellency the Governor praying him to give us a word in his message to the legislature. Have said petition cover briefly our first favorable legislation and how far short it falls of meeting our present necessities, owing to the great growth of our school.

Why, my friends, think of the roll of honor five or six hundred osteopaths could command in such a move. It would demand recognition.

In the event of success we should carefully frame a bill to insure the growth of our science. I have reference to the unwise increase of time in our colleges, which retards our growth.

The medical hosts have increased their term of study in the past thirty years from 40 weeks in College to 140 weeks, in order to keep back competition, as you may observe from the following statements in a late issue of the Journal of Osteopathy.

"We are indebted to Dr. W. B. Shepard of Providence for some interesting researches into the history of medical education. A mention of the few well-known schools will be enlightening. For instance, Columbia University, previous to 1880, required 40 weeks of College attendance in two years. By 1888 it had gotten up to 56 weeks in two

years; then 96 weeks in three years. Since 1900, 128 weeks in four years. Harvard University has practically the same record.

"The University of Pennsylvania, previous to 1877, required 40 weeks in two years. Previous to 1881, it required 60 weeks in three years. Now it requires 140 weeks in four years. The University of Michigan in 1880 had gotten up to requiring 35 weeks each in three years. It now requires 140 weeks in four years.

"An average of all the best known medical colleges in the country gives the following result: In 1880 the attendance required was 54 weeks. In 1890 it had been raised to 70 weeks; in 1896 to 107 weeks. Since 1900 the average is 118 weeks as a condition to graduation.

"From these figures it is easy to see how much time the best physicians and surgeons put into their college work, and how much time those who are now demanding the most of others were required to take.

Omaha, Nebr.

C. B. ATZEN, D. O."

The most direct way then, in my judgment, toward securing an independent board will be through petition to the Governor and Legislature. It will enable us to ascertain our status in a short time and smaller expenses will be incurred in the event of failure.

Should we be fortunate enough to secure endorsement from the state's executive this would be most valuable in subsequent work in the Senate and House and I am of the opinion that the osteopaths of Illinois should be able to secure a petition of overwhelming strength and force, of such power that no legislature could consistently disregard it. Everyone must recognize the fact that Osteopathy is supported mainly by people of high standing, people who, if enlisted in the cause of justice to Osteopathy, could secure this justice for the asking. Why not then give them this opportunity and do it now?

In the event of such a move as the foregoing the movement should be under the direction of the Osteopathic State Officer. The President of the Association should present the petition and represent the osteopaths of the state as a unit. This would enable us to present an unbroken front, free from all petty jealousies as to schools or other personalities which have served in the past to make us ridiculous in the eyes of those whom we were seeking to convert to our cause, and moreover, has had much to do with our failure in one or two instances.

I cannot refrain from going a little outside of my subject at this time and touching one or two things which are more necessary to the life of Osteopathy than Legislation is.

Legislation securing us examining boards will not perpetuate Osteopathy necessarily if we allow ourselves to become cheap masseurs.

All the legislative enactment on earth will not give Osteopathy standing if we grow lazy and give electric baths instead of sensible adjustment of the body, or go deeply into feeding, blood tests, Pluto water, physical culture, and so on, using Osteopathy as a POSSIBLE AID to all this balderdash. Moreover the Osteopathy given is mainly a loosening of muscles, not worth half the price one would pay a second rate masseur.

I have been in touch with Osteopaths almost twenty years and each year I grow more fearful for the future of my beloved science. I am of the opinion that unless radical changes are made in our colleges many a one of the old timers would rather enroll under the banner of Chiropractic than be known as an Osteopathic rubber; in other words, a nonentity as far as scientific diagnosis or treatment is concerned. It is but a few days since a man came into my office and asked for an osteopath who used hot air. I sent him to one who used it in one sense anyway.

The severe treatment, if persisted in for a few years, will positively leave no necessity for legislation in our behalf. Thousands of people in Chicago want to become patients of Osteopathy, but are afraid, and with good reason. The preposterous idea of an adult leaving an office worn out and hurt was unheard of five years ago. Now it is common and the growth of Osteopathy is not as vigorous as it was five years ago. Make your own deductions. These rib crushers are now so numerous that the others can hardly keep Osteopathy properly placed. Hence, a miracle only will save the science, and I say this with utmost concern.

Every few days one hears of the work of some over-zealous practitioner. I say over-zealous, for otherwise we must conclude that they have no claim to being called osteopaths.

I maintain that without exception a patient should feel more fit on leaving your office than he was when entering it.

I maintain that, from a physiological standpoint, if you so strain a part in treatment as to cause pain or even a mere congestion, no good results from your effort, as we know pain to be a message of trouble, of stasis and the mission we are engaged in is one which seeks to banish pain and our methods do so in competent hands. Reform is necessary and at once, if we wish to hold the good opinion of the public. The disastrous results of unwise technique are being heralded broadcast over the country and the victims in most cases quit treatment after one or two ordeals. The colleges should be notified of the condition of affairs by those in the field. Legislation among ourselves is more necessary at present than is State Legislation.

Dr. A. T. Still's position in 1894 regarding medical legislation was simply to throw down the bars and let the devil take the hindermost.

Let all cults and sects practice without hindrance, other than that they be liable for malpractices.

Now, however, we find ourselves grown to such proportions that we want to put up the bars and keep the other fellow out. Well, let us keep at it. These few remarks give my idea as to the most possible plan. I am flattered at being asked to contribute them and will circulate a petition as big as I am able. But as I have stated to the committee I ask to be excused from any more active work at Springfield. I am willing to have my laurels rest on work I did in 1898 toward securing the opening of Illinois to Osteopathy, and wait in patience to see others improve on the same.

HEALTH is the greatest of all possessions, and it is a maxim with me that a healthy cobbler is a better man than a sick king.

—BICKERSTAFF.

Associations

The National Convention at Detroit. The Sixteenth Annual Convention of the American Osteopathic Association lasted from July 29 until August 2. Dr. Holloway, the President of the Association delivered a fine address, which ran in part as follows:

"We have reached the sixteenth milestone in the history of our organization. What the passage of these years has brought forth forms a chapter in discovery and applied science in the therapeutic field which the future historian will record as among the most important contributions to the world's knowledge made since Harvey announced the circulation of the blood.

Growth of Organization.

"When within the short space of twenty-eight years, less than the lifetime of a generation, a great discovery, made by one who, like John the Baptist, comes unheralded, challenging tradition, becomes the accepted philosophy of the cause and cure of disease by 6,000 practitioners and is received by millions as their hope of recovery from sickness, it bulks too large to be crushed by the charge of fraud from any man, however eminent he may be. It is too late for misrepresentation to subvert, jealousy to blight and malice to crucify truth.

"It is worth while to seek the explanation of this marvelous growth, both from a psychological and a philosophical standpoint.

"As the eminent Dr. Mayo stated in his presidential address before the American Medical Association several years ago, "the theory of medicine did not contain the essential principles of science until the last quarter of a century. Originally a part of priestcraft, the profession had its beginnings in a time of mysticism and superstition. * * * Lacking a sound theory of the causation of disease, the results were not much better than those secured through the use of inert and useless remedies, which, like the incantation of the Indian medicine man, kept the patients and friends interested until cure came about through natural processes."

"I submit that no profession, however hoary with age and endeared to the public heart through exhibitions of genuine heroic sacrifices, could ever maintain its standing when an educated laity demanded credentials of a scientific stamp it could not give, when the public consciousness was awakened to a sense of the illusory and shifting nature of its empiric practice. By reason of the extension of general education, the man of today with a keen discriminative judgment wishes to know the whys and wherefores of therapeutics just as he does of business, and will not be satisfied with a stone when he calls for bread. This was the situation twenty-five years ago, and so insistent was it that the popular school rushed to its laboratories of research in which to cast anchor against the storm of public disfavor.

Osteopathic Fundamentals.

"The psychologic hour then struck for the promulgation of the doctrine that the human body with normal adjustment has within itself inherent forces of a prophylactic and curative character sufficient in all, save exceptional, cases, to maintain and restore health. It presented the theory that structural integrity is essential to nor-

mal functioning; that cellular activity is dependent upon the normal flow of blood and lymph and the proper maintenance of the nervous equilibrium; that disease is not a distinct entity to be driven from our bodies by distilled poisons absorbed through circulatory channels, but simply the registry of the body's protest against obstructions in the operation of its mechanism, whereby lowered resistance results, paving the way for the attack of legions of agencies which stand ready to override that cellular activity and equipoise essential to health. This statement of our fundamentals, so simple, so sane and yet so at variance with the explanations given by the major school relative to the cause of disease and its mysterious cure, masked behind the phraseology of the dead language of its prescriptions, was so direct, so convincing, so overmastering in its philosophy, that it won public approval and acceptance in every community in which an intelligent presentation was made. To this was added the clinical demonstration of the health-restoring results wrought through readjustment of the body mechanism to normal relations, so that not only public favor, but judicial protection and legislative recognition became the heritage of its merits and consistency. This, in brief, is the explanation of the psychology and philosophy of our rise.

Organized Opposition.

"But I would remind you likewise that the pathway has not been bestrewn with roses, nor has it led by cooling shade of babbling brooks. As every life is attended with the travail of birth, so every great truth must write its credentials for mankind in its own blood on the broad battlefield of contending ideas. Osteopathy is no exception to this rule. It had to fight to live. And the thing that commends it to many is the fact that it has had the temerity to fight and the inherent strength to win in so many conflicts against overwhelming odds. No cause can survive on negations.

"Opposition for opposition's sake is inadequate both as a defensive and offensive weapon. The dynamics of truth and power and courage are essential to the life of any movement. There must be the potential energy, the increasing momentum, the driving force of strong conviction grounded upon invulnerable truth, backed by compact and sympathetic organization, in order to write success large and enduring. As the scientific basis of Osteopathy will become more and more the center of attack, it behooves us to bulwark the citadel of our stronghold by giving increased attention to original research. The proven physiological changes incident to authentic derangements, whereby the vascular system is modified in quantity, quality and action, glandular functions affected, nervous impulses initiated and the myriad of interrelated activities of the body changed, must be matters of further investigation and confirmation. * * *

Educational Equipment.

"As the type and fiber of vegetable products depend upon the soil in which they strike their roots, so must the strength, character and consequent standing of Osteopathy depend upon our schools. The type of education given, the enthusiasm for the work awakened, the confidence in the sufficiency of Osteopathy enkindled, a wholesome affection for its progress created in the minds of graduates, are the chief functions of our colleges. To attain to their highest usefulness jealousies must yield to zealotry, size to science, commercialism to completeness. The future school will make adequate provision for laboratories, library, museum, hospital and clinical facilities. It will demand and enforce a high grade of educational standards for matriculation and deny graduation to those who prove incompetent to master a

strong course which represents at least twenty-seven months of a thoroughly coordinated curriculum drafted by the best equipped minds of the profession. It will be manned by teachers thoroughly imbued with the osteopathic concept so that the student body will recognize and appreciate the application of the fundamental principles of the science to every branch of the curriculum. It will, in a word, be the clearing house of the ripened thought of the profession, the agency for the initiation of new discoveries in the science and art of Osteopathy, the cementing force that will give strength and solidarity to our State and National organizations. As yet we have not reached our educational ideals. I pray we may never, for our ideals, like our lives, should grow. Satisfaction with what we have is the narcotic that benumbs our energies and paralyzes our aspirations. No man nor institution can stand still. Stagnation spells death. It is a principle that operates in nature, society, government. Our schools, therefore, must go forward or drop out of the procession. It were far better for the cause of Osteopathy to have half a dozen schools, equitably distributed geographically, adequately equipped with men and means for thorough instruction, strongly supported, turning out graduates who know Osteopathy and can stand shoulder to shoulder with the output of any other schools, than a dozen schools, some of which from choice or circumstance stand for a poor grade of teaching, low ideals, indifferent both to the future of the profession and the welfare of the masses. The reputation of good schools suffers from the work of inferior ones. State examining boards are indifferent whence come applicants. If they fail, the reflection is upon the system of education of which they are the products. It is therefore, to the interest of each of our schools that the others should succeed, provided success is not purchased at the sacrifice of principle. Hasten the day when fair dealing shall be the rule of action, when petty jealousies become a thing of the past, when principles loom larger than men. * * *

Work of the National Organization.

"While fully conscious of the influences of our colleges in giving prestige to the profession through individual efficiency, the reach of college enthusiasm is too short to hold graduates to the highest level, unless supplemented by the power of a National organization.

"Fortunate it was for us indeed that the vision of that handful of men sixteen years ago at Kirksville was borne in upon them. It was the initiation of an organized movement to which the profession as such owes its existence today. Well has it been said that neither the truth of our principle, the efficiency of our practice, nor that it meets the world's needs makes us a profession. Unity of action in an organized capacity alone makes us such. It is such an organization that gives character to the body of truths we teach; that creates standards of educational proficiency; that gives force and form to our legislative needs; that fosters original research and publishes the output of the best thought of the profession; that curbs commercialism and restrains the hurtful initiative of the individual; that plans to give such publicity to Osteopathy as that no amount of subterfuge and misrepresentation can rob us of that public confidence and support to which truth and justice entitle us. It is to your National organization, my friends, that you must look to meet and combat that widespread movement to nationalize medicine. It is through this body that must be directed that unity of purpose, that concentrated wisdom, that unflagging loyalty to a great cause, if we hope to achieve success in the maintenance of truth and bestow the blessings of Osteopathy upon the millions who do not know its virtues. Our allegiance to this body and active support of its enterprises are the measure of

our ideals of professional life, and determine our standing as an educated body of the thinking public. In this I do not under-estimate individual power and efficiency. I glory in it. But standing alone and aloof, the individual can no more infuse the vitality of professional vigor into a great body of men and women than can the grounded wire of a great dynamo transmit the current of its power to the passive machinery of the factory.

"It is only as we move with elbows a-touch and feel the thrill of a common, animating purpose; only as we know the problems confronting each other, and have stirred within us that fraternal desire to reach out and help as well as to be helped; only as we determine to break down the wall of exclusiveness, which but circumscribes selfishness and greed at best, can we hope to put Osteopathy on a nation-wide, yea a world-wide basis of confidence and support. We must let the world know once for all that we stand for educational efficiency, but not for an artificial standard whose purpose is to curtail competition and create medical monopoly by the disestablishment of all schools save one. Let it be fixed in the public mind that Osteopathy stands for scientific truth and challenges the fullest investigation in the crucible of clinical and laboratory proofs. Let the world know we yield the palm to no school of practice in the advocacy of all rational measures for the conservation of public health and comfort, but we draw the line in State and National legislation where sanitation and internal drug medication are so intertwined as to lead people to the erroneous conclusion that they are inseparable. Let it be understood that this body places science against empiricism, truth against dogmatism, democracy against the union of State and medicine. * * * * *

Publicity.

"It is within the memory of most of us when publicity of any description was considered bad ethics. Today this conception has been completely overturned. The movements of religion, society, politics are open books to be read of all men. The reformer, genuinely seeking the redress of the masses or wishing to prevent public theft or political corruption, appeals to the arbiter of all issues, public opinion, through the medium of the press. It is through this that men and measures are made or unmade. Public sentiment is the most powerful factor in the life of the Republic today. Such being the case we stand in the light of our own progress when we do not utilize the press in the propagation of osteopathic truth. * * * * I submit that the time has arrived when the magnitude and dignity of the profession should inaugurate a comprehensive scheme of publicity, explanatory of our position respecting the prevention, cause and cure of disease. Through the daily and weekly press, by means of magazine articles, or the creation of some medium adapted to this special work whereby the masses may be educated along osteopathic lines, may we hope for a publicity that will eventually give us our rightful place in the therapeutic field."

Most of the other features of the convention have been spoken of elsewhere, and we will simply reproduce the menu and programme of the banquet at the Hotel Pontchartrain on Friday evening, August 2nd, with the three famous osteopathic songs.

Menu.

- Little Neck Clams
- Celery
- Cream of Asparagus, Aux croutons
- Medallion of Whitefish, Au Vin Blanc
- Cucumbers
- Potatoes, Hollandaise
- Olives
- Salted Nuts
- Radishes
- Roast Squab Chicken, Farcie, Au Cresson
- Green Corn Fritters
- New Peas
- Currant Jelly
- Lettuce and Tomatoes, Mayonnaise
- Neapolitan Ice Cream
- Assorted Cakes
- Dinner Rolls
- Bon Bons
- Coffee

The programme was as follows:

- Music
- Invocation.....Rev. H. B. Henderson
- Song (Tune "America")....."Osteopathy"
- Led by Dr. George Perrine
- "Crutches".....Dr. E. J. Breitzman
- "Weeds".....Rev. Wm. Jacques
- Song (Tune "Every Little Movement").....
-"The Osteopathic Movement"
- "Orthodoxy".....Father M. J. Stritch
- "The Old Doctor".....Dr. Pauline Mantle
- "The Unknown, The Undefinable, The Unfathomable".....
-Dr. Asa Willard

The osteopathic songs are given in full:

Osteopathy

(Tune, "America.")

BY MARY E. HINCHLIFF, DENVER

Great science, 'tis of thee,	Suffering humanity,
Of Osteopathy,	With glad hopes turn to thee,
Of thee we sing.	Osteopathy.
Far will we spread thy name,	Thou wilt their plans relieve,
Great shall become thy fame,	Comfort all those that grieve,
All lands thy works proclaim,	Triumphs unknown achieve,
Osteopathy.	Osteopathy.
We, thy glad votaries,	Great Master, unto thee,
Come here thy name to praise,	Who this great truth did see,
Osteopathy.	Osteopathy.
May we but worthy be,	We bring our love and praise,
Our lives to give to thee,	Our voices loud we'll raise,
Loyal and true we'll be,	We'll bless thee all our days,
Osteopathy.	Osteopathy.

The Osteopathic Movement.

BY DRs. BOLLES AND BURNS.

Every little movement has a meaning all its own,
 And its special meaning to each doctor is well known.
 For every lesion that he's healing,
 To his patient is sure revealing,
 Is the right move to make an ending of his aching and his groans.

Every little lesion has an aching all its own,
 And it's special aching to each patient is well known;
 For every symptom the patient's feeling
 To the doctor is sure revealing,
 Just the right move to make correction of the lesion and the groan.

Every little State law has a joker of its own,
 And its special joker to the lawyer is well known;
 For every M. D. the game is trying
 To prevent all others vying,
 For the right of legal standing, or a Board, all of their own.

Vi-va la A. T. Still

BY DR. CARRIE B. TAYLOR-STEWART.

(Tune, Viva L'Amour.)

In the days when herbs and plasters and pills,
 Viva la A. T. Still,
 Were the only means of curing our ills,
 Vi-va la A. T. Still,
 A Prince came forth to a suffering race
 With a healing art to supplant drug's place,
 And a triumph was won in every case;
 Vi-va la A. T. Still.

CHORUS.

Vi-va la, vi-va la, A. T. Still,
 Vi-va la, vi-va la, A. T. Still,
 A. T. Still, A. T. Still, vi-va la A. T. Still.

II.

And now as the record doth truly relate,
 Vi-va la A. T. Still,
 He struggled 'gainst prejudice early and late,
 Vi-va la A. T. Still,
 With head filled with wisdom and heart filled with love,
 The results of his research sent out like a dove
 To relieve pain and sickness while he looked above,
 Vi-va la A. T. Still.

CHORUS.

III.

Our Science is rooted forever to say,
 Vi-va la A. T. Still,
 So drugs, teas and pills, you'll have to give way,
 Vi-va la A. T. Still.
 All twisted bones are put straight without doubt,
 The appendix hereafter shall not be cut out;
 Consumption is healed and proclaimed a shout, for
 Vi-va la A. T. Still.

CHORUS.

IV.

Our proof that a D. O. shall ne'er be a quack,
 Vi-va la A. T. Still.
 We remove cause of ills so they do not come back,
 Vi-va la A. T. Still.
 It's obstruction to function that prevents working free,
 As is shown in heart failure or insanity:
 All sing to the praise of Osteopathy!
 Vi-va la A. T. Still.

CHORUS.

V.

Come rouse every member and give ye a toast,
 Vi-va la A. T. Still.
 Long life to "Old Doctor," our kind, noble host,
 Vi-va la A. T. Still.
 "Substantial progression," our watchword shall be,
 "Simon pure" in our science and thus true to thee,
 God bless the founder of Osteopathy,
 Vi-va la A. T. Still.

CHORUS.

To the Toronto Osteopaths. Through an error in checking over the newspaper clippings sent to the office, an announcement was inserted, in the July Journal, of the "Semi-annual Meeting of Toronto Osteopaths." This notice should not have been printed, as the statements made referred to the "fake" society of Correspondence School graduates.

Incorporation of the Maine Osteopaths. The members of the Maine Osteopathic association met with their attorney in Portland, on July 10th, and incorporated as a scientific and fraternal organization. The association was organized to advance the science of Osteopathy and for the mutual benefit of the members. It also aims to protect the public against unqualified practitioners. The following officers were elected: President, Dr. Albert E. Chittendon of Portland; vice-president, Dr. Ralph A. Sweet of Rockland; secretary, Dr. Nora R. Brown of Waterville; treasurer, Dr. N. M. Kellet of Showhegan; trustees, Dr. Leonard J. Neal of South Paris, Dr. George H. Tuttle of Portland and Dr. William S. Shaffer of Presque Isle.

Michigan State Association has meeting. At the Michigan State association on July 29th, eight branch district associations were represented. Officers of the past year were re-elected. They are: Dr. William H. Jones, Adrain, president;

Dr. Thomas Sellards of Detroit, vice-president; Dr. Rebecca Mayers, Detroit, secretary and Dr. James C. Simons, Manistee, treasurer.

Resolutions were passed declaring the position of the association to be directly opposed to the bill introduced in congress by Senator Owen of Oklahoma, calling for the establishment of a national board of health. The association decided to attempt at the next session of the Michigan legislature to have an amendment to the present osteopathic law passed, raising the standard of graduation in osteopathic schools to a four year course.

An address on "Publicity" was given by Dr. Henry S. Bunting of Chicago, editor of *The Osteopathic Physician*. Dr. Bunting advocated legitimate newspaper advertising.

Organization of Fox River Valley Society. The Fox River Valley Osteopathic Association, a branch of the Wisconsin States Osteopathic Association, was organized at Oshkosh, July 13, and the following officers were elected: President, Dr. Harriet A. Whitehead, Appleton; secretary, Dr. H. T. Johnson, Appleton; treasurer, Dr. Ora L. Gage, Oshkosh.

The members of this association propose to make it a sort of summer school with frequent meetings. At present, they are making an exhaustive study of the blood.

The next meeting is to be held at Oshkosh, July 25, when practice in blood analysis and blood counting will be carried on by the use of the hæmocyto-meter, microscope, etc., under the able supervision of Dr. W. L. Thompson, of Milwaukee, President of the Wisconsin State Board of Medical Examiners. Dr. Thompson is the osteopathic member of the State Board.

South Dakota Osteopaths to meet at Huron. The South Dakota Osteopathic Association will meet at Huron on Monday the 10th of September in the office of Drs. Betts & Betts. A splendid program is being prepared. This is on the first day of the State Fair. All roads will give reduced rates. Visiting osteopaths will receive a hearty welcome.—H. F. LUDWIG.

Organization of W. Colorado Association Perfected. The leading osteopathic physicians of the western slope met at the offices of Drs. Moore & Haviland, on the afternoon of July 20 and perfected the organization of the Western Colorado Osteopathic Association, with the election of the following officers: President, Dr. A. S. Loving, Palisade; first vice-president, Dr. Isabelle Morelock, Grand Junction; second vice-president, Dr. Maude E. Ward, Steamboat Springs; third vice-president, Dr. G. C. Wilke, Leadville; fourth vice-president, Dr. Bertha B. Southworth, Glenwood; corresponding secretary, Dr. Nora Haviland Moore, Grand Junction; recording secretary, Dr. Grace D. Wilson, Grand Junction; treasurer, Dr. J. Henry Hook, Telluride; Publicity committee, Dr. Josephine Morelock, Grand Junction; Dr. C. B. Canfield, Collbran; Dr. Nelle Morelock, Rifle. Legislative committee, Dr. I. E. Taylor, Grand Junction; Dr. E. W. R. Morelock, Rifle; Dr. Isabelle Christy, Montrose. Membership committee, Dr. F. B. Fleming, Montrose; Dr. H. K. Gibbs, Delta; Dr. Archie Lippincott, Mesa. Program committee, Dr. N. S. Johnson, Grand Junction; Dr. J. E. Wheeler, Delta; Dr. Anna R. Joselyn, Delta. Research committee, Dr. Riley D. Moore, Dr. W. E. Hamilton, Crawford; Dr. Bertha Hilton, Silt. Committee on by-laws, Dr. N. S. Johnson, Dr. Grace D. Wilson, Dr. A. S. Irving.

Dr. G. W. Perrin of Denver, president of the state association, was a visitor and much good was done by the meeting. An independent board of osteopathic examiners was strongly endorsed in a resolution which was unanimously passed by

the meeting and strong sentiment was expressed in favor of sending a large delegation from the western slope to the meeting of the state association in Denver July 26th and 27th. The association will be known as the Western Colorado Osteopathic association and is formed for the purpose of research work, furthering the interests of the practice of Osteopathy and the study of scientific problems connected therewith.

Platte Valley, Colo., Osteopathic Association Organized. The Platte Valley Osteopathic Association was organized Saturday, June 29th at the offices of Drs. W. S. and Mary W. Warner. Dr. G. W. Perrin of Denver, president of the state association and Dr. Jenette H. Bolles, the recent appointee upon the state board of medical examiners were present. The following officers were elected: President, Dr. Mary W. Warner; first vice-president, Dr. W. E. Kellogg, Sterling; second vice-president, Dr. Lillian Friend, Wray, Colo.; third vice-president, Dr. Eugene Liberghein Julesburg, Colo.; fourth vice-president, Dr. Ermina Flattery, Brush, Colo.; recording secretary, Dr. W. E. Bullock, Fort Morgan; corresponding secretary, Dr. Helen Agnes Dandy, Fort Morgan; treasurer, Dr. W. S. Warner, Fort Morgan.

A resolution was adopted that the sentiment of this organization is in favor of an independent osteopathic examining board and against the mixed board.

It was also proposed to secure speakers and lecturers during the coming year for the purpose of advancing the interests of Osteopathy and explaining the relation of Osteopathy to public health.

Quarterly Meeting of the Minnesota Osteopaths. A quarterly meeting of the Minnesota State Osteopathic association took place on July 6 at the Osteopathic hospital, 1700 Third Avenue S., Minneapolis. As a feature of the session, Dr. J. B. Bemis of St. Paul lectured on the cure of hernia by the De Pew method. For the purpose of this demonstration, patients who presented themselves that evening were examined without charge and advised as to the suitability of their cases for this method of treatment. Dr. Clara T. Gerrish discussed the progress of Osteopathy as she observed it in two months' travel on the western coast.

Organization of the Osteopaths in Connecticut. Seventeen osteopaths from various parts of the state met at the Allyn House on July 4th, and organized a state association and elected officers. In the evening they had a banquet in a private diningroom. The officers elected are the following: President, Dr. H. Carson, Jr., of Ridgefield; vice-president, Dr. Louise Griffin of Waterbury; secretary, Dr. M. Catron of Waterbury; treasurer, Dr. R. N. Squire of Hartford;

Dr. B. F. Reily of New Haven, Dr. N. F. Collier of Waterbury and Dr. H. A. Thronbury of Bridgeport were appointed a committee to draw up a constitution and by-laws for the association, and also to recommend a name for it. Another committee consisting of Dr. W. H. Andrus of Hartford, Dr. M. S. Laughlin of Norwich, and Dr. W. W. Wilcox of Waterbury was appointed to notify the National Osteopathic Association of the organization of the profession in this state.

While only seventeen osteopaths were present at the meeting, letters were read at the banquet in the evening from a number of others about the state who expressed their interest in the association and said they would become members at the first opportunity.

Notice to Nebraska Practitioners. Notice is hereby given to the profession in Nebraska that the officers of your Association have drawn up a new Constitution and By-laws for the profession in the state. These are to be either adopted or re-

jected during the 1912 meeting to be held in Omaha during the month of August or September. The declaration of principles, constitution and by-laws are given below.

Declaration of Principles.

We as Osteopathic practitioners affirm that the Natural Law which governs and controls the morphological design of the human body is of primary importance in the maintenance of health; that, if the morphological elements out of which the body is constructed become deranged in their normal physical alignment, the rhythmic reaction of the body, as a whole, to the environment will become disturbed, producing symptoms that are recognizable and accompanied with alternation in intensity of chemical activity of cells and organs so disturbed; that the restoration of the faulty alignment back to the normal, in the area involved, is the first duty of the physician, and that this is usually all that is necessary to restore the normal chemical activity of the area.

Constitution.

ARTICLE I.

This organization shall be known as the Nebraska Osteopathic Association.

ARTICLE II.

The purpose of this association shall be: to promote the science and practice of Osteopathy in the state of Nebraska. To perfect a practical business organization of the legalized practitioners, so that unified efforts can be made for the good of the cause.

ARTICLE III.

The membership of this association shall consist of the legalized practitioners of the state of Nebraska. Regular graduates of a recognized College of Osteopathy.

ARTICLE IV.

The officers of this organization shall consist of a President, Vice-President, Secretary and Treasurer.

ARTICLE V.

DUTIES OF OFFICERS.

Section 1. The President shall preside at all meetings of the association and shall perform such other duties as usually belong to this office.

Section 2. The Vice-President shall perform the duties of the president in the absence of the latter.

Section 3. The Secretary shall keep a record of the transactions of the meetings of the association; shall notify members of time and place of meetings; shall notify appointees of committees, and perform such other duties as usually belong to this office.

Section 4. The Treasurer shall hold all the funds of the association and shall disburse same only upon an order signed by the President and Secretary. He shall report to the annual meeting of the association all receipts and disbursements, and shall execute a bond satisfactory to the President and the Secretary, and shall perform such other duties as pertain to this office.

ARTICLE VI.

Section 1. Meetings of the association shall be annually.

Section 2. Special meetings may be called by the President upon thirty days notice to the members of the association.

AMENDMENTS.

This Constitution may be amended by a two thirds affirmative vote of the members present at any annual or special meeting (provided a quorum is present), notice of such amendment having been given at the last or some preceding regular meeting.

By-laws of the Association.

ARTICLE I.

FEES AND DUES.

Section 1. Applicants for membership must be vouched for by two members of the association in good standing.

Section 2. The membership fee of this association shall be Five Dollars.

Section 3. The annual dues of this association shall be One Dollar; payable within 30 days. A member shall be considered delinquent if the annual dues be not paid within 90 days after the annual meeting and a delinquent member shall not be granted the privileges of the association until the dues are paid.

Section 4. Special assessments may be made upon the members of the association by the officers of the association when a need arises.

ARTICLE II.

The officers of this association shall be elected by ballot at each annual meeting, and shall remain in office for the term of one year or until their successors are installed.

ARTICLE III.

Ten members of this association shall constitute a quorum to transact business.

ARTICLE IV.

The meetings of this association shall be decided as to the time of the year by the President and Secretary, but the place and duration shall be decided by the members at each annual meeting.

ARTICLE V.

All Committees shall be appointed by the President unless the motion to Commit shall provide for the appointment of its members.

ARTICLE VI.

All vacancies in offices shall be filled by appointment by the President and such appointees shall hold office until their successors are elected.

ARTICLE VII.

A recognized School of Osteopathy, within the meaning of this Act, is one regularly organized and incorporated, the Curriculum of which provides for such a Course of Instruction as to extend over at least three terms of nine months each, as has been adopted by the Associate Colleges of Osteopathy.

The By-Laws may be amended at any meeting of the association by an affirmative vote of two thirds of those present; the amendment to go into effect at the meeting when acted on.

Robert's rules of order shall govern in the proceedings of the meetings of this association.

Meetings of the Central New York Society. The Central New York Society at a meeting on July 16th elected the following officers: President, Dr. C. D. Clapp of Utica; vice-president, Dr. Clara P. Beall of Syracuse; secretary and treasurer, Darwin F. Cady of Syracuse.

On July 25th the society gave a dinner at the South Bay Clubhouse to the members and their wives, at which plans were informally discussed for entertaining the state body. Every osteopathic physician in Syracuse was present and other members came from Utica, Rome, Oneida, Auburn, Fulton, Oswego and Watertown.

The annual convention of the New York State Osteopathic Physicians will be held at Syracuse October 25th and 26th. There are between three and four hundred members of the society, and the conventions are usually attended by about three hundred.

On Friday evening, October 25, the local society will hold a clinic at the Onondaga Hotel, headquarters for the convention, at which the visiting members will be present. Preceding the clinic there will be a luncheon, and on Saturday a dinner will be served at the Onondaga for members and guests.

Dr. Francis Beal of Syracuse and Dr. Drake of Auburn are the committee on entertainment for the state convention.

Program of the Mid-Summer Meeting of the Colorado Osteopathic Association. This meeting was held at the Brown Palace Hotel on Friday and Saturday, July 26th and 27th. The program was as follows: FRIDAY 2:30 p. m. Greeting from President, Dr. G. W. Perrin. Report of Officers. Address, Clinic Studies, Dr. Louisa Burns, Los Angeles, Calif. Clinics, Dr. T. J. Ruddy, Los Angeles, Calif. FRIDAY 6:30 p. m., Dinner, Brown Palace Hotel. 7:30 p. m., Informal Reception. 8:00 p. m., address, Public Health, Dr. C. A. Whiting, Los Angeles, Calif. Clinics, Dr. Grace Stratton, Salt Lake City, Utah. SATURDAY 10 a. m., Report of Committees. Differential Diagnosis of Hip Joint Affections, Dr. Otis F. Akin, Portland, Ore.

The Nebraska Osteopathic Association. The Nebraska Osteopathic Association will hold its 13th annual convention in Omaha, Nebr., September 11th and 12th at the Millard Hotel, 13th and Douglas Sts. A good program has been arranged, embracing the Anatomy and Physiology of the named regions of the Spine, with special references to the diseases which will be under discussion, named on the program.

Practitioners of Nebraska are specially urged to remember that you must select annually candidates for the State Board of Examiners. If you wish a voice in this selection your attendance at the meeting is imperative.—C. B. ATZEN, SECRETARY.

Legal and Legislative

Nebraska State Board and Reciprocity. The State Board of Osteopathy at a meeting on July 5th, refused to enter into a reciprocal agreement entitling practitioners from Missouri, to come to Nebraska and practice without examination.

As a reason for this action, members of the state board say they do not want the state filled up with osteopaths to such an extent that none of them can make a living. There are at present 125 practitioners of the profession in Nebraska, and the number is increasing fast enough, examiners say, through certificates issued to applicants who take the regular examinations.

With a few exceptions, all requests from other states for reciprocal relations have been rejected. Four certificates were granted a few years ago by that method, and one was recently issued under a five-year practice clause. But the board desires to use its discretion in every case rather than adopt a fixed rule, and has nearly always refused to issue reciprocal licenses.

The board is composed of the following osteopathic practitioners: E. M. Cramb, Lincoln; W. H. Cobble, Fremont; J. T. Young, Fremont; J. M. Kilgore, York; C. B. Atzen, Omaha.

Qualified Use of Title of "Doctor" Permitted by Statute. Concerning the recent case of Jones vs People (Colo.), 120 Pac. R. 125, the American Medical Journal reports the following:

"The Supreme Court of Colorado reverses a conviction of violating the medical practice act of that state by the use of the title "Doctor," or "Dr." It was stipulated in the case that the accused was a graduate of a recognized college of Osteopathy, had received the degree of Doctor of Osteopathy, held a certificate from the state osteopathic association, was engaged in the practice of Osteopathy without prescribing medicine or administering drugs, and at no time attached the word "Doctor" or the abbreviation "Dr." to his name, except in connection with the words "Osteopath" or "Osteopathic Physician," while he had printed on his cards, letter heads, envelopes, and the door of his office the words "Doctor," before, and "Osteopathic Physician," after his name. The court holds that the stipulation brought the accused clearly within the exception to the section of the statute defining the practice of medicine, which provides: "Nothing in this act shall be construed to prohibit . . . nor shall it apply to . . . the practice of Osteopathy, when not prescribing medicine or administering drugs."

Book Reviews

Suggestion—By Charles F. Winbigler, Ph. M., D. O. A Discussion on the Principle and Practice of Psycho-Therapeutics. First Edition. Published by the Author at "Restmount," Braddock Heights, Maryland. 1912.

This book is a well-ordered treatise on the Laws and Application of Psycho-Therapeutics. It is written by a physician who has devoted a number of years to the study of Psychology and in the handling of his subject he has attempted "to be conservative rather than radical." The greater part of the book is devoted to a discussion of "Suggestion—Its Law" and we find 17 chapters dealing with various phases of the relation of Suggestion to other phenomena of life and nature, and with instructions as to its manner of use and value. The second part of the book is entitled "The Application of Suggestion; or Psycho-Therapeutics" and is divided into five sections, which treat fully the various aspects of the application of Suggestion in Therapeutic Science. The book has been written in a straight forward style with the hope that it may be of very real use to its readers and students. A chapter of great interest in the first part is one entitled "The Physiology of Suggestion" and in it we find quite a complete anatomical and physiological discussion of the body in its relation to the psychic element of Suggestion. There is a great deal of good sound reasoning and very many helpful hints and suggestions in this work, and to even the most materialistic it would at least be interesting.—HOLLIS.

Gould and Pyle's Cyclopedic of Practical Medicine and Surgery.—With particular reference to Diagnosis and Treatment. Second Edition, Revised and Enlarged. Two large volumes. Edited by R. J. E. Scott, M. A., B. C. L., M. D., New York. With six hundred and fifty-three illustrations. P. Blakiston's Son and Co., Philadelphia. 1912. Price \$14.00 net.

The aim of the publishers of this book has been to provide in a compact form all the main facts of medicine. In consequence we find a series of short pithy articles, which state in a condensed manner, the essentials of a vast number of diseases and points of interest. There are, in all, ninety-three contributors to the work, and of these thirty-three are new names added in this edition. The work is one of great value and the articles are splendidly written. The second edition has been increased in size by some 400 pages, and a number of most important

subjects are thus adequately handled. We find for example, articles on Bier's Hyperemic Treatment for diseased joints, etc.; Hookworm Disease; Mosquitos; Opsonin Therapy; Sleeping Sickness, and many others of a similar character. More than two hundred additional illustrations have been incorporated into the work, and it is certainly a fine production. The Editor states that the purpose of the book is "to provide the general medical reader with a source of information, on every medical subject except his own specialty" and this well describes the general characteristics of the volumes. The many subjects, surgical, anatomical, chemical, etc., that are often so hard to find adequately considered in the ordinary textbooks are easily turned to in this Cyclopedic, and for a general reference work, it is excellent.—HOLLIS.

Stomatology in General Practice.—A Text Book of Diseases of the Teeth and Mouth for Students and General Practitioners. By H. P. Pickerill, M. D., Ch. B., M. D. S. (Birm.), L. D. S. (Eng.), London. Henry Frowde or Hodder and Stoughton. 1912. pp. 268.

This book is a thoroughly standard one and is designed to cover the somewhat ill-defined territory lying between medicine and dentistry, which "to many practitioners is to a certain extent a terra incognita." After a short historical survey of "Stomatology" from "the earliest records down to present times", we are given a scholarly description of the anatomical and physiological aspects of the subject. This is followed by discussions on the Deformities of the Teeth and Jaw and on the Inflammatory Conditions of the Mouth, especially gingivitis. Following this we find Dental Caries taken up with a long discussion on possible preventive treatment. Other subjects handled are the Surgical Treatment of Dental Disease, Fractures and Dislocations of the Jaws, Tumors, the Manifestation of Systemic Diseases in the Mouth, etc. A very interesting appendix on the Method of examining the mouth and teeth in School Children is added and should prove of great value to physicians engaging much in such work. The illustrations are very good and help materially to a clear understanding of the subject matter.—HOLLIS.

The Care of the Skin and Hair.—By William Allen Pusey, A. M., M. D. Professor of Dermatology in the University of Illinois. New York and London. D. Appleton and Co. 1912. pp. 182.

This booklet has been written essentially as a common sense guide on the general hygiene of the skin, and certainly not, the author states "to foster the mischievous habit of self-medication." There are twelve chapters, dealing with the structure, nutrition, function and general hygiene of the skin; bathing, soaps, powders, creams, etc.; inflammations

and certain defects of skin and face; and the common disorders of the hair. The style is clear and much of general interest is touched upon and explained. Dr. Pusey in his preface says his purpose in writing the book is to give a rational answer to some of the "anxious questions" of those desirous of obtaining a healthy skin; and we believe that he has been successful in his efforts.—HOLLIS.

Salvarsan in Syphilis and Allied Diseases. By V. E. R. McDonagh, F. R. C. S., London. Henry Frowde or Hodder & Stoughton. Oxford Medical Publications. 11 illustrations and three colored plates. 1912. pp. 150.

This new work is an excellent monograph on Salvarsan, the new therapeutic agent in Syphilis, by men who after extended experience in both hospital and private practice are qualified to come to some definite conclusions which they have set down. In it they discuss the history of the agent, untoward results from its administration with contra-indications to its use. The exact methods of administration and use of the drug in the various stages of acquired syphilis and congenital syphilis are fully elaborated and the results to be gained thereby clearly considered. The conclusions set down in this book are definite and based on the results obtained by the drug in many cases of the disease. The use of Salvarsan in diseases other than syphilis is also taken up. To those who desire full information or enlightenment, in a compact and systematic form on the most popular and widely discussed therapeutic agent of today, this work is admirably adapted.—WAGGONER.

Gonoccal Infections.—By Majors C. E. Pollock & L. W. Harrison, both of the Royal Army Medical Corps. London. Henry Frowde or Hodder & Stoughton. Oxford Medical Publications. 1912. pp. 222.

The general characteristics of the Oxford Medical Publications are well shown in this handy manual. There is little in a volume of limited scope such as this one, that cannot be found in larger works, but the book is not written for such as have access to the large textbooks. In the preface it is stated that the "work will be of use to those who wish to gain a practical general knowledge of gonococcal infections." The authors speak of the general attitude of the medical profession of a few years ago, which was comparable to the answer of the Irish medical student, when asked how he would treat gonorrhoea, who replied "with contempt." They point out how, in recent years, this attitude has changed and the infection is now to be regarded as a serious disease "possibly leading to permanent deformity" and sometimes resulting in fatal consequences. General

"in the employment of a poultice for the relief of pain and inflammation, it is most essential that a sterile and trustworthy product be applied.

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prophylaxis is treated of in the Introduction and the Symptoms, Diagnosis, Prognosis, Sequelæ, Treatment etc., are discussed under the various headings of the possible gonorrhœal infections in both male and female. A useful little manual, containing an abundance of good sound material.—HOLLIS.

Tuberculin Treatment.—By Clive Riviere, M. D. (Lond.), F. R. C. P. and Egbert Morland, M. B. & B. Sc., (Lond.), M. D. (Berne). London. Henry Frowde or Hodder & Stoughton. Oxford Medical Publications. 1912. pp. 277.

This handbook is the joint work of two prominent physicians, and the authors state that they wish it to be known that, as it stands, each writer claims an equal share and equal responsibility. "The purpose of the publication of the work is to remove a certain atmosphere of misapprehension and controversy" which the authors felt to be interfering with the more general recognition and acceptance of the remedy. It will be remembered that Tuberculin was first introduced into England in 1890, and was extensively employed and tested at that time by some clinical workers to whom Koch had entrusted it. It was not generally found to fulfill the expectations which had been based upon it, and was almost discarded. In about 1902 or 1903, under the researches of A. E. Wright, it was discovered that more successful results could be obtained by using a dosage far smaller than had previously been employed. Some success was reported in localized forms of tuberculosis, but not in the pulmonary type. Considerable difference of opinion persists as to the range and application of this method of treatment and the authors state that "they have attempted to give an account of the whole field of tuberculin treatment in correct perspective." The book is interesting reading, as to its practical value we must leave others to decide.—HOLLIS.

Kidney Diseases.—By W. P. Herringham, M. D., F. R. C. P. Physician to St. Bartholomew's Hospital, etc. With chapters on Renal Diseases in Pregnancy by Herbert Williamson, M. D., F. R. C. P. London. Henry Frowde or Hodder & Stoughton. Oxford Medical Publications. 1912. pp. 378.

That the field of diseases, known as "kidney diseases" is very important, there are few physicians will deny. Moreover, the difficulty of obtaining clear and satisfactory accounts of such conditions is apparent when it is considered how scanty the literature along this line is. The book before us is worthy of consideration for several reasons. First, It fills a need in presenting a clear statement of the various types of nephritis. Second, It is the outcome of many years individual

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work, the material being drawn chiefly from the author's own hospital and wards. Third, The chapters on the connection between renal disease and pregnancy are a distinct addition to the literature dealing with this subject. The work consists of some thirty chapters and two indexes. Every phase of the subject is fully discussed and the illustrations are numerous and elucidating. Many useful hygienic points are suggested under the heading of treatment and the work is one that will repay considerable study.—HOLLIS.

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Personals

Notice to the Profession. During the latter part of July the Finance Committee of the A. T. Still Research Institute, an organization under the control of the American Osteopathic Association, drew sight-drafts on a large number of the D. O.'s of the country for \$6.00 to aid the Research Fund. It is our understanding that circular letters were sent out advising the parties upon whom the drafts were drawn that, if they objected to the payment of the draft, they should notify the Committee and no draft would then be sent to them for collection. It occurs to us that this is rather an awkward method for the committee to use in raising funds as it has resulted in no little misunderstanding. A number of people have written to the A. S. O. thinking the drafts were sent out by the school. The A. S. O. has no connection with the affair, directly or indirectly, and the mistake has no doubt occurred on account of Dr. A. T. Still's name being connected with the title of the Research Institute.—**GEO. M. LAUGHLIN**, Dean of the American School of Osteopathy.

Change of Location. Dr. H. H. Somers, formerly of Cottage Grove, Ore., has removed to Edmonton, Alberta, Canada.

Returns to Home After Two Weeks Spent in A. S. O. Hospital. Dr. Nellie Parker returned to her home at Carlinville, Ill., July 22nd, after having spent two weeks in the A. S. O. Hospital, where she had undergone an operation.

Obtained More Patents. Dr. Katherine L. Storm, who several years ago patented the Storm Binder has, recently, obtained patents in England and Canada on this supporter, also another patent in the United States for improvements that have been made to meet the extended requirements for a high belt for floating kidney, ptosis, etc., with a minimum of pressure, heat and weight across the back of the patient.

Osteopaths Married. Dr. Edwin Ellison and Dr. Frances Gault were married in Los Angeles, Calif., June 11th. They will make their home in Brownsville, Oregon, where Dr. Ellison has been in practice since the first of the year.

Spends Day With Portland Osteopaths. Drs. and Mrs. E. W. Sackett of Springfield, Ohio, spent a day visiting osteopaths in Portland, Ore., while en route to California where they are taking their vacation.

Gives Public Demonstration. Dr. F. J. Feidler gave a free public demonstration, on a living subject, of the osteopathically improved and perfected Abbott's Method for the correction of lateral curvature of the spine with rotation, at the Peoples' Bank Bldg., Seattle, Wash., July 16th.

June Graduate Visits Oregon. Dr. W. W. Howard, June graduate of the A. S. O., has been in Oregon for the past month visiting various cities with a view to making Oregon his permanent location.

Osteopath Comes to Kirksville for Treatment. Dr. Ella Coltrane of Manhattan, Kansas, has been in Kirksville for treatment of her arm which was hurt last Christmas. She has received much benefit from her stay.

Offices Occupied by Osteopaths Burned. Five large office buildings in Houston, Tex., were burned May 19. Osteopaths occupying offices in the building were: Drs. W. H. Bruce, J. A. Malone, Clark, Isabell and Bessie Still.

Will Rest from Practice. Dr. LeRoy Smith of Portland, Ore., has turned his office over to Dr. F. J. Hodgeman and will rest from practice for awhile.



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Mother of Doctor Dies. Mrs. E. S. Gildersleeve, mother of Dr. Jessie Ellen Gildersleeve, aged sixty-one, died at her home in Waco, Texas, July 10th. After a brief service which was conducted at the residence, the body was shipped to Bellflower, Mo., for interment. Dr. J. F. Bailey was one of the pall bearers.

January Graduate Passes Kentucky Board. Dr. Annette Mae Alexander, A. S. O. graduate, was the only woman who passed the recent State Board examination in Kentucky. Of the ninety-eight graduates of medical schools who took the examinations, seventy-eight were granted licenses. The examinations were conducted secretly, no one but the applicants knowing the number under which each was entered and the grades were made up according to numbers, the examining physician knowing nothing about the names of the applicants. Dr. Alexander passed seventh of the entire list.

Changes Address for Summer. Dr. LeRoy Smith's address for the summer is Aberdeen, Wash., care of his brother, Dr. Caryl Smith.

Passed Ohio Medical Examination. Dr. P. E. Roscoe, one of the June graduates of the A. S. O., recently passed the examination given by the Ohio State Board. Dr. Roscoe has located at the corner of Superior and East 105th Streets in Cleveland, Ohio.

Visits Aunt in Kirksville. Dr. L. H. McCartney of Columbus, Ohio, member of the 1898 class, A. S. O., spent several days with his aunt in Kirksville and while here called at the Journal office, July 27th.

Form Partnership. Dr. T. H. Hoard of the June, 1912 class, A. S. O., and Dr. H. C. Smith of the June 1911 class have formed a partnership and located at Devils Lake, N. D., for the practice of Osteopathy.

Is Taking Vacation This Month. Dr. Franklin Fiske of New York City, after attending the National Convention at Detroit, is spending the month of August touring the Great Lakes and points in Illinois and Michigan. Dr. Cockrell will receive calls during his absence.

Appointed Examiner by Lodges. Dr. Carl T. Samuels of Baker City, Ore., has been appointed examiner for both the Eagles and the Foresters of America, at that place.

Husband of Osteopath Dies. Mr. C. H. Walker, husband of Dr. Eva S. Walker, died July 22nd, after a lingering illness of two years. Dr. Walker is a graduate of the S. S. Still College of Osteopathy and is located at 92 E. 27th St., N. Portland, Ore.

Osteopaths in Portland During Elks Convention. The following osteopathic physicians were in Portland, Ore., during the Elks Convention: Drs. W. J. Ford, Seattle, Wash.; Chas. H. Irvin, Los Angeles, Calif.; W. R. Byars, San Diego, Calif.; Lyman C. Kline, Tarentum, Pa. and I. F. Richardson, Fremont, Nebr.

A Remarkable Cure. Dr. Charles E. Rogers of Idaho Falls, reports an unusual case and remarkable cure effected by him, involving a case of chronic panosteitis or bone decay.

The patient, a boy 15, found no relief from a series of surgical operations, and when placed under the care of Dr. Rogers was in almost hopeless condition. After being under the care of Dr. Rogers since February, the patient was discharged as fully cured.

In speaking of the case, Dr. Rogers said:

"Trauma was the promoting element, and the onset occurred with the usual symptoms, fever, chill, vomiting, headache and bone pain. This disease is the result of the growth in the bone of pyogenic organisms, in particular the staphylococcus pyogenes aureus. It tends to spread along the medullary cavity, outwards to the surface, and then to strip up the periosteum, or invade the neighboring joint, and large portions of the bone may undergo death. By means of lymphatic absorption and of septic thrombosis of neighboring veins, the clot breaks down and gives rise to septic embolism, general infection by staphylococcus follows. The patient suffers from toxemia, septicemia or pyemia, and may die of septic pneumonia or exhaustion.

"Infective osteomyelitis may arise by direct infection or from a septic amputation. A previous disease, measles, scarlet fever may have weakened the resistance of the patient, or a distant focus of suppuration, and necrosis, such as tonsillitis, carious teeth, sore in the mouth, may be the source of the organisms. The organisms arrive in the blood stream and settle down where the bone is specially vascular, viz., at the growing ends of the diaphyses of the long bone, where there are large capillary loops and the blood stream is slow, and which a slight injury, strain, blow or fall may easily rupture and cause extravasation of blood, a favorable nidus for the organisms.

"The case that I had had been under other treatment for two years and has of course become chronic and there was more or less ossifying periostitis and osteo-sclerosis, and a fistula had formed through which the exudate discharged."

Lorenz Operation Performed by Osteopaths. Dr. C. T. Smith, of Aberdeen, Wash., assisted by his brother, Dr. Elmer Smith of Portland, Dr. Walsh of Hoquiam and Dr. Randolph of Aberdeen, performed the first Lorenz operation ever undertaken in Aberdeen. The patient was Nannette Adams, 10-year-old daughter of Mr. and Mrs. G. P. Adams. The operation was performed for a congenital dislocation of the hip, the hip never having been in the socket since the child's birth. After reduction

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a plaster cast is applied, which holds the leg nearly at right angles with the body, otherwise the hip would not remain in the socket five minutes.

The cast is left on for three months and when it is removed the position of the leg is changed and a lighter cast is placed. After another three months the second cast is removed and manipulations used to loosen the hip muscles, after which the patient gradually resumes walking.

The ideal age for reductions of this class of dislocation is from 4 to 7 years, after which most authorities allege that the bloodless operation is impossible. There is one case on record, however, where a child of 12 was successfully operated upon.

Took Rest Before Convention. Dr. W. W. Stewart of Detroit, Mich., spent two weeks on a large freighter on the Great Lakes, wisely resting before the convention.

Visits "Old Doctor." Dr. Jessie Gildersleeve of Waco, Texas, recently spent several days in Kirksville. She had spent some time in St. Louis and came on to Kirksville to visit the "Old Doctor."

Leave Practice with Senior and Take Vacation. Drs. Eva M. and Frank G. Carlow of Medford, Ore., have left their practice in the hands of J. M. Achor of the January, 1913 class, A. S. O., and are taking a vacation. They attended their College Alumni Association meeting and the A. O. A. Convention at Detroit.

A New Sanitarium in Maryland. Drs. C. F. and A. O. Winbigler, graduates of the Philadelphia College of Osteopathy, have opened a sanitarium on Braddock Heights, the magnificent mountain resort three miles east of Middletown, Maryland, that will be thoroughly up-to-date. Osteopathic, psychotherapeutic and hygienic principles will be the basis of all work done and will include adjustments, reconstruction and the establishment of a normal condition of the whole personality. Persons who are suffering from mental and nervous prostration, spinal trouble, rheumatism and other curable physical and mental troubles, will be given attention in sanitarium.

Passed Connecticut State Board. Dr. Charles W. Barber of the June class, A. S. O., passed the Connecticut State Board Examination which was given July 2nd, and has opened offices in the new Hartford National Bank Bldg., Hartford, Conn.

Poultices Should be Sterile. Prof. George Howard Hoxie of the University of Kansas in his most excellent book on "Symptomatic and Regional Therapeutics," states under the heading of localized inflammation that "the danger of infection should ever be in mind in applying a poultice, for the maceration incident to the poultice favors infection, even if in ordinary circumstances one might consider the area germ proof."

Again he refers under the chapter on Pain, to the dangers from using dirty poultices and that skin affections have been added to the ordinary disorder when bread-and-milk or linseed poultices have been used to relieve pain.

It is thus noted how important then, it is, in the employment of a poultice for the relief of pain and inflammation, that a sterile and trustworthy product be applied. Inasmuch as poultices are a means of producing Hyperemia by the use of heat and insofar as they do this better than by other means, it is interesting to observe that in the belief of Prof. Hoxie that "the clay poultices, known best in the form of Antiphlogistine, are the best to employ, as they are sterile and clean."

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Special
Offer

Attended A. O. A. Convention While Taking Vacation. Dr. Bertha Sawyer, Ashland, Ore., attended the Convention at Detroit while taking her vacation.

Gave Addresses at Two Conventions. Dr. Otis F. Akin of Portland, Ore., after delivering an address on "Flatfoot" before the Colorado Osteopathic Convention went to the A. O. A. Convention where he delivered an address on "Scoliosis."

Building Better than She Knew. Dr. Katherine L. Storm, some years ago, designed something new and exceedingly practical in the way of abdominal supporters. She was able to combine ease, comfort, and luxury all at a moderate price.

So much impressed were many prominent physicians with the value of her appliance that they went beyond their usual custom and gave her testimonials in the most enthusiastic terms. Some of these testimonials are signed by physicians of international reputation.

And now Dr. Storm finds that her "Storm Binder" is being used to a remarkable extent for hernias. Somehow it seems to fill the bill, and while the "Storm Binder" is just as much in demand for ordinary purposes as ever, a new and rapidly increasing demand has come up for the same appliance for hernia.

Every family doctor knows how much possible trouble there is for him in a case of hernia, especially in advanced years. If he has an old patient with hernia and wearing a truss, there is always a possibility of something happening on extremely short notice that may take the doctor out of bed in the middle of the night to find a condition where he must exercise excellent judgment and act quick.

Altogether it will pay most any doctor to keep pretty well posted as to Dr. Storm's announcements.

The following letter shows what a Michigan doctor thinks of Dr. Storm's appliance:

Dear Doctor:

Enclosed find.....dollars for another supporter. I am very well pleased with the supporter. It retains the double inguinal hernia better than any other device I have tried. It not only retains the hernia but my digestion has improved very much since its use. I assure you I am very grateful and will be pleased to recommend your appliance.

Very respectfully yours,

.....(M. D.), Michigan.

Married

In Los Angeles, Calif., June 11th, Dr. Frances Gault of that city, to Dr. Edwin Ellison of Brownsville, Ore.

June 26th, Dr. L. Lynn Cutler of Berlin, N. H., to Miss Ruth Victoria Hovey of Canann, Vt.

At Joplin, Mo., August 3rd, Dr. Roy M. Wolf of Big Timber, Mont., to Miss Lee Ola Burch of Joplin. Will be at home at Big Timber after August 15th.

At Pocatello, Idaho, recently, Dr. Chas. Rogers of Idaho Falls, to Miss Kathryn Tupper of Pocatello.

A Normal Bodily Condition

May be maintained by proper nutrition and tone; a long convalescence can be shortened, and anemia and emaciation prevented by

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Business Opportunities

Practice for Sale. As I was thrown from a street car last week and am paralysed, my practice in the city of Corning, which has 20,000 inhabitants is now for sale; last year's receipts were over \$5,000; if taken this month my old established office can be had. Will sell practice alone or with office furniture complete. Dr. W. E. FOGLE, Corning, N. Y.

For Sale. Substantial growing practice in Southern town of 12,000. Seven railroads. Richest country in the world. Most equable climate. Practice established with best people and prices are good. Best osteopathic laws. Reciprocity. Excellent opportunity for woman or man or both. Best of reasons for selling. Address "Atlas" care of the Journal.

Practice for Sale. In a Southern city of about 80,000 inhabitants. Only woman osteopath in city. Address "A-1" care of the Journal.

Office and Practice for Sale. In town of 35000, osteopathic office and practice for sale by Sept. 1st. Town should have a man osteopath. Address No. 882 care of the Journal.

For Sale. Articulated Trunk; 2 Janisch Swings; Small Obstetrical bag; and a Johnson's Atlas of Skin and Venereal Diseases. All in good shape. Address 13 care of the Journal.

For Sale. Established practice of 12 years. Scandinavian community. Town of 1500 in the Middle West. Man and wife can handle it and get rich. Don't answer this if you do not mean business. Address B-15-H care of the Journal.

For Sale. Office furniture \$200.00, will do all I can to turn practice to buyer. Want to take P. G. work. Address J. L. Lowe, 403 Woolf Bros. Bldg., Kansas City, Mo.

Born

To Dr. and Mrs. L. A. Harris, at Kalispell, Mont., July 17th, a girl, Martha Louise.

To Dr. and Mrs. J. Meek Wolfe, at Lynchburg, Va., July 15th, a boy, J. Meek, Jr.

To Dr. and Mrs. D. D. Young, at Los Angeles, Calif., July 29th, a boy weighing eight and a half pounds.

To Drs. Elsie Flecher-Haight and L. Ludlow Haight, in Los Angeles, Calif., July 30th, a boy, Fletcher Morris Haight.

Died

At Waco, Texas, Mrs. S. E. Gildersleeve, mother of Dr. Jessie Gildersleeve, July 10th.